

# GP Integrated Training Post in Musculoskeletal Medicine



## Guidebook Autumn 2021

**Kent, Surrey and Sussex  
General Practice Specialty Training School**

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## 1. Introduction

This guide has been put together to give an outline of how this placement will work as well as provide a range of resources to help you navigate your way through the following few months and get the most of your time in this placement. It has a bunch of resources included to help you during and after the placement including my 'Rough Guide to Managing Chronic Pain in the Community'.

I hope you have signed up for this as you are interested in learning more about musculoskeletal conditions and how they are managed (if not you may be in the wrong room), it really is a fascinating area to work in and one that requires use of all the generalist skills of a GP as well as the application of some more in-depth knowledge and skills in practice.

Despite MSK conditions accounting for up to 20% of our workload as GPs and being the greatest cause of disability globally we GPs get very limited exposure to pragmatic training in this area. I hope this post will be a game changer for you, enable you to approach the most common presenting issues you find in practice with a greater knowledge and have an understanding of not only how to manage them in primary care but also what happens when you refer into a community msk service.

Chronic pain is a particular challenge and one that can cause some serious angst amongst us GPs who can often feel like we have little to offer. A significant portion of this post will focus on helping you get a deeper understanding of the huge range of approaches that we have to help people live better lives with pain.

It will be well worth taking a bit of time to really ask yourself a few key questions before we begin

1. What do you want to get from this placement?
2. What makes you uncomfortable when thinking about managing patients with msk complaints?
3. How can you use this experience to make your life better as a doctor in the future?

This last one is really important, despite what the Daily Mail might say, you are allowed to enjoy your life as a GP, the world of MSK Medicine is full of great opportunities to expand your horizons as a doctor, whether it's working in sports and exercise medicine, community msk, expedition medicine or one of many other roles both within and outside the NHS.

I look forward to working with you and meeting you in person soon!

Dr Giles Hazan  
GPwER MSK Medicine  
Autumn 2021

## 2. Information around role

This placement will consist of 2 days in MSK practice settings and the remainder of the week in GP practice. This blended approach will allow you to look at putting into practice some of what you learn during the MSK placements.

I will take the role of educational supervisor for the post and will spend some time with you initially to identify your learning needs, prior to the placement you are encouraged to complete the MSK Skills & Knowledge self-assessment tool (see resource 4.1) that will help identify educational needs and can be used to tailor the placement appropriately.

### 2.1 Intended learning outcomes of the post

The focus for this placement is to augment and improve the skills required to manage the more common presenting musculoskeletal issues with primary care. This is based on the RCGP curriculum as below (for more detail see resource 4.2)

#### **THE ROLE OF THE GP IN THE CARE OF PEOPLE WITH MUSCULOSKELETAL PROBLEMS**

Musculoskeletal problems constitute a significant proportion of GP consultations. As a GP, your role is to:

- Advise appropriately to support the **self-care and prevention** of problems
- Intervene urgently when patients present with **emergencies or 'red flag'** symptoms
- **Coordinate care** with other health professionals leading to effective and appropriate acute and chronic management. Care of patients with musculoskeletal problems will often involve GPs working closely with specialists in orthopaedic, rheumatology and pain medicine as well as with allied health disciplines such as physiotherapy, occupational therapy, osteopathy and rehabilitation medicine
- Coordinate the **holistic care** of complex patients presenting with symptoms affecting the musculoskeletal system
- **Communicate effectively** taking into account the psychosocial impact of musculoskeletal problems on the patient, their family, friends, dependents and employers. People who experience chronic pain often have comorbid psychological diagnoses, and their care may include counselling support

This placement will give the learner an opportunity to not only work on practical and applicable skills during the placement but also identify onward learning resources and support to develop best practice.

## 2.2 Involvement of consultants/other clinical staff

The placement will involve two days in MSK community clinics and the rest of the clinical week within a GP practice setting. The two days in MSK settings will be as follows.

### 1. Community pain clinic

This will be for one of the two days a week, during which you can expect to experience the following:

- Joint new patient assessment and follow up clinics, slowly building up to be involved directly in making assessments/examination and creating a management plan with an opportunity to generate workplace-based assessments e.g. case based discussions.
- Sitting in on clinics with a range of other clinicians in the pain service including:
  - Psychologists
  - Physiotherapists
  - Occupational Therapists
  - CBT Therapists
- An opportunity to be involved in MDT meetings as well as participate in Pain Management Programmes

### 2. Community MSK Clinics

For the second of the two days on placement, you will rotate through the different pathways in the community MSK clinics spending time with senior clinicians (advanced physiotherapy practitioners) who will give you an opportunity to review and revise the approaches to assessment, relevant examination and management plans for the kinds of MSK problems that are referred on to specialist clinics (see below) from primary care.

- Spine
- Hand & Wrist
- Shoulder & Elbow
- Knee
- Hip

### 2.2 Educational timetable (sample)

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>am</b>	GP	Pain Clinic	GP	MSK Clinic	GP
<b>pm</b>	GP	Pain Clinic	GP	MSK Clinic	GP

The range of MSK clinics available will be with an advanced physiotherapy practitioner in a regional clinic based in either Eastbourne, Crowborough or Seaford.

The clinician will be one with a significant experience base that specialises in one of the anatomical regions and experience in supervision.

## 2.4 Evaluation

At the mid-point of the placement there will be an opportunity to review the individual learning goals and progress towards achieving the intended learning outcomes for the post with appropriate adjustments made where possible.

At the end of the placement there will be a chance to review and consolidate learning and development and consider onwards strategies to further meet learning needs and develop relevant skills for future practice as well as feedback about the placement to improve and develop it for future trainees. An educational supervisor report will be completed and any WPBAs signed off for addition to the trainees e-portfolio.

### Resource 3.1 MSK Self-assessment checklist

You can use this as a self-assessment tool by giving each item of knowledge a score from 1-5, based on your level of confidence:

- 1 – I am not at all confident in this area of knowledge or ability
- 2 – I have some knowledge or ability here, but don't feel I am competent
- 3 – I am probably competent at this but would like to learn more
- 4 – I feel confident my current knowledge or ability is competent
- 5 – I am simply awesome at this!

This process can help you identify the knowledge and skills you feel least confident about and assist in setting priorities for planning your learning.

