



PREVENTION. CARE. RECOVERY.

Te Kaporeihana Āwhina Hunga Whara

Acupuncture Treatment Profiles

❖ MAY 2006

Introduction

The Acupuncture Treatment Profiles were developed by the New Zealand Register of Acupuncturists Inc. in consultation with the New Zealand Acupuncture Standards Authority in a joint initiative with ACC.

Traditional Chinese Medicine preface

The Acupuncture Treatment Profiles are a valuable guide in the application of protocols that are included within a Traditional Chinese Medical (TCM) diagnosis, providing important information that assists an acupuncturist's treatment strategy.

The integration of biomedicine and TCM presents opportunities that complement and support a holistic approach to treatment. The nature of TCM philosophy is to build an increasingly detailed picture of a person's health to assist in rehabilitation. It does this by drawing together many facets, of which biomedical assessment is an important part. This assessment is incorporated into the overall diagnosis, giving rise to effective treatment regimes.

A biomedical assessment may limit injury to site only and see it as separate from the patient's broader experience as defined in TCM. Framed within the context of TCM knowledge however, it can form a potent tool, enhancing the therapeutic potential of treatment. For reasons of safety and efficacy it is assumed that practitioners using these profiles will have reached minimum competency.

Number of treatments

Treatment numbers stated in this document relate to a specific diagnosis without complications, which has been referred for treatment at an appropriate stage of the healing process.

The numbers have not been developed as evidence-based practice guidelines, but rather to provide a consensus on acceptable treatment ranges.

Triggers

Trigger numbers indicate the number of treatments after which ACC would appropriately seek a review of the services that have been provided.

Any treatment provided for a particular individual will be considered in consultation with the provider acupuncturist. The trigger number is the appropriate time for a case manager to approach the provider acupuncturist and consider requesting a review by an assessor.

Key points

Profiles have this section added in order to highlight important frontline management for that injury.

Special considerations (WMS and TCM)

This section highlights special concerns that need to be considered when treating this condition. A TCM diagnosis will always involve a Western Medical Science (WMS) diagnosis.

History (WMS and TCM)

This section gives a general overview of the significant factors that should be considered in the history of this condition, including both Western and Traditional Chinese medicine.

Examination (WMS and TCM)

This section outlines the main components that should be undertaken in a normal examination. This is not an exhaustive list, and does not include factors that would be included as part of a routine TCM case history, as extensive TCM diagnosis is beyond the scope of this document. The examination procedure should include most of the following:

- Observation
- Active movement testing
- Passive movement testing
- Accessory movement testing
- Palpation
- Functional tests

WMS differential diagnosis

Currently acupuncturists are referred patients who have already received a diagnosis from a primary treatment provider. This section is included, however, because acupuncturists are qualified to provide a provisional diagnosis, and also to illustrate the range of conditions considered in making the original diagnosis. The list is not intended to be exhaustive, and practitioners are encouraged to seek further medical advice on conditions that seem unusual.

WMS complications

This section gives some examples of complications that may hinder the recovery time of a patient or move the patient outside the scope of these “uncomplicated” injury profiles and would then require the appropriate referral action.

TCM differential diagnosis

Acupuncturists are expected to treat from a TCM perspective in addition to considering biomedical diagnoses. TCM diagnoses that would normally be considered are listed for each type of injury, as well as concurrent syndromes that may be involved in chronic or recurrent injuries, or injuries that have failed to respond well to prior treatment. The list is not intended to be exhaustive, and practitioners are expected to treat according to presenting signs and symptoms in accordance with TCM diagnostic criteria.

TCM complications

Injuries can become chronic and lead to other disease states as diagnosed in TCM. The complications listed are some of the more common scenarios that may develop as a result of the injury but this is by no means an exhaustive list.

Treatment rehabilitation

Both Western medicine and TCM treatment goals are listed.

This section is further divided into two sub sections: acute and sub-acute. For the purposes of these profiles acute has been described as within the first 10 to 14 days of an injury occurring, or post surgical intervention. Sub-acute is considered any time after this.

This section is not intended to be a step-by-step guide to treatment, as these profiles are designed to be used by fully qualified TCM practitioners with a wide range of backgrounds and clinical experiences. In particular, where “acupuncture” is listed as a suitable treatment, the selection of points to be used has not been prescribed here because the treatment used will depend upon the individual patient’s presenting signs and symptoms and the practitioner’s clinical experience.

Onward referral

This section gives the appropriate referral that should be considered if the patient’s condition causes concern to the treatment provider.

GP referral may be for considering time off work, medication or further testing and follow-up.

NOTE

Acupuncturists registered with ACC have had extensive training in acupuncture and its various application techniques.

Many acupuncturists also have training and have gained qualifications in other related TCM modalities such as herbal medicine.

Not all modalities used by ACC acupuncture providers are at this stage funded by ACC. Modalities that are not funded are indicated with a * symbol throughout the document. Refer to the Glossary for an explanation of TCM terms.

For the details of modalities funded, please refer to the lists below.

ACC funded rehabilitation:

- Acupuncture
- Electro-acupuncture
- Auricular acupuncture
- Laser acupuncture
- Moxibustion
- Cupping
- Gua sha
- **Tui na** (Chinese massage)

Non-ACC funded rehabilitation:

- Liniments and herbal plasters*
- Herbs and nutritional supplements (Chinese, Western)*
- Ion-pumping cords*

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Glossary

Abbreviations

The channel abbreviations are those as suggested by the World Health Organisation,

LU – Lung
LI – Large Intestine
ST – Stomach
SP – Spleen
HT – Heart
SI – Small Intestine
BL – Bladder
KI – Kidney
PC – Pericardium
SJ – San Jiao
GB – Gall Bladder
LR – Liver

Treatment techniques

This Glossary incorporates TCM concepts and physiological processes from evidence-based studies.

Acupuncture (TCM)

The insertion of fine, sterile, stainless steel needles into the body at carefully selected points which can be but is not limited to the following:

Relieves pain by treating stagnation of Qi and Blood in the affected areas and channels

Releases endogenous opioid peptides e.g. endorphins

Treats Qi block (shock)

Calms the **Shen** (mind-spirit)

Reduces oedema

Decrease inflammation

Promotes wound and fracture healing

Relieves muscle spasm

Restores motor function

Promotes nerve regeneration

Reduces scarring and adhesions

Induces other changes in: neurotransmitters, blood sugar levels, hormones, amino acids, gastric acid, gastric and gut peristalsis, polypeptides, blood flow, blood pressure, blood components e.g. white blood cells etc

Promotes immune responses

Dilates the bronchi

Treatment rehabilitation:

Acute phase: Lists the types of treatments suggested to obtain a therapeutic result

Sub-acute phase: Lists the types of treatments suggested to obtain a therapeutic result

Electro-acupuncture

Electrical stimulation applied to acupuncture needles which:

Promotes Blood and Qi circulation

Provides pain relief

Restores motor function

Promotes nerve and muscle regeneration

Reduces oedema

Reduces inflammation

Reduces scarring and adhesions
Promotes natural opiate release
Changes: neurotransmitters, blood sugar levels, hormones, amino acids, gastric acid, gastric and gut peristalsis, polypeptides, blood flow, blood pressure, blood components e.g. white blood cells etc

Auricular acupuncture

A microsystem of the whole body represented on the ear which:
May be used alone or adjunctively to reinforce acupuncture and other techniques
Alters brain responses (neurophysiological mechanisms) e.g. relieves nausea, relieves pain
Normalises the flow of Qi and Blood
Stimulates and regulates channels
Assists organ function
Treats Qi block (shock)

Laser acupuncture

The use of laser light on acupuncture points which:
Invigorates Blood and Qi in tissues and channels
Reduces oedema
Reduces inflammation
Stimulates cell growth in connective tissue, tendon, bone, nerve, skin
Reduces fibrous tissue formation e.g. burns, wounds, post-surgery
Stimulates nerve regeneration
Especially useful for treating injury in children

Moxibustion

The burning of Moxa (*Artemesia Vulgaris*) to apply heat to points/areas on the body which:
Stops bleeding by warming channels
Dispels pathogenic factors
Moves stagnant Blood and Qi in affected areas and channels
Facilitates smooth Qi and Blood circulation
Warms and tonifies Qi
Strengthens **Yang** Qi
Nourishes and invigorates Blood
Disperses Cold and expels Wind
Relieves pain

Cupping

The application of suction cups to the body which:
Removes stagnant Qi and Blood
Promotes Blood and Qi circulation
Draws to the surface and expels pathogenic factors e.g. Wind obstructing the channels
Dispels dampness
Relieves pain by drawing blood into muscle
Relieves contracture by drawing blood into ligaments and tendons
Adjusts and enhances **Zang Fu** functions

Gua sha

One of the Chinese therapeutic manual techniques which:
Treats diseases of external origin
Relieves chronic and consistent pain by moving stagnant Qi and Blood
Promotes circulation of Qi and Blood
Reduces bruising

Tui na (Chinese therapeutic massage)

One of the Chinese therapeutic manual techniques which:
Promotes Qi and Blood circulation in the channels
Invigorates Blood
Releases tightness, tension or spasm in muscle, tendon and ligament
Breaks up adhesions
Reduces scarring
Provides gentle stretching and mobilisation/massage of muscles, tendons, ligaments and joints
Relieves pain

Liniments and herbal plasters (non-alcohol based)*

A herbal preparation applied to the body which:

Promotes Blood and Qi circulation
Clears stagnant Qi and Blood
Reduces inflammation, swelling and pain
Releases tightness, tension or spasm in muscle, tendon and ligament
Promotes tissue healing
Promotes fracture healing
Resolves bruising

Ion-pumping cords*

A specialised treatment technique developed by Dr Yoshio Manaka for the treatment of burns and other conditions which:

Comprises copper wires attached to clips, with a diode in one clip so that the electrical flow progresses in one direction and connects to acupuncture needles and/or foil placed over the injured area
Uses the body's inherent relative electrical potentials
Provides dramatic local pain relief in the burned area

Muscle-tendino (sinew)

Also known as tendino-muscle channels or sinew network vessels

Eight extraordinary vessels

Their basic function is to supplement the insufficiencies of the other channels and also act as reservoirs of evil Qi (**Xie Qi**)

Fundamental substances

The following substance definitions are taken from TCM theory and philosophy.

Qi

Qi is the vital force of life which:

Is usually understood to mean “energy”

In Chinese medicine has many different forms e.g. Protective energy (**Wei Qi**)

Is the material substrate of the Universe

Is the material and spiritual substrate of human life

Is a primordial impulse which stands at the origin of the Universe and creates all the phenomena within it

Is **Yang** in nature

Blood

Blood is a material substance which:

Moistens and nourishes the entire body through circulation

Is the mother of Qi

Is inseparable from Qi – Qi infuses life into Blood and without Qi, Blood would not flow

Is a **Yin** fluid

Moves and circulates with Qi

Jing

Jing is usually translated as “essence” which:

Determines our basic constitutional strength

Is responsible for determining physical growth and development, reproduction and maintenance of life

Produces marrow and also fills the spinal cord and brain

Is a **Yin** substance

Shen

Shen is one of the Vital Substances of the body which:

Is translated as “spirit” or “mind”

Allows the ability to think, form ideas, discriminate and choose appropriately

Can be seen as the sparkle in the eyes

Jin Ye

Jin Ye embraces all normal fluid substances of the body, other than blood, and:

Has two types:

- **Jin** Liquid e.g. watery fluids moistening mucous membranes
- **Ye** Humour e.g. thick turbid fluids e.g. synovial fluid

Is **Yin** in nature

Concepts

The following concept definitions are taken from TCM theory and philosophy.

Channels

Channels are pathways which:

Are known as the **Jing**

Circulate Qi and Blood to the entire body

Are related to the **Zang Fu** internally

Are made up of five parts:

- Part One – the main, or regular, channels usually referred to as the 12 Channels and known as **Jing Mai**
- Part Two – divergent channels which run with the main channels and are called **Jing Bie**
- Part Three – the sinew channels, or musculo-tendino channels, which are known as the **Jin Mai**
- Part Four – the eight extraordinary vessels, known as the **Qi Jing Ba Mai**, which are the deepest and most fundamental of the channel systems, linking to our source Qi and to the universal Qi
- Part Five – connecting channels, known as the **Luo Mai**, which enmesh the body, forming a network running transversely between the **Jing Mai**, and also form small superficial branches on the surface of the body

Yin Yang

Yin and **Yang** are the two fundamental forces in the Universe which:

Are ever opposing, independent and interchanging

Sustain and complement each other

Are present in every aspect of life e.g. Qi is **Yang**, Blood is **Yin**, sun is **Yang**, moon is **Yin**

Zang Fu

Zang Fu are the internal organs which:

Are divided into **Zang** and **Fu**:

- **Zang** are **Yin** solid organs – heart, liver, spleen, lung, kidney, pericardium – which transform and store vital substances in the body
- **Fu** are **Yang** hollow organs – small intestine, gall bladder, stomach, large intestine, bladder, **san jiao** – which are mainly involved in transporting nutrients into, or waste out of, the body

Brain

The brain is an extraordinary organ located in the skull which:

According to the ancient Chinese, is “the sea of marrow”

Is considered to be the same in substance as marrow

Is most closely related to the Chinese concept of “Kidney” since the Kidney produces marrow

Bi Syndrome

Bi is translated as “impediment” and is usually understood to mean “obstruction” which:

Is a syndrome of the channels rather than the internal organs

Presents as pain, soreness, swelling, distention, heaviness or numbness of muscles, tendons, joints and bones

Is caused by invasion of external climatic pathogenic factors: Wind, Cold and Damp, which lead to stasis of Qi and Blood in the channels and collaterals

Is classified into four types:

- Wandering Bi in which pathogenic Wind predominates
- Painful Bi in which pathogenic Cold predominates
- Fixed Bi in which pathogenic Damp predominates
- Febrile Bi in which Wind, Cold and Damp, over time, transform into Heat

Xie Qi

Xie Qi is pathogenic or “evil” Qi which:

Refers to any external illness-causing factor

Is usually related to the six climatic factors: Wind, Cold, Fire, Damp, Summer Heat and Dryness

Stasis/Stagnation

Stasis is sluggish movement which:

Refers to the circulation of the fundamental substances Qi and Blood

Leads to blockage in channels when the stasis is chronic

Qi Block

Qi Block means “extreme shock” which:

Means Qi is severely compromised and life is threatened

Damages the Chinese concept of “Kidney” and its function
Occurs in severe trauma

Toxin (Heat/Damp)

Heat toxin and damp toxin are external “evil” pathogenic factors which:
Cause disease when they enter the body through the skin, body orifices or a wound.



Tendonitis Achilles

Read Code: N2174	
Number of treatments: 12	Triggers: 16
Key points	Inflammation of the tendon itself or surrounding paratendon (peritendinitis) from overuse causing degenerative and inflammatory changes Termed Achilles tendinopathy if due to collagen degeneration
Special considerations (WMS and TCM)	Presentation is often sub-acute or chronic Recovery may be prolonged Refer if partial rupture is suspected Unsuitable footwear
History (WMS and TCM)	Mechanism of injury: unaccustomed running or long walk; change of running routine; change of sports footwear; repetitive stress; overuse Aching pain on using tendon Tendon feels stiff, especially mornings May be slow onset (weeks) Previous injury or steroid injection Previous history of injuries Previous treatment, management, investigations, outcomes Functional limitations Occupation Gout Joint problems
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation: <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation: <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Compare with other side Palpable crepitus on movement of tendon Pain on dorsiflexion Tight calf muscles Tender thickened tendon Calf squeeze (Thompson test) for tendon rupture Gait/weight-bearing ability Range of movement of ankle: active, passive Ankle joint dysfunction Other joint examination
WMS differential diagnosis	Bursitis (retro-calcaneal) Deep vein thrombosis Achilles tendon rupture (partial or complete) Tendonitis: tibialis posterior, peroneal, flexor hallucis longus Calcaneal stress fracture Other fractures Bruising/haematoma Inflammatory arthritis/gout/osteoarthritis Sever's disease (calcaneal epiphysitis) in children Compartment syndrome Subtalar or talo crural joint dysfunction Radiculopathy from lumbar spine

WMS complications	<p>Recurrence</p> <p>Rupture, particularly after steroid injection</p> <p>Steroid depositions</p> <p>Severe biomechanical dysfunction</p>
TCM differential diagnosis	<p>Injury to tendon following trauma</p> <p>Qi and Blood stasis in the affected channels following overuse, misuse or trauma</p> <p>Stasis of Liver Qi obstructing the flow in the affected channels</p> <p>Liver Blood deficiency failing to nourish tendons and ligaments</p> <p>Bi Syndrome resulting from the accumulation of Damp, Cold, Wind and/or Heat</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Delayed healing or recurrence if predisposing factors are not corrected e.g. stasis of Liver Qi, Liver Blood deficiency</p> <p>Chronic stasis of Qi and Blood may lead to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Facilitate circulation; decrease inflammation; reduce oedema; decrease pain; restore range of movement</p> <p>TCM goals:</p> <p>Clear stasis of Qi, Blood, Damp, Cold, Wind and/or Heat to decrease pain and restore range of movement</p> <p>Nourish Blood and reinforce Qi to remove predisposing factors and correct any underlying deficiencies</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular acupuncture</p> <p>Laser acupuncture</p> <p>Moxibustion</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular acupuncture</p> <p>Laser acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Herbs and nutritional supplements*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Osteopath</p> <p>Chiropractor</p> <p>Podiatrist</p> <p>Herbal Specialist *</p>

Fracture Ankle

Read Code: S34..	
Number of treatments: 10	Triggers: 14
Key points	<p>Most common ankle fractures result from rotation of the talus in the mortise, fracturing one or both malleoli</p> <p>Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken</p> <p>Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
Special considerations (WMS and TCM)	<p>Open fractures have a high risk of infection</p> <p>Delay in treatment increases risk of complications</p> <p>Lateral versus medial fractures</p>
History (WMS and TCM)	<p>Mechanism of fracture: eversion, inversion, or external rotation</p> <p>Trauma may be subtle in the elderly e.g. sudden pain after stepping from a kerb</p> <p>History of previous fractures</p> <p>History of immediate treatment and care</p> <p>Pain</p> <p>Swelling</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation:</p> <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) <p>Palpation:</p> <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points <p>Neurovascular status of foot: posterior tibialis and dorsalis pedis pulses, capillary return</p> <p>Haemarthrosis</p> <p>Deformity</p> <p>Swelling</p> <p>Bruising</p> <p>Temperature (especially coldness of the toes)</p> <p>Gait function of hip and knee</p> <p>Range of movement of ankle</p> <p>Mobility</p> <p>Weight-bearing ability</p> <p>Functional limitation</p>
WMS differential diagnosis	<p>Ankle sprain</p> <p>Dislocation</p> <p>Fracture of foot</p> <p>Fracture of tibia/fibula</p> <p>Lateral or medial ligament injury</p> <p>Tendon or muscle injury</p>

WMS complications	<p>Swelling persisting for weeks or months is common</p> <p>Avascular necrosis</p> <p>Instability due to lateral ligament rupture</p> <p>Osteochondral fracture</p> <p>Non-union, delayed union, or malunion of fracture</p> <p>Deep vein thrombosis</p> <p>Infection</p> <p>Skin breakdown</p> <p>Nerve involvement</p> <p>Osteoarthritis</p>
TCM differential diagnosis	<p>Damage to bone and surrounding structures resulting in Qi and Blood stasis in the affected channels following trauma</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Non-union of fracture due to factors such as concurrent Kidney Qi and Blood deficiency</p> <p>Chronic stasis of Qi and Blood may lead to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain and swelling; increase blood vascularisation; enhance healing of fracture; restore range of movement</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi</p> <p>Nourish Blood and reinforce Qi to enhance union of fracture and restore range of movement and prevent infection</p> <p>Correct any underlying patterns of imbalance</p> <p>Calm Shen</p> <p>Advice (WMS and TCM):</p> <p>Acute phase – rest, non-weight bearing</p> <p>Follow orthopaedic advice regarding weight-bearing status and exercise activity</p> <p>Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular acupuncture</p> <p>Laser acupuncture</p> <p>Moxibustion</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular acupuncture</p> <p>Laser acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Herbs and nutritional supplements*</p>
Onward referral	<p>Acute phase:</p> <p>Accident and emergency clinic for all fractures</p> <p>GP</p> <p>Physiotherapist</p> <p>Osteopath</p> <p>Chiropractor</p> <p>Podiatrist</p> <p>Herbal Specialist*</p>

Ankle Sprain

Read Code: S550.	
Number of treatments: 10	Triggers: 14
Key points	<p>Approximately 90% of ankle sprains involve lateral ligaments (anterior talofibular, lateral collateral ligament, calcaneofibular and posterior talofibular ligaments)</p> <p>Medial ligament sprains, including the deltoid ligament, are rarely isolated and may hide additional sprains or fracture</p> <p>Osteochondral injury/capsulitis requires referral: indications include prolonged (>6 weeks) symptoms of pain, swelling, antalgic gait, decreased range of movement</p>
Special considerations (WMS and TCM)	<p>Children under 12 years rarely sprain ligaments</p> <p>Elderly patients are more likely to fracture than sprain</p> <p>Inversion injuries may involve fracture of the fifth metatarsal</p> <p>Associated tibialis posterior tendon rupture, especially in patients over 45 years</p> <p>Foot should be maintained at 90 degrees flexion for perfect healing of ligaments</p>
History (WMS and TCM)	<p>Mechanism of injury: forced inversion (lateral ligaments); eversion (medial ligaments)</p> <p>Compressive injury may indicate osteochondral injury</p> <p>Record whether weight-bearing at time of injury</p> <p>Acute or recurrent</p> <p>Location of pain: medial or lateral</p> <p>Swelling</p> <p>Pain elsewhere in limb</p> <p>Loss of function/instability</p> <p>Weight-bearing ability</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Occupational requirements</p> <p>General health and medication</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points <p>Gait/weight-bearing ability</p> <p>Proprioception</p> <p>Site of tenderness</p> <p>Swelling: often rounded swelling in front of lateral malleolus</p> <p>Bruising: may take 12-24 hours, indicates more severe injury</p> <p>Range of movement of ankle</p> <p>Joint laxity: compare with other ankle; Drawer test for ATFL/Grade</p> <p>Check full length of fibula and base of fifth metatarsal for fractures</p> <p>Neurovascular status</p> <p>Lumbar spine/hip</p>

WMS differential diagnosis	Lateral or medial sprain Fracture: lateral malleolus, base of fifth metatarsal Anterior inferior tibio-fibular ligament rupture Rupture of tibialis posterior tendon Subtalar joint dysfunction Peroneal nerve neuropathy Tarsal tunnel syndrome Ligamentous laxity
WMS complications	Swelling – may persist for weeks or months Pain syndrome Osteoarthritis Instability – refer for radiographic investigation for ligament damage Osteochondral defects Capsulitis Avulsion fracture Recurrence
TCM differential diagnosis	Tissue damage and injury to muscle, tendons and ligaments following trauma Qi and blood stasis in the affected channels following trauma Liver Blood deficiency failing to nourish tendons and ligaments
TCM complications	Same as WMS complications above plus: Delayed healing and recurrence due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency Chronic stasis of Qi and Blood may lead to invasion by Wind, Cold, Damp and /or Heat (Bi Syndrome)
Treatment rehabilitation	<p>WMS goals: Decrease inflammation, pain, oedema and bruising (RICE in first 48 hours); restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals: Clear stasis and re-establish flows of Qi and Blood in the affected channels Nourish Blood and reinforce Qi to restore movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Cupping Tui na</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	GP Physiotherapist Osteopath Chiropractor Podiatrist Herbal Specialist*

