

DO YOU WANT TO ENHANCE YOUR MSK SKILLS?

ARTICLE BY DR MARTYN SPEIGHT FFSEM

Are You feeling frustrated/limited in your skill set, when faced with a complex MSK case load?
Are you weary of seeing another MRI scan of a low back pain patient that does not offer any clear structural explanations? Have you thought of post graduate training in Osteopathic/ Manual Neuromuscular Medicine at the London College of Osteopathic Medicine?

If some of the above sounds familiar to you, spend a little longer to reflect on what you can do to enhance your skill set for managing MSK cases. With the relatively recent introduction of “Experts in musculoskeletal medicine”, into the SEM title, this may well be the case for the structuralist/pathoanatomical reductionist approach to patient care. But what about dysfunction of the neuromusculoskeletal system?

Do you feel equipped to recognise, diagnose and manage such a disorder? Whichever practitioner in an MDT setting is managing these cases, it behoves all team players to have an understanding of the key diagnostic feature, to ensure that the most appropriate management is implemented. Whether you work in an NHS MSK clinic, elite sports team/club setting, or in your own independent private practice, a clear and detailed understanding of neuromuscular medicine, is a key foundation to optimal management of MSK cases.

UNDERLYING CONCEPTS

MSK medicine has emerged from a background of orthopaedic medicine, manual medicine and osteopathic manipulative medicine. The distinctive and underlying concepts of MSK medicine are: a) the scientific basis of

the neuromusculoskeletal system and b) the functional (pathophysiological) and structural (pathomorphological) basis of dysfunction of the neuromusculoskeletal system. Pathophysiological disturbances are classified using the accepted international term “somatic (or segmental when applied to the spine) dysfunction” The recognition, diagnosis and management of these reversible dysfunctional states, manifest clinically as reduced joint mobility, tight muscles, disturbances of the autonomic nervous system and abnormal neurodynamics, differentiate the discipline of MSK medicine from rheumatology and orthopaedic surgery. (Hutson M, Fundamentals of MSK medicine, Oxford textbook of MSK medicine, 2nd ed, 2016, with permission)

So what could you do to enhance your skills? You could consider sitting in a clinic with a medical practitioner who is trained in neuromuscular manual diagnostic / treatment skills to gain insights into their work, as well as attending modular courses on such skills (these are widely available on the web). A more clearly structured/systematic approach, would be to attend attend the 18 month part-time osteopathic medicine course at the London college of Osteopathic Medicine.

The college is unique in the world,

offering post graduate osteopathic medicine training to qualified medical practitioners. It has its foundations in American medical osteopaths from 1911, entitled British osteopathic association, later establishing the osteopathic association clinic in Westminster in 1927, then moving to its current location in Boston place (which at the time had a connection to Dorset square). After world war two In 1945, the second generation of American medical osteopaths founded the London college of Osteopathic medicine, with a charter of holistically treating soldiers injured in the war.

Osteopathy in the UK is regulated like Medicine and Dentistry. The LCOM course operates part time over 84 weeks. The course is delivered as 4 modules: 1) Foundations of osteopathic medicine, a distance learning section, over 12 weeks, requiring 3 hours learning per week. 2) Introduction to clinical osteopathy, an intensive block of two 6 day periods of clinical work at the LCOM. 3) & 4) Two Clinical apprenticeship periods, each covering a period of 39 weeks, attending Fridays and Saturdays at the LCOM. Total number of hours are: Contact (non-clinical) 384, Contact (clinical) 780, Non-Contact: 360. TOTAL: 1524 hours. Further information/course fees etc, is available at lcom.org.uk/studywithus

To give some useful insights into the experience of a Sports and Exercise Medicine doctor who has recently (completion 2019) trained at the LCOM and just two months ago, was appointed as Consultant in Sports & Musculoskeletal Medicine at the London Hospital for integrated medicine, I asked **Dr Matteo Bernardotto** the following questions:

1) At what stage in your postgraduate training did you decide to do the LCOM training and why?

Half way through my SEM training I felt my



MSK skills needed to broaden. I was growing frustrated by the over-reliance of on diagnostic imaging at the expense of clinical skills. I was also impressed by the ability of many physiotherapists and osteopaths to provide “hands on” treatment to athletes to complement their structured rehabilitation programme. I therefore felt that manual medicine should be an essential skill set for all SEM physicians and I explored how to attain such training. My search led me to find LCOM, which provides the world’s only osteopathic course specifically for medical doctors. After a discussion with the course director, I knew it would be a good professional investment. ➔



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What our graduates say:

“My skills in diagnosing & managing MSK conditions has improved immeasurably as a result of the LCOM course. I now have an understanding & a skillset which allows me to treat these conditions directly & successfully in NHS general practice.”