DOMAIN	TOPIC		SCORE				
			1	2	3	4	5
	Spinal disorders	Mechanical back pain					
		Intervertebral disc prolapse & Radiculopathy (including sciatica)					
		Myelopathy					
		Cervicogenic headache					
		Torticollis and 'whiplash' injuries					
	Shoulder & Elbow	Osteoarthritis					
		Rotator cuff problems including tears, tendinopathy					
		Dislocation/instability					
		Frozen shoulder					
		Nerve entrapment					
		Epicondylitis (Tennis and Golfers elbow)					
		Bursitis					
	Hand & Wrist	Avascular necrosis					
		Carpal tunnel syndrome					
		Osteoarthritis - thumb					

		Dupytren's Contracture					
		Trigger finger/thumb					
		Tenosynovitis (De Quervain's)					
	Pelvis/Groin	Hip osteoarthritis					
		Avascular necrosis					
		Labral pathology & FAI (Femoro-acetabular syndrome)					
		Greater trochanteric pain					
		Meralgia Paraesthetica					
	Knee	Osteoarthritis					
		Anterior knee pain					
		Meniscal injuries					
		Ligament injuries (ACL/PCL/MCL/LCL)					
		Bursitis					
	Foot & Ankle	Osteoarthritis					
		Hallux Valgus					
		Heel pain inc. plantar fasciitis					
		Morton's neuroma					
		Ankle sprain					
		Achilles tendinopathy					
	Congenital/inherited diseases	Osteogenesis imperfecta					
		Marfan's syndrome					
		Ehlers-Danlos syndrome					
		Gaucher's disease					
		Hypermobility syndromes					
	Rheumatology	Gout, pyrophosphate arthropathy					
		Connective tissue diseases e.g. Systemic Lupus Erythematosus, scleroderma, systemic sclerosis					
		Rheumatoid arthritis					

		Axial & Peripheral spondyloarthropathy e.g. ankylosis spondylitis, reactive & psoriatic arthritis					
		Polymyalgia rheumatica					
		Reactive arthritis, viral arthropathy					
	Metabolic bone disease	Osteoporosis					
		Osteomalacia/rickets					
		Paget's disease					
	Chronic pain (chronic primary pain)	Fibromyalgia & Chronic primary pain					
		Chronic lower back pain					
		CRPS					
PAEDIATRIC CARE		Juvenile Idiopathic Arthritis					
		Slipped epiphysis					
		Perthe's disease					
		Scoliosis					
		Developmental dysplasia of the hip					
		Talipes					
		Muscular dystrophies					
EMERGENCIES	Neurosurgical emergencies	Cauda equina compression					
		Metastatic spinal cord compression					
		Acute foot drop					
	Infection	Septic arthritis					
		Osteomyelitis					
		Discitis					
		Giant Cell Arteritis (with visual disturbance)					
ACUTE CARE	Trauma	including fractures and primary care management of injuries/ first-aid					
	Wounds	(inc. surgical) & lacerations: management and principles of care					
SERIOUS PATHOLOGY	Fracture	Acute/fragility fracture					
	Malignancy	Primary bone tumours e.g. sarcoma					
		Metastatic bone tumours					

		Myeloma					
		Paraneoplastic syndrome					
	MSK Masqueraders	Referred visceral pain, IBD, Haemochromatosis, Sepsis (HIV, Hepatitis)					
INVESTIGATIONS	Understanding the role including indications, risks and limitations.	Blood tests					
		Xray					
		CT Scan					
		MRI					
		Nerve conduction studies					
		DEXA scans					
		Bone scan					
		Ultrasound scan					

## Resource 3.2 RCGP GP Curriculum – Clinical topic guide

(Accessed on 13.5.21 at <https://www.rcgp.org.uk/training-exams/training/gp-curriculum-new/clinical-topic-guides/musculoskeletal-health.aspx>)

### THE ROLE OF THE GP IN THE CARE OF PEOPLE WITH MUSCULOSKELETAL PROBLEMS

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- Coordinate the **holistic care** of complex patients presenting with symptoms affecting the musculoskeletal system
- **Communicate effectively** taking into account the psychosocial impact of musculoskeletal problems on the patient, their family, friends, dependents and employers. People who experience chronic pain often have comorbid psychological diagnoses, and their care may include counselling support

### EMERGING ISSUES IN THE CARE OF PEOPLE WITH MUSCULOSKELETAL PROBLEMS

People are living longer, and remaining active for longer, therefore musculoskeletal problems are presenting to general practice more frequently. More people than ever before have their joints injected, replaced or resurfaced, often in advanced years, due to advances in medical technology and surgical expertise. At the same time, younger patients experiencing musculoskeletal problems as a result of multisystem disorders (for example, rheumatoid arthritis) have more medical and surgical options available than in the past and many have shared care with GPs.

Musculoskeletal conditions are a common cause of severe long-term pain and physical disability and are major causes for work limitation and early retirement.

In cases of suspected inflammatory arthritis urgent referral to a rheumatologist can have a significant impact on patients' disease in both the short and long term.

### KNOWLEDGE AND SKILLS GUIDE

For the care of people with musculoskeletal problems, consider the following areas within the general context of primary care:

- The natural history of the untreated condition including whether acute or chronic
- The prevalence and incidence across all ages and any changes over time

- Typical and atypical presentations
- Recognition of normal variations throughout life
- Fracture prevention and use of tools to assess fracture risk
- Risk factors, including lifestyle, socio-economic and cultural factors
- Diagnostic features and differential diagnosis
- Recognition of 'alarm' or 'red flag' features
- Appropriate and relevant investigations
- Interpretation of test results
- Management including self-care, initial, emergency and continuing care and chronic disease monitoring
- Patient information and education including self-care
- Prognosis

### **Symptoms and signs**

- Extra-articular symptoms associated with musculoskeletal disease (for example, skin, eye, gastrointestinal manifestations)
- Falls
- Joint pain, stiffness, swelling, deformity, redness (including individual joints such as back and neck, jaw, hip, knee, ankle, foot, shoulder, elbow, wrist, hand or generalised)
- Lumps and deformities of bone, joint or soft tissue
- Muscle pain and weakness