Sprain Achilles Tendon

Read Code: S5504	
Number of treatments: 10	Triggers: 14
Key points	
Special considerations (WMS and TCM)	Recovery may be prolonged Systemic corticosteroid medication may contribute or predispose the patient to injury Refer if partial rupture is suspected
History (WMS and TCM)	Mechanism of injury: running, jumping, hurrying up stairs Sudden sharp pain at time of injury Pain distribution Previous injury or steroid injection Previous treatment, management, investigations, outcomes Functional limitations: walking, running General health: medications Occupation Gout Other joint involvement
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Compare with other side Palpable tender swelling approx. 2.5cm above tendon insertion Possible very tender defect about size of tip of little finger Pain on dorsiflexion Calf squeeze (Thompson test) for tendon rupture Gait/weight-bearing ability Range of movement of ankle: active, passive Ankle joint dysfunction Lumbar spine/hip dysfunction Other joint examination
WMS differential diagnosis	Bursitis (retro calcaneal) Deep vein thrombosis Achilles tendon rupture (partial or complete) Tendonitis: tibialis posterior, peroneal, flexor hallucis longus Calcaneal stress fracture Os trigonum fracture Other fractures Bruising/haematoma Inflammatory arthritis/osteoarthritis/gout Sever's disease (calcaneal epiphysitis) in children Compartment syndrome Subtalar or talo crural joint dysfunction

WMS complications	<p>Recurrence</p> <p>Rupture, particularly after steroid injection</p> <p>Steroid depositions</p> <p>Severe biomechanical dysfunction</p> <p>Tendonitis</p>
TCM differential diagnosis	<p>Injury to tendon following trauma</p> <p>Qi and Blood stasis in the affected channels following trauma</p> <p>Liver Blood deficiency failing to nourish tendons and ligaments</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Delayed healing and recurrence due to factors such as underlying deficiencies e.g. Liver Blood deficiency, Kidney Qi deficiency, Kidney Yin deficiency</p> <p>Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease inflammation, pain, bruising and oedema (RICE in first 48 hours); restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction.</p> <p>TCM goals:</p> <p>Decrease inflammation, pain, bruising and oedema by clearing stasis and normalising the flow of Qi and Blood in the affected channels</p> <p>Nourish Blood and reinforce Qi to restore normal range of movement and prevent adhesion/scarring</p> <p>Correct any underlying patterns of imbalance</p> <p>Calm Shen</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular acupuncture</p> <p>Laser acupuncture</p> <p>Tui na</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular acupuncture</p> <p>Laser acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Gua sha</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Osteopath</p> <p>Chiropractor</p> <p>Podiatrist</p> <p>Herbal Specialist*</p>

Contusion Ankle and Foot

Read code: SE42.	
Number of treatments: 6	Triggers: 8
Key points	
Special considerations (WMS and TCM)	Risk of compartment syndrome in limbs, indicated by severe pain disproportionate to injury Medical conditions (especially bleeding disorders) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury: fall, direct blow, vehicle accident Location and severity of pain Onset of physical signs History of immediate management Chronicity Previous injuries to affected site Functional restrictions Neurological changes Medical conditions and drug therapy Emotional response to trauma
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Gait, weight-bearing ability Oedema: extent and severity Bruising: extent, severity, colour Consider associated injuries Range of movement: knee and ankle Stability of ankle joint Palpation: check temperature for infection; check for pulse of dorsalis pedis artery Nerve involvement: sensory and motor changes
WMS differential diagnosis	Presence or risk of compartment syndrome Fracture Muscle or tendon rupture Abrasion Impaired circulation Nerve lesion
WMS complications	Compartment syndrome Ischaemic contractures Deep vein thrombosis Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use Neurological signs Infection Suspected fracture Chronic pain Biomechanical dysfunction

TCM differential diagnosis	Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising
TCM complications	Same as WMS complications above plus: Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome) Excessive bruising due to Spleen Qi deficiency, Blood Heat
Treatment rehabilitation	<p>WMS goals: Enhance healing of contusion; reduce pain and swelling (RICE in first 48 hours); restore range of movement.</p> <p>TCM goals: Disperse stasis of Blood and Qi in the local tissues and affected channels Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected channels Correct any underlying patterns of imbalance Calm Shen</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p>
Onward referral	GP Physiotherapist Osteopath Chiropractor Podiatrist Herbal Specialist*

Fracture Rib (closed)

Read code: S120.	
Number of treatments: 8	Triggers: 10
Key points	<p>Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken</p> <p>X-ray should be used to exclude underlying lung damage, e.g. pneumothorax</p> <p>Lower rib fractures may involve damage to spleen, liver or kidneys</p> <p>If pain is non-traumatic, suspect tumour</p> <p>Rib fractures in children can indicate severe trauma (consider non accidental injury)</p> <p>Fractures of 1st and 2nd ribs cause up to 30% mortality due to injury to the aorta and subclavian artery; also brachial plexus injury</p> <p>Ventilation can be compromised by splinting, interference with normal rib and diaphragm movement, haemothorax, pneumothorax</p> <p>Fracture may be missed on X-ray</p> <p>Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
Special considerations (WMS and TCM)	<p>Rib fractures in the elderly may require admission to hospital</p> <p>Posterior rib fractures may present as back injury</p>
History (WMS and TCM)	<p>Mechanism of injury: direct blow, crush, fall, projectile, CPR, vehicle accident</p> <p>Single or multiple fractures</p> <p>Previous history of injuries</p> <p>Nature and severity of pain: pain over fracture site worse for deep inspiration and coughing</p> <p>Haemoptysis</p> <p>Respiratory distress</p> <p>Functional limitations</p> <p>General health past and present</p> <p>Medication/steroid use</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points <p>Localised tenderness and swelling</p> <p>Localised chest wall deformity</p> <p>Breathing difficulty</p> <p>Range of movement: shoulders and trunk</p> <p>Posture</p> <p>Palpation: extent of tenderness</p> <p>Depending on location of pain- consider other structures</p> <p>Lower ribs (L)- spleen</p> <p>Lower ribs (R)- liver</p> <p>Ribs 11/12- kidneys</p> <p>Circulation</p>

WMS differential diagnosis	Injury to sternum/thoracic spine Sterno-clavicular joint strain Scapular fracture Acute respiratory distress syndrome Pneumothorax Pneumonia Pulmonary embolus Abdominal trauma Intercostal muscle strain Tumour Injury to viscera Osteoporosis Non-accidental injury
WMS complications	Pneumothorax Haemothorax Organ damage Atelectasis Retention of sputum/infection/atelectasis Cardiac contusion
TCM differential diagnosis	Damage to bone following trauma Damage to surrounding structures and internal organs resulting in Qi and Blood stasis in the affected channels following trauma Sub-acute: chronic Qi and/or Blood stasis in the ST, SP, BL, KI, GB or LR channels and/or Luo vessels Possible involvement of Eight Extraordinary Vessels Underlying deficiency e.g. Kidney Qi deficiency
TCM complications	Same as WMS complications above plus: Non-union of fracture or delayed healing due to Kidney Qi deficiency and/or Blood deficiency and stasis Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)

<p>Treatment rehabilitation</p>	<p>WMS goals: Decrease pain; restore range of movement; enhance repair of fracture; increase blood vascularisation; decrease fluid retention</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen, Nourish Blood and reinforce Qi to enhance union of fracture and restore range of movement Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM): Acute phase – rest Follow orthopaedic advice regarding exercise activity Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion</p> <p>Sub acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion</p> <p>Tui na Liniments and herbal plasters*</p>
<p>Onward referral</p>	<p>GP Physiotherapist Osteopath Chiropractor Occupational therapist</p>

Rib Sprain

Read code: S5y3.	
Number of treatments: 8	Triggers: 12
Key points	Includes costo-vertebral, costo-chondral and chondro-sternal sprains X-ray can be used to exclude rib fracture or pneumothorax Significant associated pathology is unlikely Beware of children- less fracture chance after major trauma equates to a higher risk of intrathoracic damage
Special considerations (WMS and TCM)	Consider pulmonary embolus Decreased lung function Decreased range of movement of shoulder, cervical spine, thoracic spine Chronic pain
History (WMS and TCM)	Mechanism of injury internal or external: cough, sneeze, external force, fall Previous history of injuries or pain Nature and severity of pain: pain on inspiration, sneezing, coughing, stretching Pain on rotation/side flexion Aggravating and relieving factors Dyspnoea Haemoptysis Respiratory disease, asthma, URTI, smoker Sprain of first rib: brachial plexus symptoms Functional limitations General health past and present Osteoporosis Medication
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">Cutaneous regions, tai yang, shao yang etcTendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">Associated channelsMu and shu pointsA shi points Localised tenderness Check for bruising and swelling Breathing difficulty Muscle spasm Range of movement: shoulders and trunk Posture Thoracic and cervical spine
WMS differential diagnosis	Consider pulmonary embolus Contusion Rib fracture, including cough fracture Dislocation Thoracic spine injury/dysfunction/pathological fracture Referred pain from cervical or thoracic spine Pleural irritation Pneumothorax Costochondritis Osteoarthritis Osteoporosis Myocardial infarction Referred pain from organs or vascular disorder Infection: respiratory, herpes zoster, infective endocarditis

WMS complications	Pneumothorax Haemothorax Contusion of viscera Nerve involvement Vascular involvement Retention of sputum/infection/atelectasis
TCM differential diagnosis	Tissue damage and injury to muscle, tendons and ligaments External stagnation of Qi and Blood in surrounding structures and internal organs Qi and Blood stasis in local affected area, consider: ST, SP, SI, LI, BL, KI, GB, LU or LR channels Possible involvement of Eight Extraordinary Vessels Underlying patterns of imbalance e.g. Qi deficiency
TCM complications	Same as WMS complications above plus: Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)
Treatment rehabilitation	<p>WMS goals: Decrease pain and any inflammation, oedema, or bruising; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	GP Physiotherapist Chiropractor Osteopath

Open Wound Head/Neck/Trunk

Read code: S8...	
Number of treatments: 9	Triggers: 13
Key points	Open wounds would be treated only after initial assessment and treatment by a Medical Practitioner/Nurse/Accident and Emergency clinic
Special considerations (WMS and TCM)	Penetrating wounds may also involve internal structures
History (WMS and TCM)	<p>Mechanism of injury</p> <p>Circumstances of injury: work-related, assault, self-inflicted</p> <p>History of immediate treatment</p> <p>Associated symptoms/injuries</p> <p>Potential for infection</p> <p>Previous injury/disability</p> <p>Medical history including medication: immunosuppressants, corticosteroids</p> <p>General health: diabetes, hypertension, tetanus status</p> <p>Emotional response to trauma</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> Cutaneous regions, tai yang, shao yang etc Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> Associated channels Mu and shu points A shi points <p>Site and extent of wound</p> <p>Signs/risk of infection</p> <p>Retained foreign bodies</p> <p>Sensory function/motor</p> <p>Range of movement</p> <p>Pain: location, nature, severity</p> <p>Oedema: extent and severity</p> <p>Bruising: colour, extent</p>
WMS differential diagnosis	<p>Abrasion</p> <p>Crush injury</p> <p>Fracture</p> <p>Ligament, tendon or nerve damage</p> <p>Arterial laceration</p> <p>Internal injury</p>
WMS complications	<p>Intra-thoracic or abdominal injuries: pneumothorax, haemothorax</p> <p>Infection</p> <p>Scarring</p> <p>Stiffness</p>
TCM differential diagnosis	<p>Injury to skin, surrounding tissues and underlying structures</p> <p>Qi and Blood stasis in local area and affected channels, consider: ST, SP, SI, LI, BL, KI, GB, LU or LR channels</p> <p>Qi and Blood stasis in surrounding structures and internal organs</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Underlying patterns of imbalance e.g. Qi deficiency</p>

TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying structures e.g. tendon, nerve, bone</p> <p>Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin</p> <p>Depending upon the depth of the injury there may be damage to the affected cutaneous region, musculo-tendinous channel, divergent and or main channel, and Zang Fu organs</p> <p>Excessive bleeding may lead to Blood deficiency</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of wound; reduce pain and swelling; restore range of movement</p> <p>TCM goals:</p> <p>Restore Qi and Blood flow to decrease pain</p> <p>Calm Shen</p> <p>Resolve toxins</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	GP

Abrasion Trunk

Read code: SD10.	
Number of treatments: 4	Triggers: 6
Key points	Superficial injury or laceration not involving deep structures
Special considerations (WMS and TCM)	<p>In children the greater flexibility of the rib cage can allow serious underlying injury to occur with little sign of external trauma</p> <p>Abraded skin is prone to hyperpigmentation – advise sunblock for six months after injury</p> <p>Involvement of underlying organs, nerve, tendon, muscle</p> <p>Medical conditions (especially bleeding disorders, diabetes)</p> <p>Drug therapy (e.g. anticoagulants)</p> <p>Abrasion caused by animals needs caution re: infection</p>
History (WMS and TCM)	<p>Nature of trauma causing injury</p> <p>Medical history including medication</p> <p>General health, tetanus status/symptoms of infection</p> <p>Emotional response to trauma</p> <p>Functional limitations</p> <p>Pain: associated pain with underlying structures</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> Cutaneous regions, tai yang, shao yang etc Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> Associated channels Mu and shu points A shi points <p>Effects on breathing</p> <p>Deformity</p> <p>Wound size, depth, location</p> <p>Retained foreign bodies</p> <p>Joint involvement</p> <p>Oedema: extent and severity</p> <p>Bruising: extent, severity, colour/signs of infection</p> <p>Palpation: check temperature for infection</p> <p>Circulatory problems</p> <p>Neurological signs</p>
WMS differential diagnosis	<p>Intra-thoracic or intra-abdominal injuries</p> <p>Underlying fracture</p> <p>Deep laceration involving deeper structures</p> <p>Contusion</p>
WMS complications	<p>Associated intra-thoracic and abdominal injuries</p> <p>Nerve involvement</p> <p>Infection</p> <p>Scarring</p> <p>Internal bleeding with bleeding disorders</p>
TCM differential diagnosis	<p>Superficial damage to cutaneous region</p> <p>Qi and Blood stasis in local cutaneous region and affected channels following trauma, consider: ST, SP, SI, PC, LI, BL, KI, GB, LU or LR channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p>

TCM complications	<p>Same WMS complications above plus:</p> <p>Damage to underlying channel systems and structures</p> <p>Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin</p> <p>Depending upon the depth of the injury there may be damage to the affected cutaneous region, musculo-tendinous channel, divergent and or main channel</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of abrasion; reduce pain and swelling</p> <p>TCM goals:</p> <p>Restore Qi and Blood flow to decrease pain</p> <p>Calm Shen</p> <p>Resolve toxins</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>Accident and Emergency Department</p> <p>GP</p>

Contusion Trunk

Read code: SE2..	
Number of treatments: 10	Triggers: 12
Key points	X-Rays should be advised if fracture of bones is suspected Damage to internal organs is possible Unremitting or escalating pain needs prompt referral to GP or Accident and Medical Clinic
Special considerations (WMS and TCM)	General health Medical conditions (especially bleeding disorders) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury: high or low impact, assault Direction of force Respiratory difficulty Location and severity of pain Haematuria Emotional response to trauma General health including medications Functional limitations
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> Cutaneous regions, tai yang, shao yang etc Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> Associated channels Mu and shu points A shi points Oedema: extent and severity Bruising: extent, severity, colour Consider associated injuries Range of movement: shoulders, trunk Palpation: check temperature for infection Muscle spasm
WMS differential diagnosis	Fracture: ribs, sternum, vertebrae, scapula, iliac crest Underlying joint pathology Abrasion Pneumothorax Brachial plexus involvement Visceral injury Spinal injury Fracture
WMS complications	Pneumothorax Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use Myosotis ossificans Neurological signs Infection Visceral damage Chronic pain

TCM differential diagnosis	<p>Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma</p> <p>Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising</p> <p>Qi and Blood stasis in local cutaneous region and affected channels, consider: ST, SP, SI, PC, LI, BL, KI, GB, LU or LR channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus</p> <p>Damage to surrounding structures eg bone, nerve, tendon</p> <p>Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)</p> <p>Excessive bruising due to Spleen Qi deficiency, Blood Heat</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of contusion; reduce pain, swelling and bruising</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels</p> <p>Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood</p> <p>Correct any underlying patterns of imbalance.</p> <p>Calm Shen</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Gua sha</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Osteopath</p> <p>Chiropractor</p> <p>Occupational therapist</p>

Contusion Breast

Read code: SE20.	
Number of treatments: 10	Triggers: 12
Key points	Pain is the most significant indicator of severity
Special considerations (WMS and TCM)	Support person present during treatment Pregnancy, lactation Emotional response to injury/examination
History (WMS and TCM)	Nature of trauma causing injury: accident, assault Emotional response to trauma General health including medications/bleeding disorder
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> Cutaneous Regions, Tai Yang, Shao Yang etc Tendino Muscle Channels (Sinew Network Vessels) Palpation <ul style="list-style-type: none"> Associated Channels Mu And Shu Points A Shi Points Oedema: extent and severity Bruising: extent, severity, colour Range of movement: shoulders Location and nature of pain Respiratory problems Sensory changes/paraesthesia
WMS differential diagnosis	Fracture: ribs, sternum Pneumothorax Breast abscess
WMS complications	Mastitis effect on lactation Blocked lymph flow Pneumothorax Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use Infection
TCM differential diagnosis	Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising Qi and Blood stasis in local cutaneous region and affected channels, consider: ST, SP, PC, HT, KI, GB, LU or LR channels Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: Damage to surrounding structures Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome) Excessive bruising due to Spleen Qi deficiency, Blood Heat Shen disturbance

Treatment rehabilitation	<p>WMS goals: Enhance healing of contusion; reduce pain, swelling and bruising</p> <p>TCM goals: Disperse stasis of Blood and Qi in the local tissues and affected channels Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood Correct any underlying patterns of imbalance. Calm Shen</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters* Support bra</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters* Support bra</p>
Onward referral	<p>Counsellor GP Physiotherapist Osteopath Chiropractor Occupational therapist Lactation therapist*</p>

Contusion Chest Wall

Read code: SE21.	
Number of treatments: 10	Triggers: 12
Key points	<p>X-Rays should be advised if fracture of bones is suspected</p> <p>Damage to internal organs is possible</p> <p>Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken</p> <p>X-ray should be used to exclude underlying lung damage, e.g. pneumothorax</p> <p>Lower rib fractures may involve damage to spleen, liver or kidneys</p> <p>If pain is non-traumatic, suspect tumour</p> <p>Rib fractures in children can indicate severe trauma (consider non accidental injury)</p> <p>Fractures of 1st and 2nd ribs cause up to 30% mortality due to injury to the aorta and subclavian artery; also brachial plexus injury</p> <p>Ventilation can be compromised by splinting, interference with normal rib and diaphragm movement, haemothorax, pneumothorax</p> <p>Fracture may be missed on X-ray</p> <p>Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
Special considerations (WMS and TCM)	<p>Lung function tests</p> <p>General health</p> <p>Medical conditions (especially bleeding disorders)</p> <p>Drug therapy (e.g. anticoagulants)</p>
History (WMS)	<p>Nature of trauma causing injury: high or low impact</p> <p>Respiratory difficulty/haemoptysis, cough, sputum</p> <p>Site of pain and severity</p> <p>Emotional response to trauma</p> <p>General health including medications/history of bleeding disorder</p> <p>Addominal pain</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points <p>Oedema: extent and severity</p> <p>Bruising: extent, severity, colour</p> <p>Range of movement: shoulders, trunk</p> <p>Palpation: check temperature for infection, tenderness</p> <p>Breathing: depth, difficulty, pain, rate</p> <p>Muscle spasm</p>
WMS differential diagnosis	<p>Fracture: ribs, sternum</p> <p>Abrasion</p> <p>Costocartilage injury</p> <p>Pneumothorax, pulmonary injury</p> <p>Pain referred from thoracic spine</p> <p>Brachial plexus involvement</p> <p>Visceral injury</p> <p>Spinal injury</p> <p>Fracture</p>

WMS complications	Pneumothorax Excessive bleeding and haematoma as a result of of bleeding disorder or anticoagulant use Neurological signs Infection Visceral or cardiac involvement
TCM differential diagnosis	Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising Qi and Blood stasis in local cutaneous region and affected channels, consider: ST, SP, BL, PC, HT, KI, GB, LU or LR channels Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS above plus: Damage to surrounding structures eg bone, nerve, tendon Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome) Excessive bruising due to Spleen Qi deficiency, Blood Heat Shen disturbance
Treatment rehabilitation	<p>WMS goals: Enhance healing of contusion; reduce pain, swelling and bruising</p> <p>TCM goals: Disperse stasis of Blood and Qi in the local tissues and affected channels Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood Correct any underlying patterns of imbalance. Calm Shen</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	GP Physiotherapist Osteopath Chiropractor Occupational therapist

Burns Trunk

Read code: SH2..	
Number of treatments: 20	Triggers: 24
Key points	Acupuncture is not an appropriate frontline treatment for burns. Ensure that the patient has been assessed by a medical practitioner. Management depends on extent and depth of burn (superficial or deep) Refer to hospital if burn is >10% of body surface area: all children; all deep burns; burns with potential problems, e.g. electrical, chemical, circumferential
Special considerations (WMS and TCM)	General health Emotional response to injury Exposed tendon/bone More severe burns can involve fluid loss and secondary organ damage
History (WMS and TCM)	Cause of burn: flame, scald, chemical, electrical, etc Percentage of body area involved Depth of burn Respiratory difficulty: inhalation injury History of immediate management Pain level: check pain management is adequate Surgical intervention Length of hospital stay Previous medical history Functional limitations Emotional response to trauma
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Stage of healing Scarring Condition of skin graft donor site Oedema Range of movement: shoulders, trunk Contractures/deformities Loss of function Differentiate affected structure limiting range of movement: skin, scarring, ligament, muscle, tendon
WMS differential diagnosis	Underlying conditions before trauma
WMS complications	Wound infection Graft failure Contractures and deformities Scarring Chronic pain Psychological/social problems Altered sensation

TCM differential diagnosis	<p>Damage to tissues and local cutaneous region by excess pathogenic Heat causing obstruction to normal flows of Qi and Blood in the affected channels, consider: ST, SP, BL, PC, HT, KI, GB, LU or LR</p> <p>In severe cases consider concurrent Yin fluid damage and damage to underlying structures (in extreme cases the Zang Fu)</p> <p>Qi block due to fright</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS above plus:</p> <p>Damage to underlying structures</p> <p>Potential febrile Bi syndrome</p> <p>Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin</p> <p>Shen disturbance</p> <p>Damage to Yin and Jin-Ye (fluids)</p> <p>Prolonged Qi and Blood stasis leading to scarring/contracture</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of affected area; reduce pain; restore range of movement</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels</p> <p>Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood</p> <p>Correct any underlying patterns of imbalance</p> <p>Calm Shen</p> <p>Nourish Yin fluids</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Ion pumping cords*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Osteopath</p> <p>Chiropractor</p> <p>Occupational therapist</p> <p>Counsellor</p>

Medial Epicondylitis (elbow)