“I realised it would add a valuable dimension to my work as a sport & musculoskeletal (MSK) doctor, particularly the ability to better assess MSK problems and provide manual treatment during consultations.”

For more information, contact course director Tracy Davies
t.davies@lcom.org.uk and visit our website www.lcom.org.uk

2) Do you feel that the LCOM training fulfilled your training needs and expectations?

The 18-month training was intense but rewarding. The small group tutorials, 1-to-1 supervision and the large volume of patients seen in the teaching clinic proved to be an excellent platform to nurture my MSK diagnostic and treatment skills. I felt my clinical assessments were more functional and holistic, complementing well the biomechanical model typically used in SEM. Over time my manual dexterity, or “manual literacy”, improved dramatically, allowing me to deliver osteopathic manipulations safely and effectively. Once I completed the exit exams, I was also able to register with the General Osteopathic Council and practice these new skills independently and to a high standard as a recognised professional.

3) What would you say was the most useful part of your overall experience at the LCOM and what impact has this had on your day to day clinical work?

A pivotal learning from the LCOM course was the ability to perform a more comprehensive and detailed MSK assessment for patients. This strengthened my diagnostic acumen and allowed me to embrace a truly integrative and holistic approach, addressing all the different factors underpinning a patient’s condition more effectively. From a treatment perspective it has been refreshing to provide focused and effective point-of-care manual treatment to patients during consultations, complementing well standard SEM interventions such as exercise prescription and rehabilitation advice. This has greatly benefited the therapeutic relationship with my patients, who have generally shown better understanding of their condition, engagement with rehabilitation, treatment satisfaction and clinical outcomes.

4) What opportunities have you had as a result of doing the LCOM course?

Completing the LCOM course opened many opportunities. I developed a strong interest in back pain, and I was able to take up a position in the MSK and manual medicine department at the Royal London Hospital for Integrated Medicine (RLHIM). I am now not only more confident in managing a challenging group of patients with complex and chronic MSK pain, but I also enjoy it more. This was a great platform to continue practicing my osteopathic skills and help develop a new SEM consultant post in the NHS. In addition, I have been involved with the European Scientific Society of Manual Medicine (ESSOMM), to establish an Europe-wide training framework in manual medicine and help it become a recognised subspeciality.

In fact, whereas manual medicine or physiatry is already a recognised speciality in many western countries, the UK does not yet have a recognised training pathway for doctors.



Dr Matteo Bernadotto

“**Looking back at my training at LCOM, what stands out is the dedication of the clinical tutors, who provided support and guidance throughout the programme.**”

5) Do you have any advice for an SEM doctor who wants to expand on their MSK assessment and treatment skills?

I would strongly recommend the LCOM course to any SEM doctor that wants to expand their MSK expertise. The combination of osteopathic and SEM principles is a strong synergy to improve clinical examinations and diagnosis.

In addition, the ability to deliver hands on treatments such as manipulations makes clinical practice more interesting and satisfying, for both the doctor and the patient. Osteopathy or manual medicine is sometimes unfairly seen as complementary medicine, despite being supported by a large body of evidence, studies and clinical guidelines.

However, my experience of learning these skills has been thoroughly positive, and I would heartily recommend it those with the intellectual curiosity to look at the whole spectrum of opportunities within SEM and MSK medicine.

6) Any other comments about your LCOM experience?

Looking back at my training at LCOM, what stands out is the dedication of the clinical tutors, who provided support and guidance throughout the programme.

I am also very thankful to the school directors, who allowed me the flexibility to continue the course without impacting my SEM training rotations. I have developed good friendships with the students I trained with and I continue to feel part of the school with their regular post-graduate masterclasses and CPD activities

Thanks to Matteo for the above insight. I would just like to expand on the reference in part 4 above, to the ESSOMM, who in September 2018 issued the following ; European core curriculum “manual Medicine” methodological recommendations and contents for the european postgraduate training and qualification for the additional competence manual medicine for european specialists.

(<http://doi.org/10.1007/s00337-018-0453-y>).

Anyone wishing to discuss any of the above, please contact me at the details below;

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