### **Common and important conditions**

- Avascular necrosis
- Bone cancers including metastatic disease, Ewing's and soft-tissue sarcoma
- Cervical spinal disorders including cervical spondylosis, torticollis and 'whiplash' injuries, vertebral fracture and long-term consequences
- Congenital/inherited diseases such as osteogenesis imperfecta, Marfan's syndrome, Ehlers-Danlos syndrome, Gaucher's disease, hypermobility syndromes
- Crystal arthropathies such as gout, pyrophosphate arthropathy
- Fractures, dislocations, haematoma, sprains, strains and other significant soft-tissue trauma: recognition and principles of management
- Hand disorders such as trigger finger, Dupuytren's contracture, carpal tunnel syndrome, ulnar nerve compression. Foot disorders such as plantar fasciitis, digital neuroma
- Infection such as septic arthritis and osteomyelitis
- Inflammatory arthritis and connective tissue diseases such as: rheumatoid arthritis, sero-negative arthritis such as psoriatic arthropathy and axial spondyloarthritis
- Lymphoedema
- Muscle disorders such as polymyalgia rheumatica and giant cell arteritis, polymyositis and dermatomyositis, fibromyalgia, muscular dystrophies and myasthenia gravis
- Osteoarthritis including joint replacement surgery risks and complications
- Osteoporosis: primary and secondary
- Reactive arthritis, viral arthropathy; connective tissue disorders such as systemic lupus erythematosus, scleroderma, systemic sclerosis

- Skeletal problems including disorders of calcium homeostasis such as osteomalacia, rickets, Paget's disease (see also RCGP Topic Guide Endocrinology and Metabolic Problems)
- Soft tissue disorders such as bursitis, epicondylitis, Achilles tendon problems
- Spinal disorders including mechanical back pain, disc lesions, malignancy (primary or metastatic), infection (including osteomyelitis, osteoarthritis, spinal stenosis, osteochondritis), developmental disorders (such as scoliosis and kyphosis), trauma including vertebral fracture and long-term consequences, acute neurological emergencies (such as cauda equina)
- Chronic pain (such as complex regional pain syndrome)
- Trauma including fractures and primary care management of injuries/ first-aid
- Wounds (including surgical) and lacerations: management and principles of care

### **Examinations and procedures**

- Examinations: functional assessment, examination of back and spine, joint examinations, systemic manifestation of musculoskeletal problems, exclusion of red flags, screening examinations (for example, GALS)
- Procedures: knowledge of the appropriate use of steroid injections (although the ability to administer them is not essential)

### **Investigations**

- Investigations: blood tests, X-rays, CT and MRI scans, DEXA scans, bone scans, ultrasound, biochemical and immunological indicators of musculoskeletal problems, nerve conduction studies, tissue biopsy
- Local service provision for musculoskeletal problems
- Service provision for veterans
- Practice policies for supporting staff and patients with musculoskeletal problems, including creating a healthy workplace

## **HOW TO LEARN THIS AREA OF PRACTICE**

### **Work-based learning**

You will have no shortage of clinical exposure to musculoskeletal problems during your time as a GP trainee. You will see a wide range of conditions and it is worth keeping a log of the cases – to demonstrate that, with experience, you are becoming confident in managing the conditions.

Musculoskeletal problems offer the opportunity for you to develop clinical skills and reflect upon the utility of investigations in managing uncertainty and complexity.

There is no shortage of national guidelines and standards of care that can be used to improve outcomes for musculoskeletal patients. Take the opportunity to reflect on the care that you deliver, using tools such as audits, quality improvement projects, and reviews of referral activity and use of investigations.

The first contact with a patient is crucial and one of the great things about general practice is the ability to use time as a diagnostic tool. Following your patients up can provide a very

useful insight into the natural course of musculoskeletal problems and give valuable clues in the clinical conundrums we all face.

Listen to the language your patients use to describe how their 'brittle bones', 'crumbly spines', 'grinding', 'worn-out' joints are affecting them; how they feel their bodies have let them down. And see how positive language can influence the perception of their pain and improve both how you feel about your ability to help, and the outcome for the patient. When a patient states that, 'all I need is a new pair of knees', ask yourself whether you have done what you can to help alleviate pain and improve function, using pharmacological and non-pharmacological interventions.

Few GPs in training will get significant exposure to a core musculoskeletal speciality during their time in hospital attachments but many of the patients you will see during your training, especially the elderly, will have significant musculoskeletal problems. Take time for a focused examination of a painful joint, and ask about mobility issues, work problems and function around the home, in order to get a feel for the impact that musculoskeletal conditions can have on the individual. Remember to consider the psychosocial impact of musculoskeletal problems too.

During placements in A&E you will see plenty of common musculoskeletal problems, including acute back pain. Think about whether you would be confident in managing these patients in the GP surgery setting and whether these patients might be more effectively managed in primary care.

Try to spend some time with speciality nurses and pharmacists engaged in shared-care prescribing of disease-modifying anti-rheumatic drugs (DMARDs). Can you think of some of the benefits and potential pitfalls of shared-care prescribing? What issues do the nursing team have? How are problems communicated to all involved? Think how you would, as a GP, ensure a safe service for your patients in the community.

Consider attending an orthopaedic clinic and explore the decision to undertake a joint replacement for osteoarthritis. What factors influenced the decision? Were they the same factors for each patient you saw? Were patient decision aids being used?

Many areas have 'interface' or 'tier 2' musculoskeletal services in the community or hospital setting. GPs with a Special Interest (GPwSI) or Extended Scope Physiotherapists who work in these services will be able to help you improve your clinical skills, and the patients are a rich resource of common musculoskeletal problems.

Time spent in a local chronic pain service can give a valuable insight into the multidisciplinary approach to managing patients with chronic musculoskeletal and other pain. Pause to reflect on the barriers that patients face to getting back to normal functional levels and also the factors that may have contributed to the development of chronic problems. Were there missed opportunities to address their problems earlier – perhaps preventing progression to a more chronic problem?

## **Self-directed learning**

It's highly unlikely that you will go through the duration of your specialist training and not experience musculoskeletal aches and pains of one sort or other, from the minor through to the more significant. Perhaps you are involved in sport and have noticed some new ache or pain when you are training. How does it make you feel? Are you worried that the pain will get worse? What if you can't do the things you enjoy? What about work? How would you cope if your pain and disability prevented you following your chosen career path?

Reflecting on such issues provides a valuable insight into how your patients may be feeling when they come to see you. Asking about such worries forms part of the thorough assessment of a patient. If you do not address these concerns, you are less likely to help that person and may miss acting on cues that could prevent the patient from developing a chronic problem.

## **Learning with other healthcare professionals**

Patients may seek advice and treatment from a wide range of other professionals and therapists. As a GP, it is important to gain an understanding of what these practitioners do and whether the treatment they provide is supported by an evidence-base in order to advise your patients appropriately.