Read code: N2131	
Number of treatments: 12	Triggers: 14
Key points	'Golfers' elbow' Overuse or overload injury of the forearm flexor muscles Most common in the 40-60 year age group Elbow flexion and extension are usually painless
Special considerations (WMS and TCM)	Non-steroidal anti-inflammatory therapy Previous steroid injection: can be effective but have potential side effects and should not exceed three injections Occupational and leisure activities: identify causative and aggravating factors
History (WMS and TCM)	Mechanism of injury: acute or recurrent injury, or gradual onset Occupational overuse syndrome Pain radiating from medial epicondyle into proximal part of flexors Pain may be minor or debilitating and affecting sleep Recent changes in work equipment or sports training Dominant/non-dominant side Previous history of injuries Previous treatment, management, investigations, outcomes Aggravating and relieving factors: worse after activity, better for rest Cervical or thoracic spine involvement/sensory or motor change Functional limitations Occupation General health past and present Joint problems
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">Cutaneous regions, tai yang, shao yang etcTendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">Associated channelsMu and shu pointsA shi points Pain on resisted wrist flexion Localised tenderness over medial epicondyle Reduced grip strength Normal elbow movement Range of movement of wrist: active, passive, resisted Crepitus of tendons Palpation: check temperature for infection Cervical or thoracic spine involvement/sensory or motor change Other joint involvement
WMS differential diagnosis	Fracture of medial epicondyle Cervical nerve root irritation Instability/injury of ligament/tendon Flexor/pronator tendinosis Ulnar nerve compression Apophysitis Elbow joint pathology/arthritis Referred pain from cervical spine, shoulder or wrist Infection Forearm muscle strain

WMS complications	<p>Fat atrophy from steroid injections</p> <p>Complex regional pain syndrome</p> <p>Neural involvement</p> <p>Joint stiffness</p> <p>Muscle weakness or atrophy</p>
TCM differential diagnosis	<p>Injury to flexor muscles and surrounding structures following trauma , overuse or misuse</p> <p>Qi and Blood stasis in local area and affected channels, consider: HT, SI or PC channels, following trauma or overuse</p> <p>Underlying Liver Blood deficiency failing to nourish tendons and ligaments or external pathogen obstruction (Bi syndrome)</p>
TCM complications	<p>Same as WMS plus:</p> <p>Damage to underlying structures e.g. elbow joint, nerve, tendon, ligament</p> <p>Chronic Qi and Blood stasis can lead to further invasion of pathogenic factors such as Wind, Cold, Damp and Heat (Bi syndrome)</p> <p>Delayed healing or recurrence if underlying deficiencies are not corrected e.g. Qi deficiency, Liver Blood deficiency</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain and inflammation/oedema; restore range of movement</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Chiropractor</p> <p>Osteopath</p> <p>Occupational therapist</p>

Lateral Epicondylitis (elbow)

Read code: N2132	
Number of treatments: 12	Triggers: 16
Key points	<p>‘Tennis elbow’</p> <p>Overuse or overload injury of the forearm extensor muscles</p> <p>Most common in the 40-60 year age group</p> <p>Elbow flexion and extension are usually painless</p>
Special considerations (WMS and TCM)	<p>Non-steroidal anti-inflammatory therapy</p> <p>Previous steroid injection: can be effective but have potential side effects and should not exceed three injections</p> <p>Occupational and leisure activities: identify causative and aggravating factors</p>
History (WMS and TCM)	<p>Mechanism of injury: acute or recurrent injury, or gradual onset</p> <p>Pain radiating from lateral epicondyle into proximal part of extensors</p> <p>Pain may be minor or debilitating and affecting sleep</p> <p>Recent changes in work equipment or sports training</p> <p>Occupational overuse syndrome</p> <p>Dominant/non-dominant side</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Aggravating and relieving factors: worse after activity, better for rest</p> <p>Cervical or thoracic spine involvement</p> <p>Functional limitations</p> <p>Occupation</p> <p>General health past and present</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points <p>Pain on passive wrist flexion</p> <p>Pain on resisted wrist extension</p> <p>Localised tenderness over anterior aspect of lateral epicondyle</p> <p>Reduced grip strength</p> <p>Normal elbow movement</p> <p>Range of movement of wrist: active, passive, resisted</p> <p>Crepitus of tendons</p> <p>Palpation: check temperature for infection</p> <p>Cervical or thoracic spine involvement/sensory or motor change</p> <p>Other joint involvement</p>
WMS differential diagnosis	<p>Extensor tendinosis</p> <p>Radiohumeral bursitis</p> <p>Instability/injury of ligament/tendon</p> <p>Elbow joint pathology/arthritis</p> <p>Referred pain from cervical spine, shoulder or wrist</p> <p>Rotator cuff injury</p> <p>Infection</p>

WMS complications	<p>Degenerative changes to tendon</p> <p>Fat atrophy from steroid injections</p> <p>Complex regional pain syndrome</p> <p>Neural involvement</p> <p>Joint stiffness</p> <p>Muscle weakness or atrophy</p>
TCM differential diagnosis	<p>Injury to extensor muscles and surrounding structures following trauma, overuse or misuse</p> <p>Qi and Blood stasis in local area and affected channels, consider: LU, LI, SJ channels, following trauma or overuse</p> <p>Underlying Liver Blood deficiency failing to nourish tendons and ligaments or external pathogen obstruction (Bi syndrome)</p>
TCM complications	<p>Same as WMS plus:</p> <p>Damage to underlying structures eg elbow joint, nerve, tendon, ligament</p> <p>Chronic Qi and Blood stasis can lead to further invasion of pathogenic factors such as Wind, Cold, Damp and Heat (Bi syndrome)</p> <p>Delayed healing or recurrence if underlying deficiencies are not corrected e.g. Qi deficiency, Liver Blood deficiency</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain and inflammation/oedema; restore range of movement; clear pathogenic obstruction (if required)</p> <p>TCM goals:</p> <p>Decrease pain by clearing of local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Chiropractor</p> <p>Osteopath</p> <p>Occupational therapist</p>

Fracture Distal Humerus, Supracondylar (closed)

Read code: S2241	
Number of treatments: 8	Triggers: 14
Key points	<p>Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken</p> <p>Supracondylar fractures are those just proximal to the humeral condyles</p> <p>Supracondylar fractures represent about half of all elbow fractures in children</p> <p>Rare in adults, and usually require surgery</p> <p>Bony fragments may impinge on the brachial artery causing forearm flexor compartment ischaemia and muscle death – urgent referral if symptoms include absent radial pulse, pallor, coldness or paraesthesia of forearm</p> <p>Inability to extend fingers fully, or pain on passive extension, suggest ischaemic changes or development of compartment syndrome – requires referral</p> <p>The fracture line is generally transverse</p> <p>Most common fracture of the elbow in children 3-11 years</p> <p>Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
Special considerations (WMS and TCM)	<p>Occupational and leisure activities</p> <p>Pathological fractures may occur with minimal trauma</p>
History (WMS and TCM)	<p>Mechanism of fracture: fall onto outstretched arm; direct blow, axial loading through elbow</p> <p>Patients with a risk of pathological fractures (metastatic cancer of bone, Paget's disease, osteoporosis, bone cyst)</p> <p>Pain</p> <p>Oedema</p> <p>Decreased range of motion</p> <p>Circulation, sensory symptoms</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points <p>Site of pain: localised to elbow</p> <p>Severe forearm pain may indicate ischaemia – refer to General Practitioner or Emergency Department</p> <p>Bruising/swelling</p> <p>Range of elbow movement</p> <p>Range of movement: wrist and shoulder</p> <p>Shoulder/wrist/hand joint injury</p> <p>Circulatory, sensory, motor examination</p> <p>Normal position of olecranon and medial and lateral epicondyles, unlike dislocation</p>

WMS differential diagnosis	<p>Associated joint sprain Soft tissue injury Dislocation Forearm fracture Bursitis Septic arthritis Referral from cervical or thoracic spine Referral from shoulder injury Osteochondritis of capitulum/radial head</p>
WMS complications	<p>Non-union or malunion of fracture Deformity Ischaemia: severe pain in forearm Neuropraxia of median, radial or ulnar nerves: can occur in up to 12% of cases Damage to brachial artery Compartment syndrome and ischaemic contractures</p>
TCM differential diagnosis	<p>Damage to bone following trauma Qi and/or Blood stasis in the affected channels, consider: LU, LI, HT, SI, PC or SJ channels Possible involvement of Eight Extraordinary Vessels Underlying deficiency e.g. Kidney Qi deficiency</p>
TCM complications	<p>Same as WMS complications above plus: Damage to surrounding structures eg soft tissues, nerve, blood vessel, tendon Non-union of fracture or delayed healing due to Kidney Qi deficiency and/or Blood deficiency and stasis Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain and swelling; increase blood vascularisation; enhance healing of fracture; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen, Nourish Blood and reinforce Qi to enhance union of fracture and restore range of movement Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM): Acute phase – rest Follow orthopaedic advice regarding exercise activity Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture</p> <p>Sub acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>

Onward referral

Acute phase:
Accident and emergency clinic
GP

Sub acute phase:
GP
Physiotherapist
Osteopath
Chiropractor

Fracture of Proximal Radius/Ulna

Read code: S230./S231.	
Number of treatments: 11	Triggers: 15
Key points	Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken Includes both open and closed fractures Radial head dislocation or fracture can easily be missed Hand dominance/occupation may affect management Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function
Special considerations (WMS and TCM)	Hand dominance/occupation may affect management Osteoporosis Forearm nerves/vessels may be damaged
History (WMS and TCM)	Mechanism of fracture: fall onto outstretched arm; direct blow to elbow Surgical intervention: outcomes Pain: location, radiation Dominant/non-dominant arm Previous fractures Always suspect when a child complains of pain in the elbow after a fall Circulation Nerve symptoms, weakness or sensory change in fingers
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">Cutaneous regions, tai yang, shao yang etcTendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">Associated channelsMu and shu pointsA shi points Site of pain: location of tenderness Radial head fracture: pain on pronation/supination Olecranon fracture: decreased elbow extension Swelling Skin condition: open fractures Signs of infection Deformity Post-immobilisation: range of shoulder, elbow, forearm, and wrist movement Circulatory, sensory, or motor problems Functional limitations Strength
WMS differential diagnosis	Soft tissue injury Contusion of forearm Distal humerus fracture Dislocation/subluxation of proximal radio-ulnar joint Dislocation of elbow/wrist Elbow ligament injury Pulled elbow in children
WMS complications	Fracture slipping: redisplacement or late angulation Neurovascular injuries Recovery of full extension may be prolonged

TCM differential diagnosis	<p>Damage to bone following trauma</p> <p>Qi and/or Blood stasis in the affected channels, consider: LU, LI, HT, SI, PC or SJ channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Underlying deficiency e.g. Kidney Qi deficiency</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to surrounding structures eg soft tissues, nerve, blood vessel, tendon</p> <p>Non-union of fracture or delayed healing due to Kidney Qi deficiency and/or Blood deficiency and stasis</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain and swelling; increase blood vascularisation; enhance healing of fracture; restore range of movement</p> <p>TCM goals:</p> <p>Decrease pain and swelling by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen,</p> <p>Nourish Blood and reinforce Qi to enhance union of fracture and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM):</p> <p>Acute phase – rest</p> <p>Follow orthopaedic advice regarding exercise activity</p> <p>Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Sub acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>Acute phase:</p> <p>Accident and emergency clinic</p> <p>GP</p> <p>Sub acute phase:</p> <p>GP</p> <p>Physiotherapist</p> <p>Osteopath</p> <p>Chiropractor</p>

Fracture of Shaft of Radius/Ulna

Read code: S232./S233.	
Number of treatments: 11	Triggers: 15
Key points	<p>Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken</p> <p>Includes both open and closed fractures</p> <p>Includes isolated fractures of middle third of radius or ulna, including greenstick fractures in children</p> <p>Galeazzi's fracture: fracture of the distal radius with dislocation of the inferior radio-ulnar joint</p> <p>Monteggia's fracture: fracture of the ulna associated with radial dislocation or rupture of the annular ligament</p> <p>There is a higher frequency of morbidity from forearm fractures than elbow or wrist fractures</p> <p>Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
Special considerations (WMS and TCM)	<p>Hand dominance/occupation may affect management</p> <p>Treatment is largely determined by the amount of angulation and displacement</p> <p>Frequency of open fractures is high</p> <p>Displaced fractures in adults require perfect reduction (usually surgical) to facilitate supination and pronation</p> <p>Osteoporosis</p> <p>Injury to nerve or vessels</p>
History (WMS and TCM)	<p>Function of wrist and elbow</p> <p>Mechanism of fracture: fall onto outstretched arm; direct blow to arm</p> <p>Surgical intervention: outcomes</p> <p>Pain: location, radiation</p> <p>Dominant/non-dominant arm</p> <p>Previous fractures</p> <p>Circulation symptoms</p> <p>General health, symptoms of infection</p> <p>Weakness or sensory change in fingers</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points <p>Site of pain: location of tenderness</p> <p>Swelling</p> <p>Skin condition: open fractures</p> <p>Signs of infection</p> <p>Deformity, angulation, displacement</p> <p>Post-immobilisation: range of elbow, forearm, wrist, and finger movement</p> <p>Circulatory, sensory, or motor problems</p> <p>Functional limitations</p> <p>Strength</p>

WMS differential diagnosis	<p>Associated joint sprain or fracture</p> <p>Soft tissue injury</p> <p>Contusion of forearm</p> <p>Dislocation of elbow/wrist</p> <p>Fracture of elbow or wrist</p>
WMS complications	<p>Fracture slipping: redisplacement or late angulation or non-union</p> <p>Axial mal-rotation of fractured radius</p> <p>Compartment syndrome</p> <p>Neurological signs: ulnar/median nerve injury</p> <p>Vascular injury: ulnar artery</p> <p>Complex regional pain syndrome</p> <p>Growth arrest</p> <p>Radio-ulnar synostosis after delayed treatment (ossification of tissues connecting bones)</p> <p>Deformity</p> <p>Osteoarthritis</p>
TCM differential diagnosis	<p>Damage to bone following trauma</p> <p>Qi and/or Blood stasis in the affected channels, consider: LU, LI, HT, SI, PC or SJ channels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to surrounding structures eg nerve, blood vessel, tendon, ligament</p> <p>Non-union of fracture or delayed healing due to Kidney Qi deficiency and/or Blood deficiency and stasis</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain and swelling; increase blood vascularisation; enhance healing of fracture; restore range of movement</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen,</p> <p>Nourish Blood and reinforce Qi to enhance union of fracture and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM):</p> <p>Acute phase – rest</p> <p>Follow orthopaedic advice regarding exercise activity</p> <p>Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Sub acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>

Onward referral	Acute phase: Accident and emergency clinic GP Sub acute phase: GP Physiotherapist Osteopath Chiropractor
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Fracture of Distal Radius/Ulna

Read code: S234./S235.	
Number of treatments: 11	Triggers: 15
Key points	<p>Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken</p> <p>Includes both open and closed fractures</p> <p>Includes:</p> <p>Isolated distal radial or ulnar fractures</p> <p>Combined distal radial and ulnar fractures</p> <p>Colles' fracture: fracture of the radius at the epiphysis causing dorsal and lateral displacement of the distal bone fragment</p> <p>Smith fracture: reverse Colles' causing volar displacement and angulation of distal bone fragment</p> <p>Growth plate injuries in children</p> <p>In adults Colles' fracture is common and often associated with fracture of the ulnar styloid process</p> <p>Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
Special considerations (WMS and TCM)	<p>Complications are common with Colles' and Smith fractures</p> <p>Hand dominance/occupation may affect management</p> <p>Osteoporosis</p> <p>Tetanus status</p> <p>Risk of infection in open fractures</p> <p>Damage to nerves and vessels is possible</p>
History (WMS and TCM)	<p>Mechanism of fracture: fall onto outstretched arm; direct blow to arm (rare)</p> <p>Surgical intervention: outcomes</p> <p>Pain: location, radiation</p> <p>Dominant/non-dominant arm</p> <p>Previous fractures in the elderly</p> <p>Circulation symptoms</p> <p>Weakness or sensory changes in fingers</p> <p>Symptoms of infection</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points <p>Site of pain: location of tenderness</p> <p>Swelling</p> <p>Skin condition: open fractures</p> <p>Signs of infection</p> <p>Deformity, angulation, displacement</p> <p>Post-immobilisation: range of elbow, forearm, wrist, and finger movement</p> <p>Circulatory, sensory, or motor problems</p> <p>Functional limitations</p> <p>Strength</p>

WMS differential diagnosis	<p>Other fractures of radius or ulna Fractures of hand, elbow, forearm Dislocation of elbow/wrist Contusion of wrist, forearm, hand Associated joint sprain or fracture Soft tissue injury</p>
WMS complications	<p>Fracture slipping: redisplacement or late angulation/non-union Tendon damage/rupture: extensor pollicis longus with Colles' fracture Subluxation/dislocation of distal radio-ulnar joint Neurological signs: ulnar/median nerve injury/carpal tunnel syndrome Osteoarthritis Growth arrest Complex regional pain syndrome Vascular injury: ulnar artery Wrist ligament ruptures and/or cartilage injury associated with ulnar styloid process fractures</p>
TCM differential diagnosis	<p>Damage to bone following trauma Qi and/or Blood stasis in the affected channels, consider: LU, LI, HT, SI, PC or SJ channels</p>
TCM complications	<p>Same as WMS complications above plus: Damage to surrounding structures eg nerve, blood vessel, tendon, ligament Non-union of fracture or delayed healing due to Kidney Qi deficiency and/or Blood deficiency and stasis Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain and swelling; increase blood vascularisation; enhance healing of fracture; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen, Nourish Blood and reinforce Qi to enhance union of fracture and restore range of movement Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM): Acute phase – rest Follow orthopaedic advice regarding exercise activity Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture</p> <p>Sub acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>

Onward referral

- Acute phase:**
Accident and emergency clinic
GP
Hand Therapist Preferred Provider
- Sub acute phase:**
GP
Physiotherapist
Osteopath
Chiropractor
Hand Therapist preferred provider

Sprain Elbow/Forearm

Read code: S51..	
Number of treatments: 9	Triggers: 11
Key points	<p>Injury to muscles, tendons, ligaments, or the joint itself</p> <p>Children under 12 years rarely sprain ligaments so should have X-ray</p> <p>Elderly patients tend to fracture rather than sprain so should have X-ray</p> <p>Consider tendon rupture in older patients</p>
Special considerations (WMS and TCM)	Elderly patients need early mobilisation to avoid stiffening of joints
History (WMS and TCM)	<p>Mechanism of injury: often a twisting injury associated with a fall</p> <p>Possibly gradual onset with loss of mobility</p> <p>Dominant/non-dominant side</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Functional limitations</p> <p>Occupation</p> <p>General health past and present</p> <p>Neck symptoms</p> <p>Weakness or sensory change in fingers</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> Cutaneous regions, tai yang, shao yang etc Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> Associated channels Mu and shu points A shi points <p>Pain, tenderness</p> <p>Joint effusion</p> <p>Instability of ligaments or tendons</p> <p>Range of movement of shoulder, elbow, wrist</p> <p>Palpation: check temperature for infection</p> <p>Cervical or thoracic spine involvement</p> <p>Neurological signs: sensory or motor changes</p>
WMS differential diagnosis	<p>Fracture: radial head, supracondylar humeral</p> <p>Dislocation</p> <p>Epicondylitis</p> <p>Tenosynovitis/synovitis</p> <p>Tendon rupture: biceps, triceps</p> <p>Triceps tendonitis</p> <p>Olecranon bursitis</p> <p>Cervical or thoracic spine referral</p> <p>Elbow joint pathology</p> <p>Apophysitis</p> <p>Infection</p> <p>Arthritis</p>
WMS complications	<p>Tendonitis</p> <p>Recurrent injury, joint instability</p> <p>Haemarthrosis/excessive swelling</p> <p>Vascular or neural damage, ischaemia</p> <p>Tendon rupture</p> <p>Chronic pain</p> <p>Loss of function</p>

TCM differential diagnosis	Injury to muscles, tendons, ligaments or the joint itself Qi and Blood stasis in the muscle-tendino (sinew) and affected channels, consider: LU, LI, HT, SI, PC, or SJ channels
TCM complications	Same as WMS complications above plus: Damage to surrounding structures eg nerve, blood vessels Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency and/or Blood deficiency and stasis Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, bruising and oedema as appropriate; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	GP Physiotherapist Chiropractor Osteopath Occupational therapist

Open Wound Elbow/Forearm

Read code: S91..	
Number of treatments: 9	Triggers: 13
Key points	Open wounds would be treated only after initial assessment and treatment by a Medical Practitioner/Nurse/Accident and Emergency clinic Thorough initial examination by GP will delineate full extent of injuries.
Special considerations (WMS and TCM)	Tendon sheath infection requires urgent hospital treatment Evidence of vascular or nerve compromise of finger or hand requires urgent referral Risk of infection
History (WMS and TCM)	Mechanism of injury Circumstances of injury: work-related, assault, self-inflicted History of immediate treatment Associated symptoms/injuries Symptoms of infection Previous injury/disability Medical history including medication: immunosuppressants, corticosteroids General health: diabetes, hypertension, tetanus status Emotional response to trauma Availability of carers if required Weakness or sensory changes in fingers
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">Cutaneous regions, tai yang, shao yang etcTendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">Associated channelsMu and shu pointsA shi points Site and extent of wound Signs/risk of infection Retained foreign bodies Sensory function Range of movement: shoulder, elbow, wrist; fingers Motor nerve involvement Pain: location, nature, severity Oedema: extent and severity Bruising: colour, extent Circulation: colour/warmth; pulses; capillary refill
WMS differential diagnosis	Abrasion Crush injury Fracture Ligament, tendon or nerve damage Arterial laceration
WMS complications	Infection Scarring Stiffness

TCM differential diagnosis	<p>Injury to skin, and surrounding and underlying structures following trauma</p> <p>External stagnation of Qi and Blood in surrounding tissues</p> <p>Qi and Blood stasis in local area and affected channels, consider: LU, LI, HT, SI, PC, SJ channels</p> <p>Tissue damage to appropriate six divisional cutaneous regions of wound injury and associated fine luo distribution</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Deep wounds can cause injury to muscle-tendino channels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying structures e.g. tendon, nerve, bone</p> <p>Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Delayed healing due to underlying deficiencies e.g. Qi deficiency, Liver deficiency</p> <p>Damage to underlying channel systems and structures</p> <p>If deep injury the associated muscle-tendino channels are to be considered</p> <p>Excessive bleeding may lead to Blood deficiency</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of wound; reduce pain and swelling; restore range of movement.</p> <p>TCM goals:</p> <p>Relieve pain and swelling by clearing Qi and Blood stasis in the affected area and channels</p> <p>Restore the normal flow of Qi and Blood in the affected channels to reduce scarring and adhesions</p> <p>Calm Shen</p> <p>Resolve toxins</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Osteopath</p> <p>Chiropractor</p>

Abrasion Lower Arm (no infection)

Read code: SD30.	
Number of treatments: 4	Triggers: 6
Key points	Superficial injury or laceration not involving deep structures Soft tissue injury alone or in combination with a fracture may cause a compartment syndrome – refer if pain is disproportionately severe and poorly localised; severe swelling; hyperaesthesia/paraesthesia in distribution of nerves crossing compartment
Special considerations (WMS and TCM)	Abraded skin is prone to hyperpigmentation – advise sunblock for six months after injury Involvement of nerve, tendon, muscle Medical conditions (especially bleeding disorders, diabetes) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury Dominant/non-dominant side Compartment syndrome symptoms Medical history including medication Emotional response to trauma Functional limitations Tetanus status Circulation symptoms Weakness or sensory change in fingers
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Deformity Wound size, depth, location Joint involvement Compartment syndrome signs Oedema: extent and severity Bruising: extent, severity, colour Retained foreign bodies Range of movement and strength of shoulder, elbow and wrist joints Palpation: check temperature for infection Neurological signs
WMS differential diagnosis	Underlying fracture Compartment syndrome Deep laceration involving deeper structures Contusion
WMS complications	Nerve involvement Infection Scarring

TCM differential diagnosis	<p>Superficial damage to cutaneous region</p> <p>Qi and Blood stasis in local cutaneous region and affected channels, consider: LU, LI, HT, SI, PC, or SJ channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying channel systems and structures</p> <p>Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Delayed healing due to underlying deficiencies e.g. Blood deficiency, Spleen Qi deficiency</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of abrasion; reduce pain and swelling.</p> <p>TCM goals:</p> <p>Relieve pain by clearing Qi and Blood stasis in the local cutaneous region and affected channels</p> <p>Restore normal flows of Qi and Blood in the affected channels</p> <p>Calm Shen</p> <p>Resolve toxins</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Osteopath</p> <p>Chiropractor</p>

Contusion Elbow/Forearm

Read code: SE31.	
Number of treatments: 10	Triggers: 12
Key points	Contusion is defined as a closed injury, as opposed to abrasion Risk of compartment syndrome indicated by severe pain disproportionate to injury, early intervention and treatment important to hasten recovery
Special considerations (WMS and TCM)	Consider additional injuries If not caused by trauma, consider underlying medical conditions Fingernails may require aspiration or drainage Medical conditions (especially bleeding disorders) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury: determine force involved and depth of injury History of acute management Location and severity of pain Dominant/non-dominant side Medical history including medication Emotional response to trauma Weakness or sensory change in fingers Circulation symptoms
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> Cutaneous regions, tai yang, shao yang etc Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> Associated channels Mu and shu points A shi points Consider associated injuries Oedema: extent and severity Bruising or haematoma: extent, severity, colour Pain: location and intensity Nerve involvement Range of movement and strength of proximal and distal joints Palpation: check temperature for infection; peripheral circulation
WMS differential diagnosis	Abrasion Fracture Compartment syndrome: presence or risk Ligament, tendon or nerve damage Ischaemic changes Benign or malignant lump
WMS complications	Compartment syndrome Injury to tendon, nerve or bone Ischaemic contractures Infection Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use Calcification of haematoma in muscle belly (myositis ossificans) Chronic pain

TCM differential diagnosis	<p>Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma</p> <p>Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising</p> <p>Qi and Blood stasis in local area and affected channels, consider: LU, LI, HT, SI, PC or SJ channels and connecting and muscle-tendino (sinew) channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)</p> <p>Excessive bruising due to Spleen Qi deficiency, Blood Heat</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of contusion; reduce pain and swelling.</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels</p> <p>Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected channels</p> <p>Correct any underlying patterns of imbalance.</p> <p>Calm Shen</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Gua sha</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Osteopath</p> <p>Chiropractor</p> <p>Occupational therapist</p>

Burns Arm (excluding hand)

Read code: SH3..	
Number of treatments: 20	Triggers: 24
Key points	Acupuncture is not an appropriate frontline treatment for burns. Ensure that the patient has been assessed by a medical practitioner. Management depends on extent and depth of burn (superficial or deep) Refer to hospital if burn is >10% of body surface area: all children; all deep burns; burns with potential problems, e.g. electrical, chemical, circumferential
Special considerations (WMS and TCM)	General health Emotional response to injury Exposed tendon/bone Skin graft donor site More severe burns can involve fluid loss and secondary organ damage
History (WMS and TCM)	Cause of burn: flame, scald, chemical, electrical, etc Percentage of body area involved Depth of burn Respiratory difficulty: inhalation injury Unilateral/bilateral History of immediate management Pain level: check pain management is adequate Surgical intervention Length of hospital stay Previous medical history Functional limitations Emotional response to trauma Symptoms of infection
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Pain: severity; constant or with movement Stage of healing Scarring Condition of skin graft donor site Oedema Range of movement: elbow, wrist Neurovascular status of limb Contractures/deformities Loss of function General fitness Mobility Signs of infection Differentiate affected structure limiting range of movement: skin, scarring, ligament, muscle and tendon
WMS differential diagnosis	Underlying conditions before trauma

WMS complications	<p>Wound infection Graft failure Contractures and deformities Scarring Chronic pain Psychological/social problems Reduced sensation Loss of function</p>
TCM differential diagnosis	<p>Damage to tissues and local cutaneous region by excess pathogenic Heat causing obstruction to normal flows of Qi and Blood in affected channels, consider: LU, LI, HT, SI, P or SJ channels and connecting and muscle-tendino (sinew) channels In severe cases consider concurrent Yin fluid damage, damage to underlying structures (in extreme cases the Zang Fu) Qi block due to fright Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS above plus: Potential febrile Bi syndrome Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Shen disturbance Damage to Yin and Jin-Ye (fluids) Prolonged Qi and Blood stasis leading to scarring/contracture</p>
Treatment rehabilitation	<p>WMS goals: Enhance healing of affected area; reduce pain; restore range of movement</p> <p>TCM goals: Disperse stasis of Blood and Qi in the local tissues and affected channels Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected channels Correct any underlying patterns of imbalance Calm Shen Nourish Yin fluids</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Ion-pumping cords*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Tui na</p>
Onward referral	<p>GP Physiotherapist Osteopath Chiropractor Splint specialist for contractures Occupational therapist Councillor</p>



Fracture Tarsal Bones/Metatarsals (closed)

Read code: S352.	
Number of treatments: 10	Triggers: 12
Key points	<p>Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken</p> <p>Fracture of the fifth metatarsal is the most common, resulting from an inversion injury after having sprained an ankle</p> <p>Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
Special considerations (WMS and TCM)	Effects of gait changes on other joints and soft tissues
History (WMS and TCM)	<p>Mechanism of fracture:</p> <p>Inversion e.g. base of fifth metatarsal</p> <p>Crushing e.g. metatarsals 2 – 4</p> <p>Twisting/torsion e.g. Lisfranc fracture/dislocation</p> <p>Fall from height e.g. os calcis fracture</p> <p>Snowboarding e.g. lateral process of talus</p> <p>Pain</p> <p>Swelling</p> <p>Weight-bearing ability</p> <p>Pain elsewhere in limb</p> <p>Previous injury, management, outcomes</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Compare with other foot</p> <p>Gait/weight-bearing ability</p> <p>Neurovascular status of foot: posterior tibialis and dorsalis pedis pulses, capillary return</p> <p>Deformity</p> <p>Swelling</p> <p>Bruising</p> <p>Location of tenderness</p> <p>Range of movement of ankle and foot joints</p> <p>Foot stability</p> <p>Tendon strength</p> <p>Mobility</p> <p>Functional limitation</p>

WMS differential diagnosis	<p>Sprain e.g. ankle, metatarsophalangeal joint</p> <p>Dislocation e.g. subtalar</p> <p>Contusion foot/ankle</p> <p>Arthritis, gout</p> <p>Ankle fracture</p>
WMS complications	<p>Gait disturbance</p> <p>Compartment syndrome</p> <p>Non-union/malunion (especially base of fifth metatarsal)</p> <p>Avascular necrosis (talar neck, navicular body, cuboid)</p> <p>Complex regional pain syndrome (Lisfranc fractures)</p> <p>Post-traumatic arthritis (Lisfranc fractures)</p> <p>Osteomyelitis</p> <p>Cellulitis/infection</p> <p>Deep vein thrombosis</p>
TCM differential diagnosis	<p>Damage to bone following trauma</p> <p>Damage to surrounding structures resulting in Qi and Blood stasis in the affected channels following trauma</p> <p>Qi and/or Blood stasis in the ST, SP, BL, KI, GB or LR channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Underlying deficiency e.g. Kidney Qi deficiency</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Non-union of fracture or delayed healing due to Kidney Qi deficiency and/or Blood deficiency and stasis</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Chronic Qi and Blood stasis restricting movement and function</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain and swelling; increase blood vascularisation; enhance healing of fracture; restore range of movement</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen,</p> <p>Nourish Blood and reinforce Qi to enhance union of fracture and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM):</p> <p>Acute phase – rest, non weight bearing</p> <p>Follow orthopaedic advice regarding weight bearing status and exercise activity</p> <p>Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Sub acute:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>

Onward referral

- Acute phase:**
Accident and emergency clinic
GP
- Sub acute:**
GP
Physiotherapist
Osteopath
Chiropractor
Podiatrist

Fracture Phalanges of foot

Read code: S36..	
Number of treatments: 6	Triggers: 8
Key points	Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken Fractures in children are more difficult to recognise because of multiple growth centres Ensure fracture will heal in shape to fit comfortably into a shoe Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function
Special considerations (WMS and TCM)	Usually require little treatment Important to prevent rotation or angulation to enable comfortable wearing of shoes Diabetes Peripheral vascular disease Risk of infection in open fractures/crush injuries
History (WMS and TCM)	Mechanism of fracture: stubbed toes, object landing on foot History of immediate treatment and care Pain Swelling Weight-bearing ability Previous injury, management, outcomes General health: diabetes, peripheral vascular disease, steroid use, anticoagulants, rheumatoid arthritis Symptoms of infection
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Compare with other foot Gait Neurovascular status of foot: capillary return Deformity Swelling Bruising Location of tenderness Range of movement of toe joints Tendon strength Mobility Weight-bearing ability Functional limitation Signs of infection
WMS differential diagnosis	Toe dislocation Contusion Sprain Tendon injury Metatarsal fracture Acute arthrosis Gout

WMS complications	<p>Gait disturbance Non-union Infection Arthritis Inability to wear shoes Chronic leg pain syndrome Neuroma</p>
TCM differential diagnosis	<p>Damage to bone following trauma Damage to surrounding structures resulting in Qi and Blood stasis in the affected channels following trauma Qi and/or Blood stasis in the ST, SP, BL, KI, GB or LR channels Possible involvement of Eight Extraordinary Vessels Underlying deficiency e.g. Kidney Qi deficiency</p>
TCM complications	<p>Same as WMS complications above plus: Non-union of fracture or delayed healing due to Kidney Qi deficiency and/or Blood deficiency and stasis Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Chronic Qi and Blood stasis restricting movement and function Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain and swelling; increase blood vascularisation; enhance healing of fracture; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen, Nourish Blood and reinforce Qi to enhance union of fracture and restore range of movement Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM): Acute phase – rest, non weight bearing Follow orthopaedic advice regarding weight bearing status and exercise activity Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion</p> <p>Sub acute: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p>

Onward referral	Acute phase: Accident and emergency clinic GP Sub acute: GP Physiotherapist Osteopath Chiropractor Podiatrist
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Sprain Metatarsophalangeal Joint/ Interphalangeal Joint

Read code: S5512/S5513	
Number of treatments: 8	Triggers: 12
Key points	Fracture should be excluded before diagnosis of sprain Includes haemarthrosis of metatarsophalangeal (MTP) joint and sesamoiditis In rare cases third degree sprain may result in dislocation
Special considerations	MTP joint strains may reflect whole foot pathology, especially in runners If pain persists after 7-10 days, refer for X-ray for occult fracture Toes must heal in normal shape to allow comfortable wearing of shoes Gout may be triggered by trauma, presenting 2-5 days after injury MTP joints must heal with normal mobility to allow normal gait Diabetes Peripheral vascular disease
History (WMS and TCM)	Mechanism of injury: twisting, hyperextension Pain: location and severity Swelling Weight-bearing ability Previous injury, management, outcomes General health: diabetes, peripheral vascular disease Symptoms of infection Arthritis
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">Cutaneous regions, tai yang, shao yang etcTendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">Associated channelsMu and shu pointsA shi points Compare with other foot Gait/weight-bearing ability Neurovascular status of foot: capillary return Deformity Swelling Bruising Location of tenderness Mobility Functional limitation Other joint examination
WMS differential diagnosis	Fracture of metatarsal neck Dislocation Infection Contusion Tendon injury Metatarsalgia Flexor hallucis tendonitis Gout Rheumatoid or osteoarthritis Intra-articular fracture/avulsion fracture Plantar fasciitis Interdigital Neuroma (Morton's Neuroma)

WMS complications	<p>Gout</p> <p>Chronic metatarsalgia</p> <p>Neuroma</p> <p>Gait disturbance</p> <p>Arthritis</p> <p>Chronic leg pain syndrome</p>
TCM differential diagnosis	<p>Tissue damage and injury to tendons and ligaments following trauma</p> <p>Qi and Blood stasis in local area and affected channels, consider: ST, SP, BL, KI, GB or LR channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Underlying pattern of imbalance e.g. Qi deficiency</p> <p>Liver Blood failing to nourish tendons and ligaments</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Delayed healing due to underlying patterns of imbalance e.g. Liver Blood deficiency</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain, inflammation, bruising and swelling as appropriate; restore range of movement and normal gait; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub acute:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Chiropractor</p> <p>Osteopath</p> <p>Podiatrist</p>

Open Wound Foot/Toe(s)

Read code: SA2../SA3..	
Number of treatments: 10	Triggers: 14
Key points	Open wounds would be treated only after initial assessment and treatment by a Medical Practitioner/Nurse/Accident and Emergency clinic
Special considerations (WMS and TCM)	Forefoot lacerations and puncture wounds are prone to infection, particularly pseudomonas Continue to assess distal neurovascular and musculotendinous function Medical conditions (especially bleeding disorders, diabetes) Drug therapy (e.g. anticoagulants, immunosuppressants)
History (WMS and TCM)	Nature of trauma causing injury Circumstances of injury: work-related, assault, self-inflicted Medical history including medication General health, symptoms of infection, tetanus status Emotional response to trauma Functional limitations Sensory changes or weakness
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Deformity Wound size, depth, location Retained foreign bodies Joint involvement Oedema: extent and severity Bruising: extent, severity, colour Range of movement of foot and toe joints Palpation: check temperature for infection Neurological signs Gait
WMS differential diagnosis	Underlying fracture Contusion Abrasion Tendon/nerve or vessel involvement
WMS complications	Neurovascular injury Infection Scarring Tendon injury
TCM diagnosis	Damage to tissues and surrounding structures leading to Qi and Blood stasis in local area and affected channels, consider: ST, SP, BL, KI, GB or LR channels and associated fine luo distribution Possible involvement of Eight Extraordinary Vessels Underlying pattern of imbalance e.g. Qi deficiency

TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying structures e.g. tendon, nerve, bone</p> <p>Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin</p> <p>Depending upon the depth of the injury there may be damage to the affected cutaneous region, musculo-tendinous channel, divergent and or main channel</p> <p>Delayed healing or excessive bleeding may lead to Spleen Qi deficiency and Blood deficiency and/or stasis</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of wound; reduce pain and swelling</p> <p>TCM goals:</p> <p>Decrease pain by clearing stasis of Qi and Blood in the local cutaneous region and affected channels</p> <p>Restore normal flow of Qi and Blood in the affected channels</p> <p>Calm Shen</p> <p>Resolve toxins</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Laser Acupuncture</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	GP

Contusion Toe

Read code: SE43.	
Number of treatments: 9	Triggers: 11
Key points	Severe pain/disproportionate for injury should prompt onward referral
Special considerations (WMS and TCM)	Medical conditions (especially bleeding disorders) Diabetes Neuropathies Drug therapy (e.g. anticoagulants) Footwear
History (WMS and TCM)	Nature of trauma causing injury: fall, direct blow (dropped object), vehicle accident Location and severity of pain Chronicity Previous injuries to affected site Functional restrictions: mobility, ability to wear footwear Neurological changes/circulation symptoms Medical conditions and drug therapy General health, signs of infection
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">Cutaneous regions, tai yang, shao yang etcTendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">Associated channelsMu and shu pointsA shi points Gait, weight-bearing ability Oedema: extent and severity Bruising: extent, severity, colour Consider associated injuries Range of movement: ankle, foot joints, toes Palpation: check temperature for infection Nerve involvement: sensory and motor changes Involvement of nail bed
WMS differential diagnosis	Fracture Muscle or tendon rupture Abrasion Impaired circulation Nerve lesion Sesamoid dysfunction Infection Gout/other arthritis
WMS complications	Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use Neurological signs Infection: requires urgent referral Tendon rupture Nail bed injury

TCM differential diagnosis	<p>Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma</p> <p>Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising</p> <p>Qi and Blood stasis in local cutaneous region and affected channels, consider: ST, SP, BL, KI, GB, or LR channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)</p> <p>Excessive bruising due to Spleen Qi deficiency, Blood Heat</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of contusion; reduce pain and swelling; restore range of movement and normal gait</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels</p> <p>Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected channels</p> <p>Correct any underlying patterns of imbalance.</p> <p>Calm Shen</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Osteopath</p> <p>Chiropractor</p> <p>Podiatrist</p> <p>Occupational therapist</p>

Crush Injury Foot (closed)

Read code: SF322	
Number of treatments: 12	Triggers: 18
Key points	X-rays should be taken to eliminate possibility of tarsometatarsal (Lisfranc) fractures, which are difficult to diagnose and have serious consequences
Special considerations (WMS and TCM)	Medical conditions: bleeding disorders, diabetes, rheumatoid arthritis, osteoarthritis cellulitis, peripheral vascular disease, neuropathies Drug therapy (e.g. anticoagulants) Footwear Compartment syndrome Nerve and vascular injury is possible
History (WMS and TCM)	Nature of trauma causing injury: fall, direct blow (dropped object), vehicle accident Location and severity of pain Chronicity Previous injuries to affected site Functional restrictions: mobility, ability to wear footwear Neurological symptoms, sensory or motor changes Medical conditions and drug therapy General health: signs of infection
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Gait, weight-bearing ability Oedema: extent and severity Bruising: extent, severity, colour Consider associated injuries Abrasions Deformity Range of movement: ankle, foot joints, toes Palpation: check temperature for infection Nerve involvement: sensory and motor changes Circulatory impairment Involvement of nail bed
WMS differential diagnosis	Fracture Muscle or tendon rupture Infection/cellulitis Gout/other arthritis Disruption of inferior tibia/fibula joint Ankle joint injury Undiagnosed fractures of mid-foot with mal-union Loss of function

WMS complications	<p>History of bleeding disorder or anticoagulant use</p> <p>Infection: requires urgent referral</p> <p>Tendon rupture</p> <p>Nail bed contusion</p> <p>Osteoarthritis</p> <p>Chronic pain</p> <p>Neuropraxia/nerve injury</p> <p>Compartment syndrome</p>
TCM differential diagnosis	<p>Damage to local cutaneous area, soft tissue, tendons and ligaments, and possibly bone following trauma</p> <p>Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma</p> <p>Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising</p> <p>Qi and Blood stasis in local cutaneous region and affected channels, consider: ST, SP, BL, KI, GB or LR channels and connecting and muscle-tendino (sinew) channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)</p> <p>Excessive bruising due to Spleen Qi deficiency, Blood Heat</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of affected tissues; reduce pain and swelling; restore range of movement and normal gait</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels</p> <p>Re-establish the normal flow of Qi and Blood in the affected channels</p> <p>Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected area and channels</p> <p>Correct any underlying patterns of imbalance.</p> <p>Calm Shen</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Osteopath</p> <p>Chiropractor</p> <p>Podiatrist</p> <p>Occupational therapist</p>

Tenosynovitis/Synovitis

Read code: N220.	
Number of treatments: 16	Triggers: 16
Key points	Tenosynovitis/synovitis involves inflammation of the synovial sheath around a tendon The most common injuries are trigger finger/thumb, de Quervain's tenosynovitis, intersection, extensors, and long flexors Characterised by pain after repeated movements or stiffness after a period of rest
Special considerations (WMS and TCM)	May occur following repetitive use, poor technique, or after acute injury Rest is very important Rare in patients under 18 years
History (WMS and TCM)	Mechanism of injury: usually follows chronic repetitive strain Dominant/non-dominant side Previous history of injuries Previous treatment, management, investigations, outcomes Nature and severity of pain: reproducible with certain movements Effects on sleep Aggravating and relieving factors: worse during and after activity, better for rest Functional limitations General health past and present, pregnancy, diabetes, rheumatology Occupational and leisure activities: identify causative and aggravating factors Sensory changes or weakness in fingers
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Identify area of tenderness and tendons involved Crepitus of tendon Identify movements that elicit pain De Quervain's tenosynovitis: pain along radial aspect of wrist; pain on passive movement of thumb Trigger finger: tenderness in distal palm; tendon thickening and nodularity; crepitation and catching of tendon on flexion Loss of strength/function Weight-bearing pain indicates joint dysfunction Inflammation, heat, swelling Cervical spine involvement Neurological symptoms

WMS differential diagnosis	<p>Tendonitis Joint pathology (often accompanied by instability) Myxoedema/pregnancy Fracture: scaphoid Scaphoid – lunate dissociation Muscle tear/strain Nerve entrapment Ganglion Infection of soft tissue Inflammatory arthritis/gout Carpal tunnel syndrome</p>
WMS complications	<p>Work requirements Neural involvement Tear or rupture of tendon (especially after steroid injection) Joint stiffness Muscle weakness/atrophy Chronic pain</p>
TCM differential diagnosis	<p>Injury to tendon following trauma, misuse or overuse Qi and Blood stasis in local area and affected channels, consider: LU, LI, HT, SI, PC or SJ channels, following misuse, overuse or trauma Underlying Liver Blood deficiency failing to nourish tendons and ligaments or external pathogen obstruction (Bi syndrome) Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS above plus: Chronic Qi and Blood stasis can lead to further invasion of pathogenic factors such as Wind, Cold, Damp and Heat (Bi syndrome) Delayed healing or recurrence if underlying deficiencies are not corrected e.g. Liver Qi stagnation, Blood deficiency Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain, oedema and inflammation; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters* Herbs and nutritional supplements*</p>

Onward referral

GP
Physiotherapist
Chiropractor
Osteopath
Occupational therapist
Hand Therapist preferred provider

Fracture of Metacarpal Bone

Read code: S25..	
Number of treatments: 12	Triggers: 16
Key points	Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken Includes fractures to head, neck, shaft or base of each metacarpal Splinting or a cast may be used to prevent rotation or shortening at the fracture site Functional disability may be minimal despite fracture of fourth or fifth metacarpal Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function
Special considerations (WMS and TCM)	Hand dominance or occupation may affect management Associated ligamentous or soft tissue injury Loss of functioning, e.g. hand stiffness, is most common Fractures involving the joint need special consideration
History (WMS and TCM)	Mechanism of fracture: punch, fall, direct blow, crush Force of impact Immediate management, stability, surgical intervention Local pain and swelling Nerve involvement (sensory changes or weakness in fingers) Pre-existing disability or deformity Occupational and leisure activities Hand dominance
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Comparison with other hand Oedema Tenderness, pain on moving fingers Deformity Soft tissue injury: bruising, lacerations, abrasions Range of movement of fingers and wrist; finger extension Functional limitations: grip strength, pinch strength Neurovascular status; sensation or circulation changes
WMS differential diagnosis	Wrist fracture/dislocation Metacarpophalangeal dislocation Contusion Sprain Pathological fracture
WMS complications	Loss of function: stiffness of hand is common Delayed union/non-union Avascular necrosis Post-traumatic arthritis Infection Neural damage

TCM diagnosis	<p>Damage to bone following trauma</p> <p>Qi and/or Blood stasis in the affected channels, consider: LU, LI, HT, SI, PC or SJ channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Non-union of fracture or delayed healing due to Kidney Qi deficiency and/or Blood deficiency and stasis</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain and swelling; increase blood vascularisation; enhance healing of fracture; restore range of movement</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM):</p> <p>Acute phase – rest</p> <p>Follow orthopaedic advice regarding exercise activity</p> <p>Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Sub acute:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Hand Therapist preferred provider</p> <p>Physiotherapist</p> <p>Occupational therapist</p> <p>Osteopath</p> <p>Chiropractor</p>