It is important to understand the role of other registered healthcare professionals involved in musculoskeletal care, including physiotherapists, occupational therapists, chiropractors, osteopaths and podiatrists, to see how their methods differ from yours. These healthcare professionals offer a wide range of interventions and treatments. In particular, time spent with physiotherapists can help improve your assessment and examination skills and enhance your understanding of what patients should expect when they see these professionals.

Other members of the practice team, including nurses and healthcare assistants, spend a lot of time with patients with chronic diseases. They have valuable insights into how patients are getting along. Find out if their assessment includes asking patients about pain and level of function and which validated tools can be used to measure this.

Carers, both professional and informal, may be the best-placed individuals to inform how a person is coping at home and in the community. You often get a very limited view of the stoical patient within the confines of the surgery.

All GPs have a role in advising patients about fitness for work. How this advice is communicated has a significant effect on the future of that individual's working life. Discussion with occupational health physicians involved in Department of Work and Pensions work-capability assessments can help you understand how decisions regarding work fitness are made and how you as a GP can facilitate patients to stay in work, for example by delivering a consistent message around back pain.

## Structured learning

There are many e-Learning resources available and the RCGP online learning environment has a module on **musculoskeletal care**.

Look out for core musculoskeletal skills courses, aimed at GPs, which offer the opportunity to develop your consultation and examination skills, as well as keeping you up to date with the latest evidence and opinion on best practice. You may also consider attending courses offering joint injection training.

See the 'Learning resources' pack for more suggestions....

## HOW THIS AREA MIGHT BE TESTED IN THE MRCGP

### Applied Knowledge Test (AKT)

- Risk factors for osteoporosis
- Differential diagnosis of muscle pain
- Recognition of acute, inflammatory arthritis

### Clinical Skills Assessment (CSA)

- A profoundly deaf man is training for a charity marathon and has developed pain in his outer thigh. Examination expected
- An elderly man has had persistent low back pain for six weeks which is keeping him awake. Examination expected
- Teenage boy has had intermittent groin and knee pain for two months and after a fall playing football yesterday, is limping when trying to walk

### Workplace-based Assessment (WPBA)

- Consultation Observation Tool (COT) about the diagnosis of fibromyalgia in a woman with persistent, widespread joint pains with normal investigation
- Clinical Examination and Procedural Skills (CEPS) on a swollen knee joint
- COT about a patient who has been started on methotrexate by a specialist for rheumatoid arthritis and the need for blood test monitoring in primary care

## Resource 3.3 Case study Template

### Case study

Clinician Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Reference (NHS No.) \_\_\_\_\_

Clinic Setting: \_\_\_\_\_

History of issue:

Relevant Medical History

Medication:

Relevant Investigations:

Clinical features/examination findings:

**Working Diagnosis:**

**Treatment Plan/Management:**

**Analysis/Reflections:**

**Any learning needs identified?**

## Resource 3.4 MSK Medical Education resources

### University courses in MSK Medicine & Rheumatology

- **University of Bradford: Postgraduate Diploma:** Practitioners with Special Interest – Musculoskeletal Medicine with Rheumatology  
(<https://www.bradford.ac.uk/courses/pg/pwsi-musculoskeletal-medicine-with-rheumatology/>)
- **University of Manchester:** MSc/PGCert Clinical Rheumatology & Musculoskeletal Medicine ([www.manchester.ac.uk/study/masters/courses/list/02120/msc-clinical-rheumatology-and-musculoskeletal-medicine/](http://www.manchester.ac.uk/study/masters/courses/list/02120/msc-clinical-rheumatology-and-musculoskeletal-medicine/))
- **University College London:**
  - i. Musculoskeletal Science MSc / PG Dip / PG Cert
  - ii. Orthopedics MSc
  - iii. Performing Arts Medicine  
([www.ucl.ac.uk/surgery/courses/postgraduate/pg-taught/msc-musculoskeletal-science](http://www.ucl.ac.uk/surgery/courses/postgraduate/pg-taught/msc-musculoskeletal-science))
- **University of Central Lancashire:** Musculoskeletal Management - MSc/PGDip/PGCert  
([www.uclan.ac.uk/courses/msc\\_musculoskeletal\\_management.php](http://www.uclan.ac.uk/courses/msc_musculoskeletal_management.php))
- **University of Plymouth:** The Postgraduate Diploma Rheumatology & Musculoskeletal Medicine  
([gpcourses.co/postgraduate-courses/postgraduate-diploma-rheumatology-musculoskeletal-medicine/](http://gpcourses.co/postgraduate-courses/postgraduate-diploma-rheumatology-musculoskeletal-medicine/))
- **University of Leeds** – Postgraduate Certificate in Musculoskeletal Medicine  
(<http://www.leeds.ac.uk>)

### MSC Postgraduate Courses in Sport and Exercise Medicine

- University of Bath MSc Sport and Exercise Medicine
- Cardiff Metropolitan University MSC/Postgraduate Diploma in Sport and Exercise Medicine
- Trinity College Dublin Msc in Sports and Exercise Medicine
- University of Glasgow Msc Sport and Exercise Science and Medicine
- Leeds Beckett University MSc and PG Dip in Sport and Exercise Medicine

- University of Leeds Sport and Exercise Medicine MSc
- University of Central Lancashire (UCLan) MSc Sports Medicine
- University College London MSc and Postgraduate Diploma in Sports Medicine, Exercise and Health
- Queen Mary University of London MSc/Postgraduate Diploma in Sport and Exercise Medicine
- Queen Mary University of London MSc/Postgraduate Diploma in Sports and Exercise Medicine, 1 year or part-time
- Loughborough University MSc Musculoskeletal Sport Health and Science
- Manchester Metropolitan University MSc/PGDip/PGCert Sport and Exercise Medicine
- The University of Nottingham MSc Sports and Exercise Medicine
- The University of South Wales MSc Sports and Exercise Medicine
- The University of South Wales MSc Sports and Exercise Nutrition
- Newcastle University Exercise Biomedicine BSc Honours
- Trinity College Dublin Online Postgraduate Certificate in Clinical Exercise

### **MSC postgraduate Diplomas in Exercise**

- University Centre Shrewsbury, <http://www.ucshrewsbury.ac.uk/postgraduate/exercise-medicine>
- Trinity College <http://www.medicine.tcd.ie/physiotherapy/postgraduate/online/>

## Organisations

### **Society of Musculoskeletal Medicine (SOMM)**

[www.sommcourses.org](http://www.sommcourses.org)

Run a range of courses alongside a modular programme that can lead to an MSc – tends to be predominantly physiotherapists that do this but some doctors as well.