Fracture Phalanx – Hand

Read code: S26..	
Number of treatments: 12	Triggers: 14
Key points	<p>Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken</p> <p>Accurate reduction and early mobilisation (7–14 days) are important to regain full function</p> <p>Distal phalanges: usually crush fractures; generally heal well unless intra-articular; disturbance of nail growth is common</p> <p>Middle phalanges: tend to be displaced and unstable; watch for signs of rotation</p> <p>Proximal phalanges: cause greatest concern, especially of little finger; intra-articular fractures usually need internal fixation</p> <p>Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
Special considerations (WMS and TCM)	<p>Hand dominance, occupation, or sporting demands may affect management</p> <p>Finger stiffness due to joint adhesions can result in permanent loss of range and function</p> <p>Associated ligamentous or soft tissue injury</p> <p>Fracture into joint requires special consideration</p>
History (WMS and TCM)	<p>Mechanism of fracture: direct blow, e.g. hit by ball; rotational, crush</p> <p>Force of impact</p> <p>Joint injury</p> <p>Immediate management, stability, surgical intervention</p> <p>Local pain and swelling</p> <p>Pre-existing disability or deformity</p> <p>Functional limitations</p> <p>Occupational and leisure activities</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Comparison with other hand</p> <p>Oedema</p> <p>Tenderness, pain on moving fingers: exact location</p> <p>Deformity/displacement</p> <p>Soft tissue injury: bruising, lacerations, abrasions</p> <p>Range of movement of fingers and wrist tendon function</p> <p>Functional limitations: grip strength, pinch strength</p> <p>Circulation to fingertips: capillary refill</p> <p>Nerve involvement</p>
WMS differential diagnosis	<p>Sprain of finger</p> <p>Avulsed or damaged tendons causing deformity</p> <p>Dislocation of interphalangeal joint</p> <p>Pathological fracture</p> <p>Volar plate injury</p> <p>Rheumatological conditions</p>

WMS complications	<p>Loss of function: stiffness of finger due to joint adhesions is common</p> <p>Delayed union/non-union</p> <p>Deformity from tendon injury</p> <p>Post-traumatic arthritis</p> <p>Infection</p>
TCM differential diagnosis	<p>Damage to bone following trauma</p> <p>Qi and/or Blood stasis in the affected channels, consider: LU, LI, HT, SI, PC or SJ channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Non-union of fracture or delayed healing due to Kidney Qi deficiency and/or Blood deficiency and stasis</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain and swelling; increase blood vascularisation; enhance healing of fracture; restore range of movement</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM):</p> <p>Acute phase – rest</p> <p>Follow orthopaedic advice regarding exercise activity</p> <p>Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Sub acute:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Hand Therapist preferred provider</p> <p>Physiotherapist</p> <p>Osteopath</p> <p>Chiropractor</p> <p>Occupational therapist</p>

Dislocation/Subluxation of Finger/Thumb

Read code: S44..	
Number of treatments: 20	Triggers: 20
Key points	Requires immediate reduction by a suitably qualified practitioner Splinting required for 2-3 weeks
Special considerations (WMS and TCM)	Delayed reduction may result in loss of joint motion, joint instability, and functional limitation Hand dominance, occupation, or sporting demands may affect management Mobilisation can begin 3-5 days after reduction if stable, and pain and swelling have settled
History (WMS and TCM)	Mechanism of injury: forced hyperextension or hyperflexion; lateral or rotational force Immediate management, stability, surgical intervention Local pain and swelling Pre-existing disability or deformity Functional limitations Hand dominance Occupational and leisure activities
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Comparison with other hand Oedema Inflammation Check for underlying tendonitis/tendon rupture or avulsion Tenderness, pain on moving fingers: exact location Range of movement of fingers and wrist Stability of joint through active and passive range of movement Functional limitations: grip strength, pinch strength Circulation to fingertips Nerve involvement (sensory changes or weakness)
WMS differential diagnosis	Fractures of hand Soft tissue injuries: tendon, ligament, muscle Osteoarthritis/arthritis Tendonitis
WMS complications	Loss of joint motion Joint instability Osteoarthritis
TCM diagnosis	Dislocation is the diagnostic term used in TCM Trauma leading to Qi and Blood stasis in the affected channels, consider: LU, LI, HT, SI, PC or SJ channels

TCM complications	Same as WMS complications above plus: Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Liver Blood deficiency failing to nourish tendons and ligaments Shen disturbance
Treatment rehabilitation	WMS goals: Decrease pain and inflammation; enhance healing of joint; strengthen muscles; restore range of movement TCM goals: Decrease pain by clearing of local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Sub acute: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*
Onward referral	GP Hand Therapist preferred provider Physiotherapist Occupational therapist Osteopath Chiropractor

Sprain Radial Collateral Ligament (thumb)

Read code: S5204	
Number of treatments: 10	Triggers: 12
Key points	Less common than ulnar collateral ligament sprains
Special considerations (WMS and TCM)	Early mobilisation is important (7-10 days after injury) Measure instability in extension by comparison with other side Unstable injuries or complete collateral ligament tear require referral to specialist Elderly patients are more likely to fracture than sprain and require early mobilisation Consider associated injuries: dislocation previously reduced, tendon rupture in elderly
History (WMS and TCM)	Mechanism of injury: force and direction Duration of symptoms Previous injury/arthritis Occupational and leisure activities Pain: location and severity Dominant/non-dominant side Functional limitations Past history of injuries General health
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Compare with other hand Range of movement Tenderness over joint Joint stability: passive and active Nerve or vascular problems Inflammation Involvement of other joints
WMS differential diagnosis	Fracture Dislocation Muscle tear Muscle or tendon injury Tendonitis, tenosynovitis Joint pathology First metacarpal joint sprain Rheumatological condition
WMS complications	Dysfunctional grip from instability Stiffness Degeneration of joint surfaces Infection Complex regional pain syndrome Involvement of other joints

TCM differential diagnosis	<p>Tissue damage and injury to tendons and ligaments following trauma</p> <p>Qi and Blood stasis in the affected channels, consider: LU, LI or PC channels and muscle-tendino (sinew) channels</p> <p>Liver Blood deficiency failing to nourish tendons and ligaments</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Chiropractor</p> <p>Osteopath</p> <p>Hand Therapist preferred provider</p> <p>Occupational therapist</p>

Sprain Thumb

Read code: S522.	
Number of treatments: 10	Triggers: 12
Key points	<p>Includes ulnar collateral ligament sprain (skier's thumb/gamekeeper's thumb), capsular strain of first metacarpophalangeal joint, interphalangeal joint strain</p> <p>Capsular sprains require active rehabilitation; joint may require immobilisation to prevent hyperextension</p> <p>Unstable injuries or complete collateral ligament tear require referral to specialist</p> <p>Elderly patients are more likely to fracture than sprain and require early mobilisation</p> <p>Consider associated injuries: dislocation previously reduced, tendon rupture in elderly</p>
Special considerations (WMS and TCM)	<p>Measure instability in extension using comparison with non-injured side</p> <p>Early mobilisation is important (7-10 days after injury)</p> <p>Past history of injuries</p>
History (WMS and TCM)	<p>Mechanism of injury: force and direction</p> <p>Capsular sprain of first metacarpophalangeal joint: hyperextension and abduction; axial compression</p> <p>Duration of symptoms</p> <p>Previous injury/arthritis</p> <p>Occupational and leisure activities</p> <p>Pain: location and severity</p> <p>Dominant/non-dominant side</p> <p>Functional limitations</p> <p>General health</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points <p>Compare with other hand</p> <p>Range of movement</p> <p>Instability in extension</p> <p>Tenderness over joint</p> <p>Joint stability: passive and active</p> <p>Loss of grip or pinch strength</p> <p>Nerve or vascular problems</p> <p>Inflammation</p> <p>Involvement of other joints</p>
WMS differential diagnosis	<p>Fracture</p> <p>Dislocation</p> <p>Muscle or tendon injury</p> <p>Tendonitis, tenosynovitis</p> <p>Joint pathology</p>

WMS complications	<p>Dysfunctional grip from instability</p> <p>Stiffness</p> <p>Degeneration of joint surfaces</p> <p>Infection</p> <p>Complex regional pain syndrome</p> <p>Involvement of other joints</p>
TCM diagnosis	<p>Tissue damage and injury to tendons and ligaments following trauma</p> <p>Qi and Blood stasis in the affected channels, consider: LU, LI or PC channels and muscle-tendino (sinew) channels</p> <p>Liver Blood deficiency failing to nourish tendons and ligaments</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain, inflammation, bruising and oedema as appropriate; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Chiropractor</p> <p>Osteopath</p> <p>Hand Therapist preferred provider</p> <p>Occupational therapist</p>

Sprain Finger/ Interphalangeal Joint

Read code: S523./S5513	
Number of treatments: 10	Triggers: 12
Key points	Includes metacarpophalangeal joint strains, and proximal and distal interphalangeal joint strains Grades 1-2 sprain likely capsular, ligaments, tendon, volar plate
Special considerations (WMS and TCM)	Restore mobility while maintaining stability Children under 12 years rarely sprain ligaments (likely to fracture growth plates or suffer greenstick injury) Elderly patients more likely to fracture than sprain Elderly more likely to rupture tendons
History (WMS and TCM)	Mechanism of injury: force and direction Traction Torsional force Duration of symptoms Acute or chronic event Site of pain Recurrence Dominant/non-dominant side History of dislocation Functional limitations Occupational and leisure activities General health Other joint involvement
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">Cutaneous regions, tai yang, shao yang etcTendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">Associated channelsMu and shu pointsA shi points Compare with other hand Tenderness Swelling Deformity Stability Range of movement: passive and active Tendon function Loss of grip strength Nerve or vascular problems Involvement of other joints
WMS differential diagnosis	Fracture Dislocation Tendon injury Tendonitis, tenosynovitis Joint pathology: arthritis Neurovascular injury Infection

WMS complications	<p>Chronic recurrent tendonitis</p> <p>Unstable joints</p> <p>Boutonnière deformity (from volar plate injury)</p> <p>Chronic mallet deformity</p> <p>Joint degeneration</p>
TCM differential diagnosis	<p>Tissue damage and injury to tendons and ligaments</p> <p>Qi and Blood stasis in the affected channels, consider: LU, LI, HT, SI, PC or SJ channels and muscle -tendino (sinew) channels</p> <p>Liver Blood deficiency failing to nourish tendons and ligaments</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Chiropractor</p> <p>Osteopath</p> <p>Hand Therapist preferred provider</p>

Open Wound Hand/Open Wound Fingers/Open Wound Thumb

Read code: S92../S9300/S9302	
Number of treatments: 20	Triggers: 24
Key points	Open wounds would be treated only after initial assessment and treatment by a Medical Practitioner/Nurse/Accident and Emergency clinic Tendon injuries normally treated after surgical repair
Special considerations (WMS and TCM)	Punch injuries (lacerations from opponent’s teeth over metacarpal heads) carry a very high risk of infection Several structures (skin, tendon, nerve, muscle, bone) may be involved
History (WMS and TCM)	Mechanism of injury: force and direction Circumstances of injury: work-related, assault, self-inflicted Posture of hand at time of injury Pain, paraesthesia, anaesthesia, weakness, loss of function Potential for infection Hand dominance Previous injury/disability History of acute management Medical history including medication: immunosuppressants, corticosteroids General health: diabetes, hypertension, symptoms of infection Emotional response to trauma Occupational and leisure activities Tetanus status
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> Cutaneous Regions, Tai Yang, Shao Yang Etc Tendino Muscle Channels (Sinew Network Vessels) Palpation <ul style="list-style-type: none"> Associated Channels Mu And Shu Points A Shi Points Site and extent of wound Circulation: colour, warmth, pulses, capillary refill Signs/risk of infection Motor function: range of movement of wrist and fingers Sensory function Strength: resisted range of movement Resting posture of hand Oedema: extent and severity
WMS differential diagnosis	Abrasion Crush injury Fracture Ligament, tendon or nerve damage Arterial laceration
WMS complications	Infection Scarring Stiffness Contracture/adherence Tendon rupture

TCM differential diagnosis	<p>Qi and Blood stasis in local affected area and channels, consider: LU, LI, HT, SI, PC or SJ channels and associated fine luo distribution</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying structures e.g. tendon, nerve, bone</p> <p>Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Delayed healing due to underlying deficiencies e.g. Qi deficiency, Blood deficiency</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of wound; reduce pain and swelling; restore range of movement</p> <p>TCM goals:</p> <p>Decrease pain by clearing stasis of Qi and Blood in the affected cutaneous area and channels</p> <p>Restore the normal flow of Qi and Blood flow in the affected areas and channels</p> <p>Calm Shen</p> <p>Resolve toxins</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Hand Therapist preferred provider</p> <p>Occupational therapist</p> <p>Osteopath</p> <p>Chiropractor</p>

Open Wound Fingernail/ Avulsion of Nail

Read code: S935./7G321	
Number of treatments: 5	Triggers: 6
Key points	Open wounds would be treated only after initial assessment and treatment by a Medical Practitioner/Nurse/Accident and Emergency clinic
Special considerations	Inadequate repair of damage to nail bed or matrix may result in long-term nail deformity Often associated with fracture of distal phalanx
History (WMS and TCM)	Mechanism of injury: laceration, degloving, crush Potential for infection Hand dominance History of acute management Medical history including medication: immunosuppressants, corticosteroids General health: diabetes, hypertension, symptoms of infection Emotional response to trauma Occupational and leisure activities Tetanus status
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> Cutaneous regions, tai yang, shao yang etc Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> Associated channels Mu and shu points A shi points Site and extent of wound: exposed bone, compound fracture Range of movement of fingers Sensory function Oedema: extent and severity Loss of function Tenderness Signs of infection
WMS differential diagnosis	Loss of nail bed Fracture of distal phalanx
WMS complications	Nail deformity Non-adherence of new nail Persistent mallet finger Osteomyelitis/cellulitis Altered sensation
TCM differential diagnosis	Qi and Blood stasis in local affected area and channels, consider: LU, LI, HT, SI, PC or SJ channels and associated fine luo distribution Possible involvement of Eight Extraordinary Vessels

TCM complications	Same as WMS complications above plus: Damage to underlying structures e.g. tendon, nerve, bone Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Delayed healing due to underlying deficiencies e.g. Qi deficiency, Blood deficiency
Treatment rehabilitation	WMS goals: Enhance healing of wound; reduce pain and swelling; restore range of movement TCM goals: Decrease pain by clearing stasis of Qi and Blood in the affected cutaneous area and channels Restore the normal flow of Qi and Blood in the affected area and channels resolve toxins Correct any underlying patterns of imbalance Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Cupping Tui na Liniments and herbal plasters*
Onward referral	GP Hand Therapist preferred provider Occupational therapist

Amputation Finger(s)

Read code: S96..	
Number of treatments: 18–36	Triggers: 24
Key points	Finger amputations would normally be treated only after initial assessment and treatment by a GP/Accident and Emergency clinic Treatment may follow either re-attachment of finger or treatment of wound
Special considerations (WMS and TCM)	Loss of function affecting occupational and leisure activities Psychological impact of injury
History (WMS and TCM)	Mechanism of injury Circumstances of injury: work-related, assault, self-inflicted Occupational and leisure activities Hand dominance History of acute management Medical history including medication: immunosuppressants, corticosteroids General health: diabetes, hypertension, symptoms of infection Emotional response to trauma Tetanus status
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Extent of injury: number of fingers involved, level of amputation Pain: severity, effects on sleep, phantom limb syndrome Associated injuries Signs of infection Range of movement of proximal joints Loss of function Scarring
WMS complications	Infection/osteomyelitis Phantom limb syndrome Loss of grip strength Decreased sensitivity Cold intolerance Cosmetic disability
TCM differential diagnosis	Amputation Qi and Blood stasis in local cutaneous area and affected channels, consider: LU, LI, HT, SI, PC or SJ channels Possible involvement of Eight Extraordinary Vessels

TCM complications	<p>Same as WMS complications above plus:</p> <p>Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Delayed healing due to underlying deficiencies e.g. Liver Blood deficiency and or stasis</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of wound; decrease inflammation, bruising and oedema as appropriate; reduce pain including phantom limb syndrome; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals:</p> <p>Decrease pain by clearing stasis of Qi and Blood in the affected cutaneous area and channels</p> <p>Restore normal flow of Qi and Blood flow in the affected channels</p> <p>Calm Shen</p> <p>Resolve toxins</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Phantom limb pain:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Hand Therapist preferred provider</p> <p>Occupational therapist</p> <p>Osteopath</p> <p>Chiropractor</p>

Contusion Finger/Thumb/ Finger nail (haematoma)

Read code: SE33./SE332	
Number of treatments: 10	Triggers: 15
Key points	Contusion is defined as a closed injury, as opposed to abrasion Contusions to limbs carry a risk of compartment syndrome, indicated by pain disproportionate to the injury
Special considerations (WMS and TCM)	Consider additional injuries If not caused by trauma, consider underlying medical conditions Fingernails may require aspiration or drainage by a qualified practitioner Medical conditions (especially bleeding disorders) Drug therapy (e.g. anticoagulants) Early treatment to reduce swelling and encourage movement essential
History (WMS and TCM)	Nature of trauma causing injury: determine force involved and depth of injury History of acute management Pain: severity and location Dominant/non-dominant side Medical history including medication Emotional response to trauma Occupational and leisure activities General health; symptoms of infection
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Oedema: extent and severity Bruising: extent, severity, colour Haematoma Consider associated injuries: fracture, nerve involvement, circulatory problems Pain: location and intensity Range of movement: fingers, thumb, wrist Palpation: check temperature for infection; peripheral circulation
WMS differential diagnosis	Compartment syndrome: presence or risk Abrasion Fracture Ligament, tendon or nerve damage Ischaemic changes Benign or malignant lump

WMS complications	<p>Compartment syndrome</p> <p>Injury to tendon, nerve or bone</p> <p>Ischaemic contractures</p> <p>Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use</p> <p>Myositis ossificans (calcification of haematoma in muscle belly)</p> <p>Infection</p> <p>Chronic pain</p>
TCM diagnosis	<p>Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma</p> <p>Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising</p> <p>Qi and Blood stasis in local affected channels, consider: LU, LI, HT, SI, PC or SJ channels and muscle-tendino (sinew) channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)</p> <p>Excessive bruising due to Spleen Qi deficiency, Blood Heat</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of contusion; reduce pain and swelling; restore range of movement.</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels</p> <p>Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood</p> <p>Correct any underlying patterns of imbalance.</p> <p>Calm Shen</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Occupational therapist</p> <p>Osteopath</p> <p>Chiropractor</p> <p>Hand Therapist preferred provider</p>

Crush Injury Finger (open/closed)/ Thumb (closed)/Finger (open)

Read code: SF23./SF231/SF233	
Number of treatments: 24	Triggers: 30
Key points	<p>Mechanism of injury involves force from two sides</p> <p>Likely multiple-tissue involvement</p> <p>Early intervention – balance rest and gentle motion essential to prevent complications and deformity and preserve function</p>
Special considerations (WMS and TCM)	<p>Management of associated injuries: fractures, tendon, nerve, soft tissue, skin</p> <p>Risk of compartment syndrome</p> <p>Haematoma under fingernail may require drainage or nail removal: refer if haematoma covers >50% of nail</p> <p>Consider tendon rupture/division</p> <p>Splinting is important</p> <p>Medical conditions (especially bleeding disorders, diabetes)</p> <p>Drug therapy (e.g. anticoagulants)</p>
History (WMS and TCM)	<p>Nature of trauma causing injury: blow with implement, crush in door, machinery</p> <p>Site of pain</p> <p>Dominant/non-dominant side</p> <p>Occupational and leisure activities</p> <p>History of immediate management</p> <p>Medical history including medication</p> <p>General health; symptoms of infection, tetanus status</p> <p>Emotional response to trauma</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Oedema: extent and severity</p> <p>Bruising: extent, severity, colour</p> <p>Haematoma under fingernail: size, pain</p> <p>Mallet finger deformity (avulsion of extensor tendon)</p> <p>Range of movement and strength of wrist and fingers/thumb</p> <p>Palpation: check temperature for infection; peripheral circulation, tenderness</p> <p>Sensation in fingers/thumb: digital nerve injury</p>
WMS differential diagnosis	<p>Fracture</p> <p>Laceration</p> <p>Cellulitis</p> <p>Soft tissue injury: strain or tear</p> <p>Circulatory problems</p> <p>Nerve injury</p>

WMS complications	<p>Compartment syndrome/ischaemic contracture</p> <p>Traumatic myositis (inflammation of muscle following trauma)</p> <p>Osteomyelitis/cellulitis</p> <p>Separation of new nail from nail bed if significant nail bed injury</p> <p>Ligament rupture</p> <p>Injury to nerve, tendon or muscle</p>
TCM differential diagnosis	<p>Damage to local cutaneous area, soft tissue, tendons and ligaments, and possibly bone following trauma</p> <p>Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma consider: LU, LI, HT, SI, P or SJ channels and muscle-tendino (sinew) channels</p> <p>Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Qi block due to fright, in severe trauma</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)</p> <p>Excessive bruising due to Spleen Qi deficiency, Blood Heat</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of injured area; reduce pain and swelling.</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels</p> <p>Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected area and channels</p> <p>Correct any underlying patterns of imbalance.</p> <p>Calm Shen</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Gua sha</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Occupational therapist</p> <p>Osteopath</p> <p>Chiropractor</p> <p>Hand Therapist preferred provider</p>



Sprain Hip/Thigh

Read code: S53..	
Number of treatments: 8	Triggers: 12
Key points	Children and the elderly require careful assessment or referral where the history is not consistent with the severity of symptoms
Special considerations	Children under 12 years rarely sprain ligaments: consider infection, irritable hip, slipped upper femoral epiphysis (SUFE), Perthes' disorder, and traction apophysitis (avulsion fracture) Elderly patients are more likely to fracture bones than sprain ligaments Elderly patients need early mobilisation Elderly patients are more likely to suffer tendon rupture
History (WMS and TCM)	Mechanism of injury: fall, sudden acceleration/deceleration, sudden movement e.g. kicking Previous history of injuries Previous treatment, management, investigations, outcomes Onset of pain: sudden or gradual, recurrent Aggravating and relieving factors Functional limitations General health past and present: arthritis, symptoms of infection, involvement of other joints
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Visual: posture, gait Palpation: tenderness; include lower back Range of movement: active, passive, resisted Sensory and motor changes Other joint signs
WMS differential diagnosis	Contusion Fracture/dislocation Infection/arthritis Tendon rupture/strain Referred pain from lower back/sacroiliac joint/knee Hernia Greater trochanteric bursitis Tumour (severe unremitting pain) Osteoporosis Pain of visceral origin Deep vein thrombosis
WMS complications	Chronic or recurrent injury Tendonitis Osteoarthritis Myositis ossificans Loss of function

TCM differential diagnosis	<p>Damage to soft tissue, joint, tendon and ligament following trauma or overuse</p> <p>Qi and Blood stasis in local area and affected channels, consider: BL and GB channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)</p> <p>Underlying pattern of imbalance e.g. Liver Blood deficiency leading to Qi and Blood stasis</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Delayed healing due to underlying patterns of imbalance e.g. Liver Blood deficiency</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement and normal gait; prevent secondary postural adaptation/dysfunction</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Chiropractor</p> <p>Osteopath</p>

Contusion Hip and Thigh

Read code: SE40.	
Number of treatments: 10	Triggers: 12
Key points	All urethral injuries should be referred to a specialist – suspect in cases of perineal bruising
Special considerations (WMS and TCM)	Risk of compartment syndrome in limbs, indicated by severe pain disproportionate to injury Existing degenerative changes in hip or spine Medical conditions (especially bleeding disorders) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury: fall, direct blow, vehicle accident Location and severity of pain Haematuria Medical conditions and drug therapy Emotional response to trauma General health; involvement of other joints, sensory and motor symptoms Consider associated injuries Bruising to perineum requires referral
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> Cutaneous Regions, Tai Yang, Shao Yang Etc Tendino Muscle Channels (Sinew Network Vessels) Palpation <ul style="list-style-type: none"> Associated Channels Mu And Shu Points A Shi Points Gait, weight-bearing ability Oedema: extent and severity Bruising: extent, severity, colour Range of movement hip and knee Palpation: check temperature for infection Sensory and motor signs
WMS differential diagnosis	Presence or risk of compartment syndrome Fracture Hip dislocation/instability Abrasion Muscle rupture Impaired circulation Deep vein thrombosis Neurological condition
WMS complications	Compartment syndrome Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use Myositis ossificans (calcification of haematoma in muscle belly) Traumatic myositis (inflammation of muscle following trauma) Infection
TCM differential diagnosis	Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising Qi and Blood stasis in local cutaneous region and affected channels, consider: ST, SP, BL, KI, GB, or LR, connecting and muscle-tendino channels Possible involvement of Eight Extraordinary Vessels

TCM complications	Same as WMS complications above plus: Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome) Excessive bruising due to Spleen Qi deficiency, Blood Heat Shen disturbance
Treatment rehabilitation	WMS goals: Enhance healing of contusion; reduce pain and swelling TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters* Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*
Onward referral	GP Physiotherapist Osteopath Chiropractor Occupational therapist

Prepatellar Bursitis

Read code: N2165	
Number of treatments: 10	Triggers: 14
Key points	Risk of deep vein thrombosis if immobilised: use quadriceps exercises Retinacular tightening
Special considerations (WMS and TCM)	Avoid aggravating activity: e.g. kneeling Consider infection
History (WMS and TCM)	Mechanism of injury: repetitive trauma (e.g. kneeling), blow to patella, penetration of skin over patella Site of pain Previous history of injuries History of arthritis Previous treatment, management, investigations, outcomes Functional limitations General health; symptoms of infection, other joint involvement
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Compare with other knee Well-defined prepatellar swelling Site of tenderness Broken skin Signs of infection Range of movement of knee: active, passive, resisted Other joint involvement
WMS differential diagnosis	Inflammation of knee joint/patellar tendon Septic bursitis, arthritis (osteoarthritis or inflammatory) Injury to patella Infection Fat pad inflammation Osgood-Schlatter disease Patello-femoral syndrome
WMS complications	Infection/septic bursitis Muscle wasting Recurrent fluid accumulation Progressive enlargement of bursa Fat pad impingement
TCM differential diagnosis	Qi and Blood stasis in local affected area and channels, consider: ST, SP, BL, KI, GB or LR channels, following misuse, overuse or trauma Underlying Liver Blood deficiency failing to nourish tendons and ligaments or external pathogen obstruction (Bi syndrome) Possible involvement of Eight Extraordinary Vessels

TCM complications	Same as WMS complications above plus: Chronic Qi and Blood stasis can lead to further invasion of pathogenic factors such as Wind, Cold, Damp and Heat (Bi syndrome) Delayed healing or recurrence if underlying deficiencies are not corrected e.g. Liver Qi stagnation, Blood deficiency Shen disturbance
Treatment rehabilitation	WMS goals: Decrease pain, inflammation and oedema as appropriate; restore range of movement; clear obstruction if required TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance Acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Cupping Tui na Liniments and herbal plasters* Sub-acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*
Onward referral	GP Physiotherapist Chiropractor Osteopath Occupational therapist

Fracture Tibia/Fibula

Read code: S33..	
Number of treatments: 12	Triggers: 16
Key points	<p>Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken</p> <p>Most common long bone fractured</p> <p>Tibia/fibula fractures in children can indicate severe trauma, and may indicate physical abuse</p> <p>Normally treated after surgical reduction of fracture, during or after immobilisation in plaster cast</p> <p>Isolated fracture of fibula: acute patient may be able to stand and move knee and ankle joints – refer if fracture is suspected after direct blow to fibula</p> <p>Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
Special considerations (WMS and TCM)	<p>Commonly both bones are fractured, though either can occur alone</p> <p>Tibial fractures are often open and require hospitalisation for elevation, pain relief, and monitoring of circulation</p> <p>Nerve or vessel damage is possible</p>
History (WMS and TCM)	<p>Mechanism of fracture: often torsional, e.g. skiing; fall from height onto feet; direct blow, e.g. vehicle accident</p> <p>History of immediate treatment and care</p> <p>Inability to bear weight</p> <p>Pain</p> <p>Swelling</p> <p>Joint pain</p> <p>Sensory change or weakness in leg/foot</p> <p>General health, symptoms of infection</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none">• cutaneous regions, tai yang, shao yang etc• tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none">• associated channels• mu and shu points• a shi points <p>Gait, ability to walk (isolated fibula fracture)</p> <p>Soft tissue damage</p> <p>Deformity</p> <p>Bruising</p> <p>Tenderness</p> <p>Swelling</p> <p>Crepitus</p> <p>Proprioception</p> <p>Functional limitation</p> <p>Circulatory, sensory, or motor problems</p> <p>Other joint signs</p>
WMS differential diagnosis	<p>Soft tissue injury</p> <p>Compartment syndrome</p> <p>Fracture or sprain of knee or ankle</p> <p>Tendonitis</p> <p>Peripheral vascular injury</p> <p>Deep vein thrombosis</p>

WMS complications	<p>Non-union (relatively common in tibial fractures) Delayed union, or malunion of fracture Arthritis Fat emboli Peroneal nerve injury Compartment syndrome Deep vein thrombosis Infection Skin breakdown</p>
TCM differential diagnosis	<p>Damage to bone following trauma Qi and/or Blood stasis in the affected channels, consider: ST, SP, BL, KI, GB or LR channels Possible involvement of Eight Extraordinary Vessels Qi block due to severe fright</p>
TCM complications	<p>Same as WMS complications above plus: Non-union of fracture or delayed healing due to Kidney Qi deficiency and/or Blood deficiency and stasis Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain and swelling; increase blood vascularisation; enhance healing of fracture; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing, restore range of movement Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM): Acute phase – rest, non weight bearing Follow orthopaedic advice regarding weight bearing status and exercise activity Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular acupuncture</p> <p>Sub acute: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	<p>Accident and emergency clinic for open fracture GP Physiotherapist Osteopath Chiropractor Podiatrist</p>

Acute Meniscal Tear (medial)

Read code: S460.	
Number of treatments: 10	Triggers: 12
Key points	Medial meniscal tear is more common than lateral Mechanism of injury causes meniscus to be compressed between tibial and femoral condyles and then subjected to a twisting force Often occur with anterior cruciate ligament (ACL) tears Meniscal tears may present as chronic knee pain in older people Persistent locking indicates bucket handle tear and requires surgery
Special considerations (WMS and TCM)	May require arthroscopy
History (WMS and TCM)	Mechanism of injury: usually twisting injury with flexed knee over fixed foot – abduction force with external rotation of lower leg on femur Sudden onset of pain with activity or kneeling Degree of force involved Swelling usually >4 hours or next day Mobility since injury Knee may lock or give way Pain localised to medial joint line Previous history of injuries Previous treatment, management, investigations, outcomes Functional limitations General health and other joint symptoms
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Effusion Pain on hyperextension or hyperflexion of knee Pain on external rotation of lower leg with knee at 90 degrees Site of tenderness and reproducible pain: medial joint line Range of movement of knee: may have springy resistance to extension Test for ligamentous instability Possibly weakened or atrophied quadriceps Other joint involvement
WMS differential diagnosis	Torn ligament Osteochondral fracture Dislocation/subluxation of patella Inflammatory or degenerative joint disease Muscle tear: hamstrings, gastrocnemius, popliteus Baker's cyst Infection Patello-femoral syndrome
WMS complications	Muscle wasting: quadriceps, especially vastus medialis oblique Osteoarthritis Chronic pain Instability Loose bodies in joint

TCM differential diagnosis	<p>Qi and/or Blood stasis in the affected channels following trauma, consider: ST, SP, BL, KI, GB or LR channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Liver Blood deficiency failing to nourish tendons and ligaments</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Chronic Qi and Blood stasis can lead to further invasion of pathogenic factors such as Wind, Cold, Damp and Heat (Bi syndrome)</p> <p>Delayed healing or recurrence if underlying deficiencies are not corrected e.g. Qi deficiency, Liver Blood deficiency</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain, inflammation, oedema; restore range of movement</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular acupuncture</p> <p>Laser acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Chiropractor</p> <p>Osteopath</p>

Acute Meniscal Tear (lateral)

Read code: S461.	
Number of treatments: 8	Triggers: 12
Key points	Medial meniscal tear is more common than lateral Mechanism of injury causes meniscus to be compressed between tibial and femoral condyles and then subjected to a twisting force Meniscal tears may present as chronic knee pain in older people May be associated with anterior cruciate ligament injury Persistent locking indicates bucket handle tear and requires surgery
Special considerations (WMS and TCM)	Lateral tears often require more rehabilitation than medial tears May require arthroscopy Early rehabilitation is essential to reduce effusion
History (WMS and TCM)	Mechanism of injury: usually twisting injury with flexed knee over fixed foot – adduction force with internal rotation of lower leg on femur Sudden onset of pain with activity or kneeling Degree of force involved Swelling usually >4 hours or next day Mobility since injury Knee may lock or give way Pain: at lateral joint line, may radiate up and down thigh Previous history of injuries Previous treatment, management, investigations, outcomes Functional limitations General health and other joint symptoms
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Effusion Pain on hyperextension or hyperflexion of knee Pain on internal rotation of lower leg with knee at 90 degrees Site of tenderness and reproducible pain: lateral joint line Palpable and visible lump when knee is examined at 45 degrees Range of movement of knee: may have springy resistance to extension; limited extension Test for ligamentous instability, especially anterior cruciate ligament Possibly weakened or atrophied quadriceps Other joint involvement
WMS differential diagnosis	Torn ligament, especially anterior cruciate Osteochondral fracture Dislocation/subluxation of patella Ilio-tibial band friction syndrome Inflammatory or degenerative joint disease Muscle tear: hamstrings, gastrocnemius, popliteus Tibia/fibula joint dysfunction Baker's cyst Infection Patello-femoral syndrome

WMS complications	<p>Quadriceps muscle wasting Degenerative joint disease Chronic pain Loose bodies in joint Meniscal cyst</p>
TCM differential diagnosis	<p>Qi and/or Blood stasis in the affected channels following trauma, consider: ST, SP, BL, KI, GB or LR channels Possible involvement of Eight Extraordinary Vessels Liver Blood deficiency failing to nourish tendons and ligaments</p>
TCM complications	<p>Same as WMS complications above plus: Chronic Qi and Blood stasis can lead to further invasion of pathogenic factors such as Wind, Cold, Damp and Heat (Bi syndrome) Delayed healing or recurrence if underlying deficiencies are not corrected e.g. Qi deficiency, Liver Blood deficiency Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, oedema; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Chiropractor Osteopath Podiatrist</p>

Sprain Quadriceps Tendon

Read code: S533.	
Number of treatments: 8	Triggers: 14
Key points	<p>The rectus femoris muscle covers both the hip and knee, so it is important to consider both joints</p> <p>Elderly patients are more likely to fracture bones than sprain ligaments</p> <p>Elderly patients are more likely to suffer tendon rupture</p> <p>Children under 12 years rarely sprain ligaments: consider infection, irritable hip, slipped upper femoral epiphysis (SUFE), Perthes' disorder, avulsion fracture</p> <p>Spinal pain may refer to the thigh</p>
Special considerations (WMS and TCM)	<p>Elderly patients need early mobilisation to avoid stiffening of joints</p>
History (WMS and TCM)	<p>Mechanism of injury: direct blow, twisting injury, over-stretching</p> <p>Site of pain</p> <p>Previous history of injuries including lumbar spine and hip joint</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Functional limitations</p> <p>General health</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points <p>Swelling</p> <p>Gap in tendon</p> <p>Site of tenderness</p> <p>Ability to actively straight leg raise</p> <p>Range of movement of knee: active, passive, resisted</p> <p>Patello-femoral joint signs</p> <p>Pain and/or instability when stressing tendon</p> <p>Other joint involvement, back and hip function</p>
WMS differential diagnosis	<p>Fracture (pathological fracture)</p> <p>Infection/abscess</p> <p>Tendon or muscle tear</p> <p>Traction apophysitis</p> <p>Lumbar spine strain</p> <p>Sacroiliac joint dysfunction</p> <p>Contusion/haematoma</p> <p>Hernia</p> <p>Traumatic osteitis pubic symphysis</p> <p>Children: consider infection, irritable hip, slipped upper femoral epiphysis (SUFE), Perthes' disorder, cancer, and avulsion fracture</p> <p>Bursitis</p> <p>Osgood-Schlatter disease</p> <p>Patello-femoral syndrome</p> <p>Patella fracture</p> <p>Plica's syndrome</p> <p>Infrapatella fat pad</p>

WMS complications	<p>Chronic or recurrent injury</p> <p>Tendonitis</p> <p>Muscle wasting</p> <p>Quadriceps haematoma</p> <p>Myositis ossificans</p> <p>Loss of function</p>
TCM differential diagnosis	<p>Qi and/or Blood stasis in the affected channels following trauma, consider: St, SP, BL, KI, GB or LR channels</p> <p>Liver Blood deficiency failing to nourish tendons and ligaments</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular acupuncture</p> <p>Laser acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments for herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular acupuncture</p> <p>Laser acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Gua sha</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Chiropractor</p> <p>Osteopath</p> <p>Podiatrist</p>

Sprain Lateral Collateral Ligament Knee

Read code: S540.	
Number of treatments: 10	Triggers: 14
Key points	<p>If the knee has been subjected a sideways force while fully extended, a posterior capsular tear may be involved, which should be referred</p> <p>Lateral collateral ligament damage is much less common than medial, and is less likely to tear</p> <p>Children under 12 years rarely sprain ligaments</p> <p>Elderly patients are more likely to fracture than sprain</p>
Special considerations (WMS and TCM)	<p>Large knee effusions can cause loss of range of motion and muscle wasting, so early rehabilitation is essential</p> <p>Associated injuries are likely to be present, especially meniscal tear</p>
History (WMS and TCM)	<p>Mechanism of injury: usually direct outward force to medial side of flexed weight-bearing knee</p> <p>Location of pain/tenderness</p> <p>Swelling at time of injury</p> <p>Loss of function</p> <p>Locking, giving way, clicking</p> <p>Weight-bearing ability</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>General health and medication: steroid use, diabetes, rheumatoid arthritis</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none">Cutaneous regions, tai yang, shao yang etcTendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none">Associated channelsMu and shu pointsA shi points <p>Gait</p> <p>Swelling</p> <p>Range of movement of knee</p> <p>Ligament tests: Drawer test, degree of instability</p> <p>Lumbar spine/hip</p> <p>Other joint involvement, signs of infection</p>
WMS differential diagnosis	<p>Posterior capsule tear</p> <p>Cruciate ligament injury</p> <p>Meniscus injury</p> <p>Ilio-tibial band problem</p> <p>Fracture</p> <p>Patellar dislocation/subluxation/fracture</p> <p>Muscle tear: hamstrings, gastrocnemius, popliteus</p> <p>Inflammatory or degenerative joint disease</p>
WMS complications	<p>Quadriceps muscle wasting</p> <p>Meniscal injury</p> <p>Osteoarthritis</p> <p>Instability</p>

TCM differential diagnosis	<p>Tissue damage and injury to tendons and ligaments following trauma</p> <p>Qi and Blood stasis in the affected channels, consider: St, SP, BL, KI, GB or LR channels</p> <p>Liver Blood deficiency failing to nourish tendons and ligaments</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular acupuncture</p> <p>Laser acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Gua sha</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Chiropractor</p> <p>Osteopath</p> <p>Occupational therapist</p>

Sprain Medial Collateral Ligament Knee

Read code: S541.	
Number of treatments: 10	Triggers: 14
Key points	<p>If the knee has been subjected a sideways force while fully extended, a posterior capsular tear may be involved, which should be referred</p> <p>Medial collateral ligament damage is much more common than lateral</p> <p>Children under 12 years rarely sprain ligaments</p> <p>Elderly patients are more likely to fracture than sprain</p>
Special considerations (WMS and TCM)	<p>Large knee effusions can cause loss of range of motion and muscle wasting, so early rehabilitation is essential</p> <p>Associated injuries are likely to be present, especially meniscal tear</p>
History (WMS and TCM)	<p>Mechanism of injury: usually direct inward force to lateral side of flexed weight-bearing knee; external tibial rotation</p> <p>Location of pain/tenderness</p> <p>Medial knee pain above or below joint</p> <p>Swelling at time of injury</p> <p>Loss of function</p> <p>Locking, giving way, clicking</p> <p>Weight-bearing ability</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>General health and medication: steroid use, diabetes, rheumatoid arthritis</p> <p>Other joint involvement</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points <p>Gait</p> <p>Swelling: localised over medial aspect of knee</p> <p>Palpable tenderness proximal rather than distal to knee</p> <p>Range of movement of knee</p> <p>Ligament tests: Drawer test, degree of instability</p> <p>Lumbar spine/hip</p> <p>Other joint involvement, signs of infection</p>
WMS differential diagnosis	<p>Posterior capsule tear</p> <p>Cruciate ligament injury</p> <p>Meniscus injury</p> <p>Fracture</p> <p>Patellar dislocation/subluxation/fracture</p> <p>Patellar tendon</p> <p>Patello-femoral syndrome</p> <p>Muscle tear: hamstrings, gastrocnemius, popliteus</p> <p>Bursitis</p> <p>Meniscal cyst</p> <p>Degenerative or inflammatory disease</p> <p>Deep vein thrombosis</p>

WMS complications	<p>Quadriceps muscle wasting Meniscal injury Osteoarthritis Instability Patello-femoral syndrome</p>
TCM differential diagnosis	<p>Tissue damage and injury to tendons and ligaments following trauma Qi and Blood stasis in the affected channels, consider: St, SP, BL, KI, GB or LR channels Liver Blood deficiency failing to nourish tendons and ligaments Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus: Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Chiropractor Osteopath Occupational therapist</p>

Sprain Cruciate Ligament Knee

Read code: S542.	
Number of treatments: 12	Triggers: 16
Key points	<p>Anterior cruciate ligament rupture is a serious and disabling injury that may result in chronic instability – degenerative joint changes can result</p> <p>Anterior cruciate ligament ruptures are associated with early haemarthrosis</p> <p>Posterior cruciate ligament ruptures are extracapsular and not always associated with knee joint effusion</p> <p>Seventy per cent of anterior cruciate ligament ruptures require surgery</p> <p>Posterior cruciate ligament ruptures rarely require surgical repair</p> <p>May occur following unresolved previous injury</p> <p>Children under 12 years rarely sprain ligaments</p> <p>Elderly patients are more likely to fracture than sprain</p> <p>Elderly patients are more likely to rupture tendons</p>
Special considerations (WMS and TCM)	<p>Static muscle exercises should be started early to prevent muscle wasting</p> <p>Knee should not be immobilised for more than two days</p> <p>Associated meniscus injury is common</p> <p>Associated patello-femoral pain/bursitis/hip and lumbar pain/collateral ligament injuries</p> <p>Consider tendon rupture in elderly patients</p>
History (WMS and TCM)	<p>Mechanism of injury: internal tibial rotation on flexed knee; sudden change in direction/deceleration; abduction force, e.g. rugby tackle; landing from a jump; forced flexion</p> <p>Posterior cruciate ligament: direct blow to anterior tibia with flexed knee; severe hyperextension injury</p> <p>Audible pop/felt snap in knee</p> <p>If previous injury: loss of function; knee gives way</p> <p>Rapid swelling (within four hours) implies cruciate ligament rupture or fracture</p> <p>Weight-bearing ability</p> <p>Posterior cruciate ligament: popliteal pain radiating to calf; may be little or no swelling; minimal disability;</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>General health other joint involvement</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points <p>Joint may be locked due to effusion, anterior cruciate tag, or associated meniscal tear</p> <p>Check quadriceps mechanism</p> <p>Gait/swelling</p> <p>Diffuse tenderness on joint line</p> <p>Range of movement</p> <p>Ligament tests/joint stability: Drawer test</p> <p>Muscle spasm/wasting</p> <p>Lumbar spine/hip</p> <p>Signs of infection and other joint involvement</p>

WMS differential diagnosis	Collateral ligament injury Meniscus injury Fracture Patellar dislocation/subluxation/fracture Rupture of quadriceps mechanism Bursitis Infection Deep vein thrombosis
WMS complications	Muscle wasting causing worsening instability Meniscal injury Osteoarthritis Instability Patello-femoral syndrome Patellar dislocation
TCM differential diagnosis	Tissue damage and injury to ligament following trauma Qi and Blood stasis in the affected channels, consider: St, SP, BL, KI, GB or LR channels and muscle-tendino (sinew) channels Liver Blood deficiency failing to nourish tendons and ligaments Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	GP Physiotherapist Chiropractor Osteopath Occupational therapist Podiatrist

Sprain Gastrocnemius

Read code: S54x1	
Number of treatments: 8	Triggers: 12
Key points	Usually a rupture of the medial head of gastrocnemius at the junction where the Achilles tendon merges with the muscle
Special considerations (WMS and TCM)	Often an injury of middle-aged athletes Full tears require referral Deep vein thrombosis often missed
History (WMS and TCM)	Mechanism of injury: often occurs during dorsiflexion with extended knee; sudden acceleration/deceleration Sudden sharp pain in calf, like being struck from behind Localised tenderness and hardness Bruising over rupture site Previous history of injuries Previous treatment, management, investigations, outcomes Functional limitations General health, medications
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> Cutaneous regions, tai yang, shao yang etc Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> Associated channels Mu and shu points A shi points Gait, unable to put heel to ground Pain on dorsiflexion of ankle and resisted plantar flexion Site of pain and swelling: upper medial calf Palpation: step or gap in muscle
WMS differential diagnosis	Deep vein thrombosis Referred pain from spine/sacrum or knee Baker’s cyst Muscle strain: plantaris, soleus Cellulitis/infection Achilles tendon sprain Radiculopathy from lumbar spine
WMS complications	Necrosis Achilles tendon injury Tendonitis Rupture Compartment syndrome
TCM differential diagnosis	Tissue damage and injury to muscle, tendons and ligaments following trauma Qi and Blood stasis in the affected channels, consider: BL, or GB channels and muscle-tendino (sinew) channels Liver Blood deficiency failing to nourish tendons and ligaments Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance

<p>Treatment rehabilitation</p>	<p>WMS goals: Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement and function</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
<p>Onward referral</p>	<p>GP Physiotherapist Chiropractor Osteopath Podiatrist</p>