The courses include;

- Diploma in MSK medicine with 3 units – foundation course (Cervical & Upper Limb, Lumbar spine and lower limb, thoracic spine/SIJ & revision) – core skills & therapeutics (mobilisations/manual therapy)
- MSc in MSK Practice – accredited by CSP & run with Queen Mary's University
- Advanced modules
  - Injection therapies
  - Advanced practice (research, appraisal and clinical reasoning)
  - Special tests
  - Professional practice
- Training days (no current information available)

### **Versus Arthritis**

[www.versusarthritis.org](http://www.versusarthritis.org)

VERSUS ARTHRITIS is the charity that is leading the fight against arthritis. This website is a resource for patients and professionals on all musculoskeletal conditions.

Professional Network & Clinical updates

Training and education resources including Coreskills programmes, webinars and MSK clinical assessment guides.

MSK Champions programme – a great leadership and development programme

<https://www.versusarthritis.org/about-arthritis/healthcare-professionals/>

### **Royal College of General Practitioners**

- MSK Joint Injection Course
- E-Learning – numerous online courses and knowledge updates (<https://elearning.rcgp.org.uk>)

### **Primary Care Rheumatology & Musculoskeletal Medicine Society**

(<https://pcrmm.org.uk>)

The PCRMM welcomes all doctors and all allied health professionals of all grades, including trainees, who are involved in the care of patients with rheumatological and musculoskeletal conditions in primary care.

The PCRMM provides the primary care team perspective and voice. We understand the challenges of delivering good quality patient care in the high-pressure primary care environment

#### Our aims

- Improve knowledge of musculoskeletal & rheumatology disorders in primary care
- Improve & maintain standards of care provided for patients
- Develop educational standards for providers of musculoskeletal medicine & rheumatology
- Build effective partnerships with other providers of musculoskeletal & rheumatology care
- Participate in guideline and service development to ensure the primary care perspective is heard
- Support research into MSK and rheumatological conditions
- Provide support and mentorship for those primary care clinicians wishing to develop a special interest or extended role

#### **British Association of Sport & Exercise Medicine education platform**

(<https://basem.co.uk/sem-resources/basem-education-portal/>)

#### **Chartered Society of Physiotherapists**

(<https://www.csp.org.uk>)

#### **Health Education England - eLearning for Health platform**

(<https://portal.e-lfh.org.uk/Dashboard>)

#### **British Society for Rheumatology**

(<https://www.rheumatology.org.uk/events-learning/courses>)

Run a range of day courses including:

- Quality improvement methodology
- Transitional care for children and young people
- Rheumatology for specialist nurses
- Foot & Ankle
- Ultrasound for rheumatology practice
- Core skills in rheumatology

#### **Red Whale**

[www.gp-update.co.uk/course/MSK-Chronic-Pain-Update-Course](http://www.gp-update.co.uk/course/MSK-Chronic-Pain-Update-Course)

- Chronic pain and MSK Update – popular single day course with overview of current best practice and theory (DOI I am a tutor on this course)
- Opioids & Deprescribing – half day course

#### **NB Medical Musculoskeletal Course – one day update**

[www.nbmedical.com/NBMusculoSkeletal](http://www.nbmedical.com/NBMusculoSkeletal)

**BMJ Learning** – a range of online courses and content – previously ran Masterclass series including Essential Rheumatology  
([learning.bmj.com/learning](http://learning.bmj.com/learning))

**Musculoskeletal Association of Chartered Physiotherapists (MACP)**

<https://www.macpweb.org>

Run courses and support training & education including day/half day courses:

- Integrating imaging into musculoskeletal practice
- Pain: Translating neuroscience into clinical practice
- Spinal Masqueraders and Red Flags
- Demystifying blood tests in MSK
- FCP trainer courses

**Advanced Practice Physiotherapist Network (APPN)**

<https://www.appn.org.uk>

Is a membership organisation that have an annual conference and short courses of varying topics.

**Exercise education**

CMO physical activity guidelines

<https://www.gov.uk/government/publications/physical-activity-guidelines-infographics>

- Infographics available to help healthcare professionals explain the type and amount of physical activity people should be doing
- Recommendations for children, adults, disabled adults, pregnant women

e-learning

<https://www.e-lfh.org.uk/programmes/physical-activity-and-health/>

<https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physical-activity-applying-all-our-health>

<https://learning.bmj.com/learning/course-intro/physical-activity.html?courseId=10051913>

## Resource 3.5 Patient information resources

### Websites

#### Mindfulness

- [www.breathworks-mindfulness.org.uk](http://www.breathworks-mindfulness.org.uk) – lots of information on mindfulness
- [www.mindfulnesscompassion.org](http://www.mindfulnesscompassion.org) – meditation downloads
- [www.freemindfulness.org](http://www.freemindfulness.org) – mindfulness downloads and links to resources
- [www.marc.ucla.edu/ody](http://www.marc.ucla.edu/ody) - free meditation podcasts from UCLA Mindful Awareness Research Center
- [www.getsomeheadspace.com](http://www.getsomeheadspace.com) – Headspace is a free smartphone app by a British former Buddhist monk, with ten different 10 – minute mindfulness tracks to try daily, and notifications to remind you to check in with yourself.

#### Pain

- [www.action-on-pain.co.uk](http://www.action-on-pain.co.uk) – charity providing support and advice
- [www.painconcern.org.uk](http://www.painconcern.org.uk) – charity with fortnightly radio show providing information and support
- [www.painassociation.com](http://www.painassociation.com) – videos on pain management strategies
- [www.britishpainsociety.org](http://www.britishpainsociety.org) – publications for patients and professionals
- [www.painrelieffoundation.org.uk](http://www.painrelieffoundation.org.uk) – charity funding research into chronic pain
- [www.healthtalkonline.org](http://www.healthtalkonline.org) – patient experiences of different health conditions, including chronic pain
- [www.paintoolkit.org](http://www.paintoolkit.org)- resources for pain management
- [www.pathoutofpain.com.au](http://www.pathoutofpain.com.au) – resources for pain management
- [www.neurosymbols.org](http://www.neurosymbols.org) – information about causes and management of a range of conditions, including pain
- [www.paincd.org.uk/home](http://www.paincd.org.uk/home) - a non-profit self-help CD or download for people who suffer with persistent pain.
- [www.sheffieldpersistentpain.com](http://www.sheffieldpersistentpain.com) – good general information about living with pain
- [www.nhs.uk/pages/home.aspx](http://www.nhs.uk/pages/home.aspx) - good health information
- <http://sussexmskpartnershipcentral.co.uk/rheumatology/> - Living with Long Term Pain Leaflet
- [https://arthritiscare.org.uk/assets/000/001/066/Download\\_Pain\\_Resources\\_Factsheet\\_original.pdf?1441120982](https://arthritiscare.org.uk/assets/000/001/066/Download_Pain_Resources_Factsheet_original.pdf?1441120982)

#### Sleep

<http://www.sleepcouncil.org.uk/> - support and advice on sleep

#### Fibromyalgia

<http://www.arthritisresearchuk.org/arthritis-information/conditions/fibromyalgia/what-is-fibromyalgia.aspx>

<http://ukfibromyalgia.com/index.php>

[www.fmauk.org](http://www.fmauk.org)

[https://arthritiscare.org.uk/assets/000/001/812/Fibromyalgia\\_Factsheet\\_v4\\_for\\_web\\_original.pdf?1502096287](https://arthritiscare.org.uk/assets/000/001/812/Fibromyalgia_Factsheet_v4_for_web_original.pdf?1502096287)

<https://www.nhs.uk/conditions/Fibromyalgia/Pages/Introduction.aspx>

### **The Spoon Theory**

A good document to help you think about how you can explain the impact of chronic pain on your energy levels and general functioning is called “But you don’t look sick” or “The Spoon Theory” at [www.butyoudontlooksick.com](http://www.butyoudontlooksick.com). You can also go onto You Tube and see the author explain the Spoon Theory.

### **Osteoarthritis**

[www.versusarthritis.org](http://www.versusarthritis.org)

[www.arthritisaction.co.uk](http://www.arthritisaction.co.uk)

[www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)

### **Mental Health**

<https://www.mentalhealth.org.uk/> - Information on mental health support

[www.samaritans.org](http://www.samaritans.org)

[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

[www.sane.org.uk](http://www.sane.org.uk)

[www.mindcharity.co.uk](http://www.mindcharity.co.uk)

[www.moodjuice.scot.nhs.uk](http://www.moodjuice.scot.nhs.uk)

### **Exercise**

[www.movingmedicine.ac.uk](http://www.movingmedicine.ac.uk)

Active at Home booklet you can order on the PHE Campaign Resource Hub:

<https://campaignresources.phe.gov.uk/resources/campaigns/50-resource-ordering/resources/5118>

<https://www.nhs.uk/Conditions/nhs-fitness-studio/Pages/welcome-to-nhs-fitness-studio.aspx>

<https://www.nhs.uk/Conditions/nhs-fitness-studio/Pages/ms-and-fibromyalgia-pilates-exercise-video.aspx>

## Benefits

<https://arthritiscare.org.uk/do-i-have-arthritis/publications/646-benefits-you-can-claim>  
[https://arthritiscare.org.uk/assets/000/001/720/Factsheet7\\_if\\_you\\_are\\_unhappy\\_with\\_benefit\\_decision\\_\(web\)\\_original.pdf?1493039866](https://arthritiscare.org.uk/assets/000/001/720/Factsheet7_if_you_are_unhappy_with_benefit_decision_(web)_original.pdf?1493039866)  
[https://arthritiscare.org.uk/assets/000/001/806/Factsheet5\\_personal\\_independence\\_payment\\_\(web\)\\_original.pdf?1500987449](https://arthritiscare.org.uk/assets/000/001/806/Factsheet5_personal_independence_payment_(web)_original.pdf?1500987449)

## Shoulder:

- <http://www.bess.org.uk/index.php/health-professionals/patient-care-pathways>
- <http://www.bess.org.uk/index.php/public-area/shpi-videos>
- <https://www.shoulderdoc.co.uk/>

## Opiate prescribing and reduction:

- [www.livewellwithpain.co.uk](http://www.livewellwithpain.co.uk)
- <https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware>

## Videos

- 23 and ½ hours: What is the single best thing we can do for our health?  
<https://www.youtube.com/watch?v=aUaInS6HIGo>
- Back pain – separating fact from fiction – Prof Peter O’Sullivan  
<https://www.youtube.com/watch?v=dISQLUE4brQ>
- Lorrimer Moseley – Why things hurt TED Talk : this is a useful talk from an international pain specialist on how our body and mind combine to experience pain and how this can help us understand our own pain  
<https://www.youtube.com/watch?v=gwd-wLdIHjs>
- Brain-man Animation – chronic pain: a short illustrated film about how our mind and body interact and experience chronic pain  
<https://vimeo.com/27887626>
- Struggling to be me with chronic pain : a personal insight into managing chronic pain  
<https://www.youtube.com/watch?v=FPpu7dXJFRI>

## Books

### Pain

- The Pain Free Mindset: 7 Steps to Taking control and overcoming chronic pain, Dr Deepak Ravindran (2021)
- Explain Pain. David Butler and Lorimer Moseley (2003) 978-0-975-091005
- Managing your Pain – practical and positive ways of adapting for chronic pain. Dr Michael Nicolas et al (2003) 0-285-63679-0
- Coping Successfully with Pain. Neville Shone (1992) 0-85969-640-5
- Pain. The Science of Suffering. Patrick Wall (1999) 0-753-809-974
- Freedom from Pain. Norman J Marcus MD (& Jean S Arbeiter) (1995)0-671-79892-8
- Managing Pain Before It Manages You. Margaret Caudill 0-898-622-247
- When Bad Things Happen To Good People. Harold S Kushner (1982) 0-330-268-279

- The Pain Relief Handbook: Self Help Methods For Managing Pain. Chris Wells (1996) 0-091-813-719
- Treat Your Own Back. Robin McKenzie (1998) 0-959-804-927
- Living With Your Back Pain. Helen Parker and Chris Main
- Overcoming Chronic Pain. F Cole, H Macdonald et al
- Painful Yarns. L Moseley 978-0-9803-5880-3
- Simply Pain. Jane Green (DVD)
- Living with Pain. Neil Berry – Audio CD
- The Happiness Trap, Russ Harris – Mindfulness based programme for overcoming stress and depression
- Living with the Enemy: Coping with the stress of chronic illness using CBT, mindfulness and acceptance. Ray Owen
- Living with persistent pain in later life: answer to your questions – this booklet provide ideas about various sources of information and advice on living with persistent pain.
- [https://issuu.com/isdesign/docs/living\\_with\\_persistent\\_pain\\_in\\_later\\_life](https://issuu.com/isdesign/docs/living_with_persistent_pain_in_later_life)
- Understanding and Managing Long-Term Pain (2015) – This encompasses the latest evidence, guidance and expert opinion. It has been produced to help patients understand and manage their pain. It explains what pain is, what can be done about it and who can help. Members of the public can request a free hard copy by contacting the secretariat on 0207 269 7840 or [info@britishpainsociety.org](mailto:info@britishpainsociety.org)