Open Wound Knee/Leg

Read code: SA100/SA101	
Number of treatments: 12	Triggers: 16
Key points	<p>Open wounds would be treated only after initial assessment and treatment by a Medical Practitioner/Nurse/Accident and Emergency clinic</p> <p>Soft tissue injury alone or in combination with a fracture may cause a compartment syndrome – refer if pain is disproportionately severe and poorly localised; severe swelling; hyperaesthesia/paraesthesia in distribution of nerves crossing compartment</p> <p>Normal distal pulses, skin colour and capillary return do not exclude compartment syndrome</p>
Special considerations (WMS and TCM)	<p>Continue to assess distal neurovascular and musculoskeletal function</p> <p>Medical conditions (especially bleeding disorders, diabetes)</p> <p>Drug therapy (e.g. anticoagulants)</p>
History (WMS and TCM)	<p>Nature of trauma causing injury, risk of penetration into joint</p> <p>Circumstances of injury: work-related, assault, self-inflicted</p> <p>Compartment syndrome symptoms</p> <p>Medical history including medication</p> <p>Emotional response to trauma</p> <p>Functional limitations</p> <p>General health; symptoms of infection, tetanus status</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> Cutaneous regions, tai yang, shao yang etc Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> Associated channels Mu and shu points A shi points <p>Deformity</p> <p>Wound size, depth, location</p> <p>Retained foreign bodies</p> <p>Joint involvement</p> <p>Compartment syndrome signs: pain on passive stretching or active flexion of affected muscles; distal sensory abnormalities</p> <p>Oedema: extent and severity</p> <p>Bruising: extent, severity, colour</p> <p>Range of movement and strength of hip, knee and ankle joints</p> <p>Palpation: check temperature for infection</p> <p>Neurological signs</p>
WMS differential diagnosis	<p>Underlying fracture</p> <p>Compartment syndrome</p> <p>Contusion</p> <p>Abrasion</p>
WMS complications	<p>Ischaemic contractures from compartment syndrome</p> <p>Excessive bleeding due to bleeding disorder or anticoagulant use</p> <p>Neurovascular injury</p> <p>Infection</p> <p>Scarring</p> <p>Penetration of joint with risk of sepsis</p> <p>Tendon rupture</p> <p>Deep vein thrombosis</p>

TCM differential diagnosis	<p>Damage to tissue and surrounding structures causing Qi and Blood stasis in local area and affected channels, consider: ST, SP, BL, KI, GB or LR channels and fine luo distribution</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying structures e.g. tendon, nerve, bone</p> <p>Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Delayed healing due to underlying deficiencies e.g. Qi deficiency, Blood deficiency</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of wound; reduce pain and swelling</p> <p>TCM goals:</p> <p>Relieve pain by clearing stasis of Qi and Blood in the affected area and channels</p> <p>Restore normal flow of Qi and Blood flow in the affected channels</p> <p>Calm Shen</p> <p>Resolve toxins</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Auricular acupuncture</p> <p>Moxibustion</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular acupuncture</p> <p>Laser acupuncture</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	GP

Abrasion Leg/Knee

Read code: SD6o./SD6o2	
Number of treatments: 4	Triggers: 6
Key points	Superficial injury or laceration not involving deep structures Soft tissue injury alone or in combination with a fracture may cause a compartment syndrome – refer if pain is disproportionately severe and poorly localised; severe swelling; hyperaesthesia/paraesthesia in distribution of nerves crossing compartment Normal distal pulses, skin colour and capillary return do not exclude compartment syndrome
Special considerations (WMS and TCM)	Abraded skin is prone to hyperpigmentation – advise sunblock for six months after injury
History (WMS and TCM)	Nature of trauma causing injury Compartment syndrome symptoms Medical history including medication Emotional response to trauma Functional limitations change in sensation Medical conditions (especially bleeding disorders, diabetes) Drug therapy (e.g. anticoagulants) General health; symptoms of infection, tetanus status
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Deformity Wound size, depth, location Retained foreign bodies Joint involvement Compartment syndrome signs: pain on passive stretching or active flexion of affected muscles; distal sensory abnormalities Oedema: extent and severity Bruising: extent, severity, colour Range of movement and strength of hip, knee and ankle joints Palpation: check temperature for infection Neurological signs
WMS differential diagnosis	Underlying fracture Compartment syndrome Deep laceration involving deeper structures Contusion Joint sprain
WMS complications	Ischaemic contractures from compartment syndrome Excessive bleeding due to bleeding disorder or anticoagulant use Nerve involvement Infection Scarring Deep vein thrombosis

TCM differential diagnosis	Superficial damage to cutaneous region following trauma Qi and Blood stasis in local cutaneous region and affected channels, consider: St, SP, BL, KI, GB or LR channels and fine luo distribution Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: Damage to underlying channel systems and structures Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Delayed healing due to underlying deficiencies e.g. Blood deficiency, Spleen Qi deficiency
Treatment rehabilitation	WMS goals: Enhance healing of abrasion; reduce pain and swelling TCM goals: Relieve pain by clearing stasis of Qi and Blood in the affected area and channels Restore normal flow of Qi and Blood flow in the affected channels Calm Shen Resolve toxins Correct any underlying patterns of imbalance Acute phase: Acupuncture Auricular acupuncture Laser Acupuncture Moxibustion Sub-acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Cupping Tui na Liniments and herbal plasters*
Onward referral	GP

Contusion Knee and Lower Leg

Read code: SE41.	
Number of treatments: 9	Triggers: 10
Key points	
Special considerations (WMS and TCM)	Risk of compartment syndrome in limbs, indicated by severe pain disproportionate to injury Medical conditions (especially bleeding disorders) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury: fall, direct blow, vehicle accident Location and severity of pain Chronicity Previous injuries to affected site Functional restrictions Neurological changes Medical conditions and drug therapy Emotional response to trauma General health, symptoms of infection
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Severity of swelling in limbs Gait, weight-bearing ability Oedema: extent and severity Bruising: extent, severity, colour Haematoma: site, size Consider associated injuries Range of movement: knee and ankle Stability of joints: knee and ankle Muscle wasting Palpation: check temperature for infection Peripheral circulation Nerve involvement
WMS differential diagnosis	Presence or risk of compartment syndrome Fracture: head of fibula, tibia, patella, condyles Epiphysitis in children Muscle or tendon rupture Abrasion Impaired circulation Neurovascular injury Deep vein thrombosis

WMS complications	<p>Compartment syndrome</p> <p>Ischaemic contractures</p> <p>Deep vein thrombosis</p> <p>Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use</p> <p>Myositis ossificans (calcification of haematoma in muscle belly)</p> <p>Traumatic myositis (inflammation of muscle following trauma)</p> <p>Neurological injury</p> <p>Infection/cellulitis</p> <p>Chronic pain</p>
TCM differential diagnosis	<p>Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma</p> <p>Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising</p> <p>Qi and Blood stasis in local affected channels, consider: ST, SP, BL, KI, GB or LR channels and muscle-tendino (sinew) channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)</p> <p>Excessive bruising due to Spleen Qi deficiency, Blood Heat</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of contusion; reduce pain and swelling; restore range of movement</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels</p> <p>Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected area and channels</p> <p>Correct any underlying patterns of imbalance</p> <p>Calm Shen</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular acupuncture</p> <p>Laser acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Laser acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Gua sha</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Osteopath</p> <p>Chiropractor</p> <p>Occupational therapist</p>

Contusion Lower Limb (multiple sites)

Read code: SE44.	
Number of treatments: 10	Triggers: 14
Key points	
Special considerations (WMS and TCM)	Risk of compartment syndrome in limbs, indicated by severe pain disproportionate to injury Medical conditions (especially bleeding disorders) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury: fall, direct blow, vehicle accident Location and severity of pain Chronicity Previous injuries to affected sites Functional restrictions Neurological changes Medical conditions and drug therapy Emotional response to trauma General health, symptoms of infection
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">Cutaneous regions, tai yang, shao yang etcTendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">Associated channelsMu and shu pointsA shi points Severity of swelling in limbs Gait, weight-bearing ability Oedema: extent and severity Bruising: extent, severity, colour Haematoma: site, size Consider associated injuries Anatomical structures and tissues affected Range of movement: knee, ankle, foot Stability of joints: knee and ankle Muscle wasting Palpation: check temperature for infection Peripheral circulation Nerve involvement: sensory or motor problems
WMS differential diagnosis	Presence or risk of compartment syndrome Fracture: head of fibula, tibia, patella, condyles Muscle, tendon, or ligament rupture Disruption of superior or inferior tibia - fibula joint Abrasion Impaired circulation Neurovascular injury Deep vein thrombosis

WMS complications	<p>Compartment syndrome</p> <p>Ischaemic contractures</p> <p>Deep vein thrombosis</p> <p>Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use</p> <p>Myositis ossificans (calcification of haematoma in muscle belly)</p> <p>Traumatic myositis (inflammation of muscle following trauma)</p> <p>Neurological injury</p> <p>Infection/cellulitis</p> <p>Chronic pain</p>
TCM differential diagnosis	<p>Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma</p> <p>Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising</p> <p>Qi and Blood stasis in local affected channels, consider: ST, SP, BL, KI, GB or LR channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Qi block due to fright, in severe trauma</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)</p> <p>Excessive bruising due to Spleen Qi deficiency, Blood Heat</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of contusion; reduce pain and swelling; restore range of movement</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels</p> <p>Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected area and channels</p> <p>Correct any underlying patterns of imbalance.</p> <p>Calm Shen</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular acupuncture</p> <p>Laser acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Laser acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Gua sha</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Osteopath</p> <p>Chiropractor</p> <p>Occupational therapist</p>

Burns Lower Limb

Read code: SH5..	
Number of treatments: 20–30	Triggers: 24
Key points	Acupuncture is not an appropriate frontline treatment for burns. Ensure that the patient has been assessed by a medical practitioner. Management depends on extent and depth of burn (superficial or deep) Refer to hospital if burn is >10% of body surface area: all children; all deep burns; burns with potential problems, e.g. electrical, chemical, circumferential
Special considerations (WMS and TCM)	General health Emotional response to injury Exposed tendon/bone Skin graft donor site Severe burns are associated with fluid loss and secondary organ damage
History (WMS and TCM)	Cause of burn: flame, scald, chemical, electrical, etc Percentage of body area involved History of immediate management Depth of burn Respiratory difficulty: inhalation injury Unilateral/bilateral Pain level: check pain management is adequate Surgical intervention Length of hospital stay Previous medical history General health and medication: diabetes, immunocompromise, symptoms of infection Functional limitations Emotional response to trauma
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Pain: severity; constant or with movement Stage of healing Risk or presence of infection Scarring Condition of skin graft donor site Oedema Range of movement: knee, ankle Neurovascular status of limb Contractures/deformities Loss of function General fitness Mobility: ability to bear weight
WMS differential diagnosis	Underlying conditions before trauma

WMS complications	<p>Wound infection</p> <p>Graft failure</p> <p>Contractures and deformities</p> <p>Scarring</p> <p>Chronic pain</p> <p>Psychological/social problems</p> <p>Reduced sensation</p> <p>Internal organ compromise</p>
TCM differential diagnosis	<p>Damage to tissues and local cutaneous region by excess pathogenic Heat causing obstruction to normal flows of Qi and Blood in the affected channels, consider: ST, SP, BL, KI, GB or LR channels</p> <p>In severe cases consider concurrent Yin fluid damage and damage to underlying structures (in extreme cases the Zang Fu)</p> <p>Qi block due to fright</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS above plus:</p> <p>Potential febrile Bi syndrome</p> <p>Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin</p> <p>Shen disturbance</p> <p>Damage to Yin fluids and Jin-Ye (body fluids)</p> <p>Prolonged Qi and Blood stasis leading to scarring/contracture</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of affected area; reduce pain; restore range of movement</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels</p> <p>Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood</p> <p>Correct any underlying patterns of imbalance</p> <p>Calm Shen</p> <p>Nourish Yin fluids and Jin-Ye</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Auricular acupuncture</p> <p>Laser acupuncture</p> <p>Ion pumping cords*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Auricular acupuncture</p> <p>Laser acupuncture</p> <p>Tui na</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Osteopath</p> <p>Chiropractor</p> <p>Occupational therapist</p> <p>Councillor</p>

Post-Concussion Syndrome

Read code: E2A2.	
Number of treatments: 12	Triggers: 16
Key points	<p>Post-concussion syndrome may occur even after relatively minor head injury: symptoms include decreased concentration, headaches, sleepiness, fatigue, irritability, dizziness</p> <p>Ensure that original injury was thoroughly assessed by a suitably qualified practitioner and that intra-cranial haemorrhage and cervical spine injury have been considered and excluded</p> <p>If a sports injury, ensure patient is complying with guidelines regarding time out of sport after concussion, to avoid Second Impact Syndrome (a second blow to the head while still suffering effects of first concussion, causing serious cerebral oedema out of proportion to the force of impact)</p>
Special considerations (WMS and TCM)	<p>Recovery may be slow (1-3 months)</p> <p>Five percent of patients may still be impaired after two years</p> <p>Occupational and leisure activities: high levels of concentration required; use of potentially dangerous machinery/equipment, including driving</p> <p>Medical conditions (especially bleeding disorders)</p> <p>Drug therapy (e.g. anticoagulants)</p>
History (WMS and TCM)	<p>Head injury: force of impact, loss of consciousness</p> <p>Associated injuries</p> <p>History of immediate treatment</p> <p>Medical history including medication</p> <p>Headache</p> <p>Decreased concentration</p> <p>Memory difficulties</p> <p>Sleep disorder</p> <p>Easily fatigued</p> <p>Irritability/aggression</p> <p>Anxiety/depression/affective disorder</p> <p>Dizziness, tinnitus, vertigo</p> <p>Photophobia, blurred vision</p> <p>Social/relationship dysfunction</p> <p>Occupational difficulties</p> <p>Previous psychiatric history</p> <p>Symptoms worse after work/exercise</p> <p>Onset/worsening of symptoms after head injury</p> <p>Emotional response to condition</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points <p>Abrasion/head wound</p> <p>Pain: location, nature, severity</p> <p>Oedema: extent and severity</p> <p>Bruising: colour, extent</p> <p>Cervical spine involvement</p>
WMS differential diagnosis	<p>Stroke</p> <p>Psychiatric conditions</p> <p>Chronic fatigue syndrome</p>

WMS complications	<p>Psychosocial problems, especially depression</p> <p>Work demands</p> <p>Associated cervical spine injury</p> <p>Skull fracture</p> <p>Intracranial haemorrhage</p> <p>Dural tear with cerebro-spinal fluid leakage</p>
TCM differential diagnosis	<p>Injury to brain and/or spinal marrow (Jing) following trauma</p> <p>Qi and Blood stasis in the affected channels, consider: ST, BL, SJ, LI, SI and GB channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Underlying patterns of imbalance e.g Liver Yang rising, Heart fire</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying channel systems</p> <p>Damage to underlying structures eg bone, blood vessel, nerve</p> <p>Brain dysfunction expressed as Zang Fu patterns of imbalance eg disorders of Heart, Liver, Kidney</p> <p>Chronic Qi and Blood stasis</p> <p>Post traumatic patterns may develop e.g. Liver Blood deficiency, Liver wind and marrow (Jing) deficiency</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Provide support while natural healing takes place</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels to reduce pain and swelling</p> <p>Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected area</p> <p>Correct any underlying patterns of imbalance.</p> <p>Calm Shen</p> <p>Subdue Liver Wind</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p>
Onward referral	<p>GP</p> <p>Head Injury Society</p> <p>Occupational therapist</p>

Open Wound Ear

Read code: S82..	
Number of treatments: 12	Triggers: 16
Key points	Open wounds would be treated only after initial assessment and treatment by a Medical Practitioner/Nurse/Accident and Emergency clinic
Special considerations (WMS and TCM)	Lacerations of auricular cartilage should be treated with antibiotics prophylactically Acute vertigo or deafness implies inner or middle ear damage Medical conditions (especially bleeding disorders, diabetes) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury Associated injuries: head injury, loss of consciousness History of immediate treatment Acute vertigo/deafness Medical history including medication Emotional response to trauma General health, tetanus status
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> Cutaneous regions, tai yang, shao yang etc Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> Associated channels Mu and shu points A shi points Wound size, depth, location Retained foreign bodies Palpation: check temperature for infection Trauma to tympanic membrane/external auditory canal Hearing loss Pain: location, nature, severity Oedema: extent and severity Bruising: colour, extent
WMS differential diagnosis	Underlying facial fracture Deep laceration involving deeper structures Contusion Head injury
WMS complications	Chronic tympanic membrane perforations External auditory canal stenosis Auricular cartilage necrosis secondary to infection Auricular cartilage overgrowth secondary to auricular haematoma Scarring
TCM differential diagnosis	Injury to skin and surrounding structures following trauma Qi and Blood stasis in local cutaneous area and affected channels, consider: SI, SJ and GB channels Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: Injury to underlying channel systems Injury to surrounding structures eg brain, tympanic membrane, nerve, blood vessel Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Excessive bleeding caused by Spleen Qi deficiency

Treatment rehabilitation	<p>WMS goals: Enhance healing of wound; reduce pain and swelling</p> <p>TCM goals: Disperse stasis of Qi and Blood in affected region and channels to reduce pain and swelling Restore normal Qi and Blood flow to affected channels to enhance wound healing and reduce scarring Calm Shen Resolve toxins Correct any underlying patterns of imbalance e.g. tonify Spleen Qi Supplement Qi and Liver Blood if required</p> <p>Acute phase: Acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion</p> <p>Sub-acute phase: Acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p>
Onward referral	GP

Open Wound Scalp/Forehead

Read code: S830./S8342	
Number of treatments: 12	Triggers: 16
Key points	Open wounds would be treated only after initial assessment and treatment by a Medical Practitioner/Nurse/Accident and Emergency clinic Ensure that cervical spine injury has been considered and excluded by a suitably qualified practitioner
Special considerations (WMS and TCM)	Fatal air embolism may occur via apparently trivial wounds involving the great veins of the neck Medical conditions (especially bleeding disorders, diabetes) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury Associated injuries: head injury, loss of consciousness, symptoms of concussion History of immediate treatment Medical history including medication, history of bleeding disorder or anticoagulant use Emotional response to trauma General health, tetanus status
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Wound size, depth, location Retained foreign bodies Palpation: check temperature for infection Pain: location, nature, severity Oedema: extent and severity Bruising: colour, extent Sensory changes and facial movements, including eye
WMS differential diagnosis	Underlying skull fracture Deep laceration involving deeper structures Contusion Head injury
WMS complications	Infection Associated head/cervical spine injury Skull or facial fracture Intracranial haemorrhage Dural tear with cerebro-spinal fluid leakage Scarring Damage to nerve or vessels
TCM differential diagnosis	Injury to skin and surrounding tissue following trauma Qi and Blood stasis in local cutaneous area and affected channels, consider: ST, BL, SI, SJ and GB channels and associated fine luo distribution Possible involvement of Eight Extraordinary Vessels

TCM complications	Same as WMS complications above plus: Damage to surrounding structures eg brain, spine, blood vessel Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Excessive bleeding caused by Spleen Qi deficiency
Treatment rehabilitation	WMS goals: Enhance healing of wound; reduce pain and swelling TCM goals: Disperse stasis of Qi and Blood in affected region and channels to reduce pain and swelling Restore normal Qi and Blood flow to affected channels to enhance wound healing and reduce scarring Calm Shen Resolve toxins Correct any underlying patterns of imbalance e.g. tonify Spleen Qi Supplement Qi and Liver Blood if required Acute phase: Acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Sub-acute phase: Acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*
Onward referral	GP

Open Wound Nose/Cheek/ Eyebrow/Lip/Jaw/Mouth

Read code: S832./S8341/S8343/S8344/S8345/S836.	
Number of treatments: 16	Triggers: 20
Key points	Open wounds would be treated only after initial assessment and treatment by a Medical Practitioner/Nurse/Accident and Emergency clinic
Special considerations (WMS and TCM)	Medical conditions (especially bleeding disorders, diabetes) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury Associated injuries: head injury, loss of consciousness History of immediate treatment Symptoms of fracture of orbit: diplopia, pain on upward or lateral gaze Symptoms of mandibular/maxillary fracture: pain on biting Medical history including medication Emotional response to trauma General health, tetanus status Symptoms of infection
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> Cutaneous regions, tai yang, shao yang etc Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> Associated channels Mu and shu points A shi points Wound size, depth, location Injury inside mouth Periorbital injury: visual acuity/eye movements Cheek injury: facial nerve function; parotid duct damage Retained foreign bodies Palpation: check temperature for infection Pain: location, nature, severity Oedema: extent and severity Bruising: colour, extent Tooth injury
WMS differential diagnosis	Underlying skull/facial fracture Deep laceration involving deeper structures Contusion
WMS complications	Nerve, blood vessel, muscle, or eye injury Facial fracture Infection: can be fatal if cavernous sinus thrombosis occurs Facial palsy Scarring of eyelids/tissue loss: epiphora/corneal exposure Salivary fistula Associated head/cervical spine injury
TCM differential diagnosis	Injury to skin and surrounding structures following trauma Qi and Blood stasis in local cutaneous area and affected channels, consider: LI, ST, SI, BL, SJ and GB channels and muscle-tendino (sinew) channels Possible involvement of Eight Extraordinary Vessels

TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying channel systems</p> <p>Damage to surrounding structures eg nerve, blood vessel, eye, muscle, bone</p> <p>Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin</p> <p>Excessive bleeding caused by Spleen Qi deficiency</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of wound; reduce pain and swelling</p> <p>TCM goals:</p> <p>Disperse stasis of Qi and Blood in affected region and channels to reduce pain and swelling</p> <p>Restore normal Qi and Blood flow to affected channels to enhance wound healing and reduce scarring</p> <p>Calm Shen</p> <p>Resolve toxins</p> <p>Correct any underlying patterns of imbalance e.g. tonify Spleen Qi</p> <p>Supplement Qi and Liver Blood if required</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	GP

Open Wound Buttock/ External Genitalia

Read code: S87../S88..	
Number of treatments: 12	Triggers: 16
Key points	<p>Open wounds would be treated only after initial assessment and treatment by a Medical Practitioner/Nurse/Accident and Emergency clinic</p> <p>Anogenital trauma in children and adults may represent sexual abuse/assault</p> <p>Consider trauma to rectum/vagina/urethra/testes even in apparently superficial wounds</p>
Special considerations (WMS and TCM)	<p>Examination should only be performed if necessary, and always with patient consent and a support person for the patient present</p> <p>Do not examine or use local points with children, as repeated examination may be traumatic</p> <p>All urethral injuries should be referred: suspect urethral injury with perineal bruising</p> <p>If assault is involved, ensure that patient has appropriate support from relevant agencies</p> <p>Medical conditions (especially bleeding disorders)</p> <p>Drug therapy (e.g. anticoagulants)</p> <p>General health, tetanus status</p> <p>Symptoms of infection</p>
History (WMS and TCM)	<p>Nature of trauma causing injury: fall, direct blow, vehicle accident, sexual assault</p> <p>Location and severity of pain/haematuria/dysuria</p> <p>Oedema</p> <p>Haematoma</p> <p>Blood loss via rectum/vagina/urethra</p> <p>History of immediate management</p> <p>Chronicity</p> <p>Previous injuries to affected site</p> <p>Neurological symptoms: sensory and motor function changes</p> <p>Medical conditions and drug therapy</p> <p>Emotional response to trauma</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Examination should only be performed if necessary, and always with patient consent and a support person for the patient present</p> <p>Size, depth and location of wound</p> <p>Oedema: extent and severity</p> <p>Bruising: extent, severity, colour</p> <p>Bruising of perineum suggests urethral injury and requires referral</p> <p>Nerve involvement: sensory and motor changes</p>

WMS differential diagnosis	Sciatic nerve injury Abrasion Contusion Fracture Penetrating injury, with internal organ damage
WMS complications	Neurological injury Infection Scarring Injury to rectum/anal canal/genito-urinary system, bowel Psychological/social problems
TCM differential diagnosis	Injury to skin and surrounding structures following trauma Qi and Blood stasis in local cutaneous area and affected channels, consider: ST, SP, BL, KI, GB and LR channels Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: Damage to underlying channel systems Damage to surrounding structures eg nerve, Genito-urinary tract, bowel Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Excessive bleeding may lead to Blood deficiency Excessive bleeding caused by Spleen Qi deficiency
Treatment rehabilitation	WMS goals: Enhance healing of wound; reduce pain and swelling TCM goals: Disperse stasis of Qi and Blood in affected region and channels to reduce pain and swelling Restore normal Qi and Blood flow to affected channels to enhance wound healing and reduce scarring Calm Shen Resolve toxins Correct any underlying patterns of imbalance e.g. tonify Spleen Qi Supplement Qi and Liver Blood if required Acute phase: Acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Sub-acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*
Onward referral	GP Counsellor