## **Mindfulness**

- Mindfulness for Health – a practical guide to Relieving Pain, reducing stress and restoring wellbeing. Vidyamala Burch and Danny Penman (2013)
- Living well with pain and illness: the mindful way to free yourself from suffering. Vidyamala Burch (2008)
- Living beyond your pain: Using Acceptance and Commitment Therapy to ease chronic pain. Joanne Dahl and Tobias Lundgren (2006). New Harbinger Publications.
- Mindfulness: a practical guide to finding peace in a frantic world. Mark Williams and Danny Penman
- Mindfulness for Dummies. Shamash Alidina
- Full Catastrophe Living. Jon Kabat-Zinn

## Resource 3.6 A Guide to the Multidisciplinary Team

### The Role of the MDT

- Provide an **expert multidisciplinary opinion** for patients referred by their GPs, offering an alternative to direct referral to an outpatient consultant clinic.
- Screen for **serious/sinister pathologies** and refer patients as appropriate.
- Conduct clinical **assessments**; organise diagnostic **investigations**; provide **advice and treatment**, including injections; **inform and educate** patients.
- Agree and test **integrated care pathways** (ICPs), which must be built on evidence-based guidelines with locally agreed protocols and quality measures.
- Facilitate **referral**, where necessary, to other primary or secondary care services.
- Support the development of robust systems for **monitoring and clinical audit**.

### Benefits of integrated community teams

(taken from Musculoskeletal services framework DoH – found at [https://webarchive.nationalarchives.gov.uk/20130124073659/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4138412.pdf](https://webarchive.nationalarchives.gov.uk/20130124073659/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4138412.pdf))

#### ***For the patient***

- Enabling patients and carers to be involved in developing care pathways, to exercise choice and participate in their own care, and to have a more informed understanding of the quality and outcomes of their care
- Tailoring services round the (often complex) needs of the patient
- Focusing efforts on self-management and prevention
- Improving patient outcomes through more effective and efficient assessment, diagnosis and treatment

#### ***For clinicians***

- Refocusing care around the patient
- Promoting use of evidence-based practice
- Promoting effective clinical governance and supporting multidisciplinary clinical audit
- Promoting interdisciplinary team care and the Single Assessment Process (SAP) to ensure that an individual's support needs are considered in a holistic way
- Improving communication between staff in all settings (eg between primary care and hospital staff)
- Providing a consistent decision support system for all professionals, including trainees

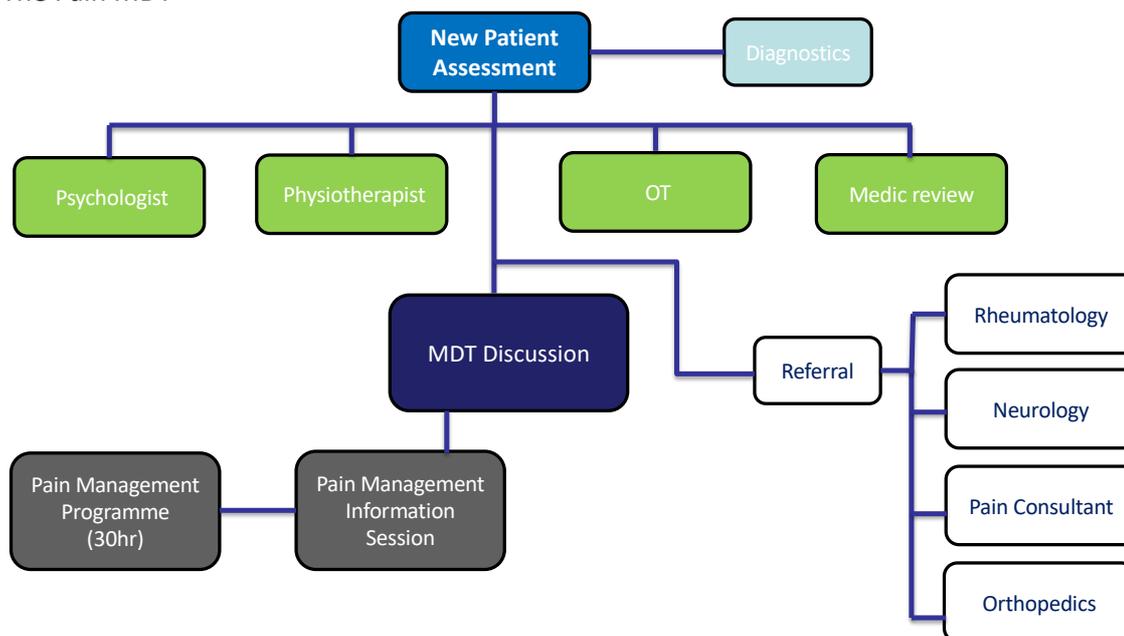
#### ***For the organisation***

- supporting a unified care record and reducing time spent on record-keeping
- identifying organisational barriers to the delivery of patient-centred care
- improving the quality, consistency and efficiency of care, often reducing cost of care

## Example of Patient Flow

This demonstrates the potential patient pathways through a community pain service, the different clinicians they may meet, programmes they may be offered and the links to other specialities.

The Pain MDT



## Principles of a MDT

- Treatments are based on the patient, not therapeutic discipline
- A collaborative approach is taken to clinical cases
- Advice and guidance for patients is informed by sharing knowledge
- Peer review and discussion of cases to facilitate learning
- Following shared decision-making principles
- Respects and recognises patient choice

## **Evidence of benefits for this model**

### *For MDT structures*

Systematic review of 31 research papers and 2 other systematic reviews<sup>i1</sup>

- Adherence to new evidence-based theatre protocols and reducing catheter related blood infections
- Introduction of a programme to reduce obstetric risk (MORE programme) reducing liability claims
- 'Caledonian model' to improve evidence-based practice in practice nurses
  - Patient audit – improved recording notes, patients needs, risk screening, involvement of patient in decision making

Challenges with heterogenicity – variations in form and function, no 'one size fits all'

### *For integrated MDTs in MSK*

Review of 23 studies of intermediary care services<sup>ii2</sup>

- 72-97% of patients could be managed entirely within intermediary care
- Reduction of orthopedic referral rate between 20-60%
- Significant improvement in patient reported outcome measures
- Reduced waiting times and high patient satisfaction
- Physiotherapists clinical decision making and referral accuracy comparable to doctors in 68-96% of cases

## **Clinical roles**

### **Consultant in Pain medicine**

These doctors have traditionally been consultant anaesthetists (but may also include staff and associate grade doctors as well as trainees) who have undertaken specific specialist training and achieved the defined competencies in all aspects of pain medicine, and who have normally obtained the Fellowship of the Faculty of Pain Medicine of the Royal College of Anaesthetists (FFPMRCA).

They offer integrated, co-ordinated, holistic management of pain using knowledge and skills within the context of the multidisciplinary team to deliver comprehensive patient-centred care. They will normally be able to offer interventional approaches including x-ray (fluoroscopic) or ultrasound guided injections including local nerve blocks, peripheral and axial joint injections, spinal/epidural injections and radiofrequency denervation.

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<sup>1</sup> How and why are communities of practice established in the healthcare sector? A systematic review of the literature. Geetha Ranmuthugala et al, BMC Health Services Research 2011

<sup>2</sup> Intermediate Care pathways for musculoskeletal conditions - Are they working? A systematic review. Hussenbux et al, Physiotherapy 2015 Mar

### **General Practitioners with extended roles**

These GPs are increasingly found in community clinics, they will usually have had further training beyond their generalist training and have a role in helping diagnose and manage musculoskeletal conditions with additional capacity to manage prescribing, investigations and joint injections. They can be helpful in applying their generalist knowledge of medical comorbidities, frailty, managing special groups including elderly and patients with cognitive impairment in the realm of msk disorders.

### **Sports and Exercise Medicine Consultants**

These are doctors with a specific training in musculoskeletal, sports and exercise medicine and have a role in community msk clinics. They have completed formal training and accreditation with the Faculty of Sports and Exercise Medicine (FSEM) following core training in medicine, a&e or general practice and have advanced knowledge and skill mix, often incorporating diagnostic ultrasound alongside advanced knowledge and experience managing sports injuries, nutrition and endocrine disorders in athletes and rehab approaches also applicable to the non-elite athlete.

### **Nurses – pain specialist nurses/nurse consultant**

Nurses work with patients of all age groups experiencing acute and chronic pain, in primary and community care, outpatient and inpatient settings. The number of nurses in a particular service will be determined by the types and numbers of patients seen Nurse Specialists and Nurse Consultants play a key role in pain management and may work in collaboration with others or as autonomous practitioners, within their levels of competence. The Royal College of Nursing has published a pain knowledge and skills framework to guide and support pain management nurses

### **Psychologists**

Pain is a complex biopsychosocial phenomenon, and chronic pain affects people of all ages from early childhood to old age. Pain specialists have long recognised that psychological and social processes contribute significantly to pain and its management, and psychologists have been at the heart of pain management teams since their inception. They have become increasingly involved in chronic pain services more generally, bringing specialist knowledge and professional expertise to help ensure that psychosocial factors are properly considered and addressed.

The role of the psychologists is to work with people with emotional and physical health problems to reduce psychological distress and promote psychological well-being

### **Occupational therapists (OT)**

Occupational therapists focus on what people 'do' and help patients to deal with the issues that get in the way of them being able to do what is important to them for example self-care, spending time with family, and activities that give satisfaction, enjoyment and a sense of purpose.

They work with the aim of minimising the impact that symptoms such as pain can have on an individual's performance of daily activities. Occupational therapists help people to change aspects of themselves, the activity, the environment, or all of these, to enable performance and participation.

### **Pharmacists**

Pharmacy services are an integral part of the multi-professional pain management team, and their roles include supply and preparation of medicines, provision of information regarding medicines to healthcare professionals and patients, delivering pharmaceutical care and optimising pharmacotherapy for patients, and overseeing processes to ensure the safe and effective use of medicines.

### **Physiotherapists**

Physiotherapy is defined as a healthcare profession that works with people to identify and maximise their ability to move and function. It aims to achieve healthy levels of activity and self-management for people with chronic pain. Physiotherapists are an integral part of the multidisciplinary pain management team.

Physiotherapists use a variety of ways to help you get moving confidently and to exercise effectively and independently in everyday life. Physiotherapists can help to give a clear understanding of how the body works and of how pain and movement relate to each other. With the aim of helping people keep physically active which is essential to keep muscles and joints healthy, has a positive impact on pain and a range of other health outcomes.

### **Pain Management Programmes**

#### **What is a Pain Management Information Session (PMIS)?**

A Pain Management Information Session (PMIS) is a group session which aims to provide information about persistent pain and an introduction to pain management techniques.

This will usually cover:

- Understanding pain: The differences between persistent pain and short-term pain.
- The role of pain management in persistent pain.
- The importance of activity in persistent pain and the effect of “de-conditioning” on the body.
- Breathing techniques for pain and stress management.
- How to pace activities and avoid falling into the traps of ‘over’ and ‘under’ doing.
- Planning how to make changes and set goals in relation to pain management.

#### **What is a Pain Management Programme (PMP)?**

A Pain Management Programme (PMP) is a psychologically based rehabilitative treatment for people with chronic pain which remains unresolved by other treatments currently

available. It is delivered in a group setting by an interdisciplinary team of experienced health care professionals working closely with patients.

Based on cognitive behavioural principles they are the treatment of choice for many people with persistent pain. PMPs are not aimed at reducing pain, though this might be one of the outcomes but are aimed at equipping patients with strategies for improving function and quality of life with improvements noted in pain experience, mood, activity levels, and negative health beliefs.

The content may include:

- Education on pain science, psychology
- Strategies for self-management and return to activity/work.
- Identifying and managing unhelpful beliefs, thoughts and behaviours
- Activity management approaches including graded exercise and pacing
- Practical guidance on exercise, meditation and sleep.

The group format enables peer support and learning as well as pragmatic delivery for large numbers of people.

Whilst there is currently no 'gold standard' time course for a PMP a standard PMP will likely consist of 10-12 half-days sessions (3 hour) once or twice a week amounting to a total of 30-36 hrs although shorter versions are used around the country.

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