Amputation at Shoulder/Hand/at Elbow/Foot/Upper Leg/Lower Leg

Read code: S906./S97../S97X./SA6../SA78./SA7X.	
Number of treatments: 18–36	Triggers: 24
Key points	Post-operative treatment following limb amputation with or without reattachment Treatment to assist in regaining function of reattached limb/healing of wound/phantom limb syndrome
Special considerations (WMS and TCM)	Loss of function affecting occupational and leisure activities Psychological impact of injury
History (WMS and TCM)	Mechanism of injury Circumstances of injury: work-related, vehicle accident, assault Occupational and leisure activities Hand dominance History of acute management Medical history including medication: immunosuppressants, corticosteroids General health: diabetes, hypertension, symptoms of infection Emotional response to trauma
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> Cutaneous regions, tai yang, shao yang etc Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> Associated channels Mu and shu points A shi points Time since injury Extent of injury: limb involved, level of amputation Reattachment: degree of function recovered Pain: severity, effects on sleep, phantom limb syndrome Associated injuries Signs of infection Range of movement of proximal joints Loss of function
WMS differential diagnosis	
WMS complications	Infection Psychological trauma Blood loss
TCM differential diagnosis	TCM diagnosis is regarded as amputation Qi and Blood stasis in affected channels Tissue damage and associated stagnation of Qi and Blood of the muscle tendino (sinew) channels Phantom limb pain is regarded as a mental disease involving Shen disturbance

TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying channel systems</p> <p>Damage to surrounding structures eg joint, nerve, blood vessel</p> <p>Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin</p> <p>Excessive bleeding may lead to Blood deficiency</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain, inflammation, oedema and bruising as appropriate; enhance healing of wound/function of reattached limb; reduce pain including phantom limb syndrome; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals:</p> <p>Relieve pain by clearing Qi and Blood stasis in the affected region and channels</p> <p>Normalise the Zang fu, channels and collaterals to arrest the phantom limb pain</p> <p>Restore the normal flow of Qi and Blood in the channels to enhance wound healing and reduce scarring and adhesions</p> <p>Calm Shen</p> <p>Resolve toxins</p> <p>Correct any underlying patterns of imbalance e.g. tonify Spleen Qi</p> <p>Supplement Qi and Liver Blood if required</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Phantom limb pain:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p>
Onward referral	<p>GP</p> <p>Occupational therapist</p> <p>Councillor</p>

Abrasion Face

Read code: SDo00	
Number of treatments: 6	Triggers: 8
Key points	Superficial injury or laceration not involving deep structures
Special considerations (WMS and TCM)	Abraded skin is prone to hyperpigmentation – advise sunblock for six months after injury Medical conditions (especially bleeding disorders, diabetes) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury Associated injuries: head injury, loss of consciousness Medical history including medication Symptoms of fracture of orbit: diplopia, pain on upward or lateral gaze Symptoms of mandibular/maxillary fracture: pain on biting Emotional response to trauma Functional limitations General health, tetanus status
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> Cutaneous regions, tai yang, shao yang etc Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> Associated channels Mu and shu points A shi points Wound size, depth, location Periorbital injuries: visual acuity Oedema: extent and severity Bruising: extent, severity, colour Retained foreign bodies Palpation: check temperature for infection Neurological signs
WMS differential diagnosis	Underlying facial fracture Ocular trauma Deep laceration involving deeper structures Contusion
WMS complications	Excessive bleeding as a result of bleeding disorder or anticoagulant use Nerve involvement Infection Scarring Missed underlying injury
TCM differential diagnosis	Superficial damage to cutaneous region following trauma Qi and Blood stasis in local cutaneous region and affected channels, consider: LI, ST, SI, BL, SJ and GB channels Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: Damage to underlying channel systems and structures Damage to surrounding structures eg bone, eye, muscle Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Delayed healing due to underlying deficiencies e.g. Blood deficiency, Spleen Qi deficiency

Treatment rehabilitation	<p>WMS goals: Enhance healing of abrasion; reduce pain and swelling</p> <p>TCM goals: Relieve pain by clearing Qi and Blood stasis in the affected region and channels Restore normal flow of Qi and Blood flow to heal abrasion and reduce scarring Calm Shen Resolve toxins Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion</p> <p>Sub-acute phase: Acupuncture Auricular acupuncture Laser Acupuncture Moxibustion Liniments and herbal plasters*</p>
Onward referral	GP

Contusion Head/Neck

Read code: SEo..	
Number of treatments: 8	Triggers: 10
Key points	Children and elderly especially vulnerable to head injury with a contusion
Special considerations (WMS and TCM)	Refer nasal and aural injuries to exclude possibility of haematoma May require counselling, particularly if assault is involved Cervical instability Medical conditions (especially bleeding disorders) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury: fall, direct blow (including assault), vehicle accident Location and severity of pain History of immediate management Chronicity Previous injuries to affected site Functional restrictions Medical conditions and drug therapy Emotional response to trauma Post-concussion syndrome symptoms
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> Cutaneous regions, tai yang, shao yang etc Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> Associated channels Mu and shu points A shi points Oedema: extent and severity Bruising: extent, severity, colour Consider associated injuries Palpation: check temperature for infection Nerve involvement: sensory and motor changes Cervical assessment Temporomandibular joint assessment Effects on vision
WMS differential diagnosis	Fracture Abrasion Dental injury Head injury Spinal injury
WMS complications	Risk of avascular/septic necrosis of nasal or aural cartilage Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use Neurological injury Infection Chronic pain Psychological/social problems
TCM differential diagnosis	Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising Qi and Blood stasis in local affected channels, consider: LI, ST, SI, BL, SJ or GB channels Possible involvement of Eight Extraordinary Vessels

TCM complications	Same as WMS complications above plus: Damage to underlying channel systems Damage to surrounding structures eg bone, nerve, joint, ear, nose Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome) Excessive bruising due to Spleen Qi deficiency, Blood Heat Shen disturbance
Treatment rehabilitation	WMS goals: Enhance healing of contusion; reduce pain and swelling TCM goals: Disperse stasis of Blood and Qi in the local tissues and affected channels Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected channels Correct any underlying patterns of imbalance. Calm Shen Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters* Sub-acute phase: Acupuncture Electro-acupuncture Laser Acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*
Onward referral	GP Physiotherapist Counsellor Dentist Occupational therapist

Contusion Genital Organs

Read code: SE24.	
Number of treatments: 8	Triggers: 10
Key points	
Special considerations (WMS and TCM)	Examination should only be performed if necessary, and always with patient consent and a support person for the patient present Do not examine or use local points with children, as repeated examination may be traumatic All urethral injuries should be referred: suspect urethral injury with perineal bruising If assault is involved, ensure that patient has appropriate support from relevant agencies Medical conditions (especially bleeding disorders) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury: fall, direct blow, vehicle accident, sexual assault Location and severity of pain Oedema Haematoma Haematuria, dysuria History of immediate management Chronicity Previous injuries to affected site Neurological symptoms: sensory and motor function changes Medical conditions and drug therapy Emotional response to trauma Psychological screen
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">Cutaneous regions, tai yang, shao yang etcTendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">Associated channelsMu and shu pointsA shi points Examination should only be performed if necessary, and always with patient consent and a support person for the patient present Oedema: extent and severity Bruising: extent, severity, colour Bruising of perineum suggests urethral injury and requires referral Integrity of skin Stability of pubic symphysis Consider associated injuries Nerve involvement: sensory and motor changes
WMS differential diagnosis	Fracture Abrasion Lumbar spine injury Hip joint injury Contusion of lower limb Sacro-iliac joint injury

WMS complications	<p>Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use</p> <p>Neurological signs</p> <p>Infection</p> <p>Suspected fracture</p> <p>Chronic pain</p> <p>Psychological disorder</p> <p>Damage to internal genital structures, urethra, perineum</p>
TCM differential diagnosis	<p>Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma</p> <p>Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising</p> <p>Qi and Blood stasis in local affected channels, consider: ST, SP, BL, KI, or LR channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Blood or Shen disorder</p>
TCM complications	<p>Same as WMS complications above plus</p> <p>Damage to underlying channel systems</p> <p>Damage to surrounding structures eg nerve, bone, joint</p> <p>Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)</p> <p>Excessive bruising due to Spleen Qi deficiency, Blood Heat</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of contusion; reduce pain and swelling;</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels</p> <p>Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected channels</p> <p>Correct any underlying patterns of imbalance</p> <p>Calm Shen</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Counsellor</p> <p>Occupational therapist</p>

Burns Head/Neck

Read code: SH1..	
Number of treatments: 20	Triggers: 24
Key points	Acupuncture is not an appropriate frontline treatment for burns. Ensure that the patient has been assessed by a medical practitioner. Patients with possible inhalation injury should be transferred to hospital urgently Management depends on extent and depth of burn (superficial or deep) Refer to hospital if burn is >10% of body surface area: all children; all deep burns; burns with potential problems, e.g. electrical, chemical, circumferential Oral and perioral burns are the most common electrical injury in children, from chewing on a live cable: apparently trivial burns may later cause severe haemorrhage from the labial artery
Special considerations (WMS and TCM)	May require long-term management (up to a year) depending on severity General health Emotional response to injury Exposed tendon/bone Graft donor site Severe burns may be associated with fluid loss and secondary organ damage
History (WMS and TCM)	Cause of burn: flame, scald, chemical, electrical, etc Risk of inhalation injury Time and duration of exposure History of immediate management Depth of burn Pain level: check pain management is adequate Surgical intervention Length of hospital stay Previous medical history: asthma, respiratory disease, diabetes, compromised immune system Functional limitations Emotional response to trauma
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">Cutaneous regions, tai yang, shao yang etcTendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">Associated channelsMu and shu pointsA shi points Pain Location of burn Stage of healing Scarring, contractures/deformities Condition of skin graft donor site Oedema Range of movement: facial muscles, neck Loss of function Differentiate affected structure limiting range of movement: skin, scarring, ligament, muscle, tendon
WMS differential diagnosis	Underlying conditions before trauma

WMS complications	<p>Airway compromise</p> <p>Perioral electrical burns: delayed haemorrhage, scarring, impaired jaw growth, abnormal speech development</p> <p>Wound infection</p> <p>Graft failure</p> <p>Contractures and deformities</p> <p>Scarring</p> <p>Chronic pain</p> <p>Psychological/social problems</p> <p>Reduced sensation</p>
TCM differential diagnosis	<p>Damage to tissues and local cutaneous region by excess pathogenic Heat causing obstruction to normal flows of Qi and Blood in the affected channels, consider: LI, ST, SI, BL, SJ and GB channels</p> <p>In severe cases consider concurrent Yin fluid damage and damage to underlying structures (in extreme cases the Zang Fu)</p> <p>Qi block due to fright</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying channel systems</p> <p>Damage to surrounding structures e.g. muscle, facial tissues, bone</p> <p>Potential febrile Bi syndrome</p> <p>Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin</p> <p>Shen disturbance</p> <p>Damage to Yin (fluids) and Jin-Ye (body fluids)</p> <p>Prolonged Qi and Blood stasis leading to scarring/contracture</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of affected area; reduce pain, restore range of movement</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels</p> <p>Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected channels, enhance wound healing, and reduce scarring and adhesions</p> <p>Correct any underlying patterns of imbalance</p> <p>Calm Shen</p> <p>Nourish Yin fluids</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Auricular acupuncture</p> <p>Laser Acupuncture</p> <p>Ion-pumping cords*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Tui na</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Occupational therapist</p> <p>Councillor</p>

Toxic Reaction Bee Sting

Read code: TE532	
Number of treatments: 10	Triggers: 22
Key points	Treatment is usually only required if complications involving soft tissues occur, such as impaired circulation in distal extremity from secondary oedema
Special considerations (WMS and TCM)	Confirm identification of stinging insect Medical history: anaphylaxis, allergies Site of sting(s)
History (WMS and TCM)	Number of stings Sites involved Most recent previous bee stings and reaction Previous anaphylaxis Current medications and allergies Symptoms after sting: itching, sneezing, tongue swelling, shortness of breath Extent of tissue damage
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> Cutaneous regions, tai yang, shao yang etc Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> Associated channels Mu and shu points A shi points Sites of stings for erythema and swelling Skin rash Distal circulation Oedema: extent and severity Range of movement of affected joints: active, passive, resisted
WMS differential diagnosis	Urticaria/hives Other invertebrate bite: wasp, spider, ant Localised infection/cellulitis Sprain Neural involvement Tendinopathy Compartment syndrome
WMS complications	Local erythema/infection/cellulitis Impaired circulation in distal extremity from secondary oedema Corneal ulceration (from corneal sting) Retained sting, granuloma, skin necrosis Serum sickness-like illness at 10-21 days Rarely: encephalitis, neuritis, vasculitis, nephrosis, coagulopathy, renal failure Anaphylaxis

TCM differential diagnosis	Local injury to skin and subcutaneous tissues Local Qi and Blood stasis at site of sting in cutaneous area, affected channels and associated fine luo distribution Tissue damage to appropriate six divisional cutaneous regions where wound is located and associated fine luo distribution Systemic reactions: Differentiate according to TCM principles and presenting symptoms, signs and history
TCM complications	Same as WMS complications above plus: Damage to soft tissues and surrounding structures e.g. nerve, blood vessel Qi block secondary to anaphylaxis or allergy Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Shen disturbance Qi and Blood stasis
Treatment rehabilitation	WMS goals: Reduce pain, erythema and swelling TCM goals: Disperse stasis of Blood and Qi in the local tissues and affected channels Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected channels Correct any underlying patterns of imbalance Resolve toxins Calm Shen Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Sub-acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser Acupuncture
Onward referral	GP

Bite (dog)

Read code: TE60.	
Number of treatments: 8	Triggers: 12
Key points	Bites must be referred for initial assessment and management by a medical practitioner/nurse Critical treatment strategy is thorough wound cleansing by a medical practitioner/nurse Close follow-up at 24-48 hours advisable by medical practitioner/nurse. Check tetanus status Management depends on location, depth and tissues involved
Special considerations (WMS and TCM)	Infection risk is 5-20% Thorough wound cleansing is critical Usually slow-healing Puncture wounds more liable to become infected than lacerations Hand, wrist, or foot injuries may cause loss of function
History (WMS and TCM)	Possibility of exposure to rabies (if bite occurred overseas) Time elapsed since injury History of immediate management: cleaning of wounds, antibiotics Location of injuries Depth of bite Blood loss Tissues affected General health: medications, symptoms of infection Tetanus status Emotional response to injury
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">Cutaneous regions, tai yang, shao yang etcTendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">Associated channelsMu and shu pointsA shi points Location and number of affected sites Nature of wounds: depth, tissues affected, tissue loss, risk of infection Signs of infection: erythema, heat Range of movement of affected joints, risk of joint penetration Circulation distal to wounds Nerve involvement Cellulitis/systemic infection
WMS differential diagnosis	Consider other causes of wounds, including self-harm Cellulitis Skin conditions
WMS complications	Infection Injury of nerve, bone, blood vessels, tendon, joint Septic arthritis Circulatory problems
TCM differential diagnosis	Injury to skin and surrounding structures following trauma Qi and Blood stasis at site of bite in local cutaneous region and affected channels Possible involvement of Eight Extraordinary Vessels

TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying channel systems depending on the depth of the injury</p> <p>Damage to surrounding structures eg subcutaneous tissue, muscle, nerve, blood vessel, bone</p> <p>Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin</p> <p>Excessive bleeding may lead to Blood deficiency</p> <p>Excessive bleeding caused by Spleen Qi deficiency</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Reduce pain, erythema and swelling; enhance healing of injured area; treat according to signs and symptoms</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels</p> <p>Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood, enhance wound healing and reduce scarring and adhesions</p> <p>Correct any underlying patterns of imbalance</p> <p>Resolve toxins</p> <p>Calm Shen</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular acupuncture</p> <p>Laser Acupuncture</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	GP

Bite (human)

Read code: U120.	
Number of treatments: 6	Triggers: 10
Key points	Bites must be referred for initial assessment and management by a medical practitioner/nurse. Critical treatment strategy is thorough wound cleansing by a medical practitioner/nurse Close follow-up at 24-48 hours advisable by medical practitioner/nurse. Check tetanus status Management depends on location, depth and tissues involved
Special considerations (WMS and TCM)	Infection risk is 5-20% Risk of tendon infection and septic arthritis with injury to metacarpophalangeal joints (punch to mouth) – requires referral Risk of scalp infection in children (bite to head) Risk of deep tendon infection with bites to finger Thorough wound cleansing is critical
History (WMS and TCM)	Circumstances of injury: fight, assault Time elapsed since injury History of immediate management: cleaning of wounds, antibiotics Location of injuries Depth of bite Blood loss Tissues affected General health, medications, symptoms of infection Tetanus status Emotional response to injury
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Location and number of affected sites Nature of wounds: depth, tissues affected, tissue loss, risk of infection Signs of infection: erythema, heat/systemic infection Range of movement of affected joints Circulation distal to wounds Nerve involvement
WMS differential diagnosis	Consider other causes of wounds, including self-harm Cellulitis Skin conditions Fracture
WMS complications	Infection Injury of nerve, bone, blood vessels, tendon, joint Septic arthritis Circulatory problems
TCM differential diagnosis	Injury to skin and surrounding structures following trauma Qi and Blood stasis at site of bite in local cutaneous region and affected channels Possible involvement of Eight Extraordinary Vessels

TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying channel systems depending on the depth of the injury</p> <p>Damage to surrounding structures eg subcutaneous tissue, muscle, nerve, blood vessel, bone</p> <p>Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin</p> <p>Excessive bleeding may lead to Blood deficiency</p> <p>Excessive bleeding caused by Spleen Qi deficiency</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Reduce pain, erythema and swelling; enhance healing of injured area; treat according to presenting signs and symptoms</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels</p> <p>Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood, enhance wound healing and reduce scarring and adhesions</p> <p>Correct any underlying patterns of imbalance</p> <p>Resolve toxins</p> <p>Calm Shen</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular acupuncture</p> <p>Laser acupuncture</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	GP

Rotator Cuff Syndrome

Read code: N211.	
Number of treatments: 12–16	Triggers: 18
Key points	<p>The rotator cuff is formed by the tendons of the supraspinatus, infraspinatus, teres minor and subscapularis muscles as they insert onto the head of the humerus</p> <p>Rotator cuff disorders frequently involve degenerative changes in tendinous tissue before the onset of symptoms</p> <p>Micro trauma to tendons results in reduced circulation, formation of scar tissue, and deposition of calcium salts</p> <p>Pain initially presents as a dull ache in the deltoid region, frequently after strenuous exercise</p> <p>Pain from tendon inflammation may become persistent and nocturnal</p> <p>The patient may present with a long history of pain with associated tendon degeneration or rupture</p> <p>Rotator cuff syndrome is associated with a painful arc on abduction between 60 to 120 degrees, caused by osteophytes, inflamed sub-acromial bursa, inflamed/swollen rotator cuff, excessive elevation of the humeral head, anatomical variation such as hooked acromion</p> <p>Tendon degeneration from gradual onset damage is age related</p> <p>Includes rotator cuff tendinoplasty</p>
Special considerations (WMS and TCM)	<p>Cervical spine referral and involvement</p> <p>Patients who have had cuff corticosteroid injections are more likely to develop tears</p> <p>Shape of acromion</p> <p>Patients aged 35-50 years</p> <p>Failure of conservative treatment may require surgical intervention</p>
History (WMS and TCM)	<p>Age</p> <p>Occupational and leisure activities</p> <p>Mechanism of injury</p> <p>Repetitive or strenuous overhead work or sporting activity</p> <p>Fall onto outstretched arm</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Area of symptoms</p> <p>Referred pain to neck or deltoid insertion</p> <p>Nature and severity of pain</p> <p>Night pain</p> <p>Aggravating and relieving factors including postural</p> <p>Functional limitations</p> <p>General health past and present</p> <p>Osteoarthritis of glenohumeral or acromio-clavicular joints</p> <p>Special questions: steroids, anticoagulants, diabetes, rheumatoid arthritis</p>

Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Visual inspection: compare with other shoulder Painful arc on abduction, 60-120 degrees Range of movement: active, passive and resisted Palpation: sensation changes, skin temperature, tenderness on tendon insertions, cervical spine, ah shi points Subscapularis lift-off test Muscle strength and wasting Neurovascular function Instability Crepitus Swelling Structural information from X-rays
WMS differential diagnosis	Muscle tear/rupture Subscapularis or biceps tendon rupture Sterno-clavicular joint Acromio-clavicular joint Adhesive capsulitis (frozen shoulder) Bursitis Subluxation Calcific tendonitis Instability Avascular necrosis of humeral head Cervical/thoracic spine Medical condition: cancer, cardiac condition, glenohumeral arthritis Neurological disease/involvement
WMS complications	Fracture/dislocation/avulsion Subscapularis or biceps tendon rupture Inflammatory diseases, including bursitis Calcification Frozen shoulder
TCM differential diagnosis	Injury to tendon following trauma, overuse or misuse Qi and Blood stasis in local area and affected channels, consider: LU, LI, SI, SJ or GB channels, following misuse, overuse or trauma Underlying Liver Blood deficiency failing to nourish tendons and ligaments or external pathogen obstruction (Bi syndrome) Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: Damage to surrounding and underlying structures e.g. shoulder joint, nerve, muscle Chronic Qi and Blood stasis can lead to further invasion of pathogenic factors such as Wind, Cold, Damp and Heat (Bi syndrome) Delayed healing or recurrence if underlying deficiencies are not corrected e.g. Liver Qi stagnation, Blood deficiency Shen disturbance

<p>Treatment rehabilitation</p>	<p>WMS goals: Decrease pain, inflammation and oedema as required; maintain and restore range of motion</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
<p>Onward referral</p>	<p>GP Physiotherapist Chiropractor Osteopath Occupational therapist</p>

Tendonitis Upper Limb

Read code: N21Z2	
Number of treatments: 11	Triggers: 15
Key points	<p>This profile describes bicipital tendonitis (tenosynovitis of the long head of biceps brachii)</p> <p>Painful arc on abduction may confuse diagnosis with rotator cuff lesion</p> <p>Considered as an overuse injury</p>
Special considerations (WMS and TCM)	<p>Age – usually young to middle-aged adults</p> <p>Tendonitis may be secondary to poor shoulder/scapula function</p> <p>Occupational and leisure activities</p>
History (WMS and TCM)	<p>Mechanism of injury: usually follows chronic repetitive strain, e.g. home-decorating, tennis, freestyle swimming, etc.</p> <p>Dominant/non-dominant side</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Area of symptoms: pain on front of shoulder, radiating to just below elbow</p> <p>Nature and severity of pain: dull pain, sharp with certain movements</p> <p>Effects on sleep</p> <p>Aggravating and relieving factors: worse after activity, better for rest</p> <p>Functional limitations</p> <p>General health past and present</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points <p>Pain on resisted elbow flexion</p> <p>Pain on resisted supination</p> <p>Painful arc on abduction if intrascapular part of tendon is involved</p> <p>Possible tenderness along course of tendon in bicipital groove, worse with external rotation</p> <p>Pain on active external rotation</p> <p>Neurological signs and symptoms</p>
WMS differential diagnosis	<p>Rotator cuff syndrome</p> <p>Rupture of tendon</p> <p>Referred cervical pain</p> <p>Peripheral nerve conditions</p>
WMS complications	<p>Rupture of tendon</p> <p>Subluxation of tendon out of bicipital groove</p>
TCM differential diagnosis	<p>Injury to tendon following trauma, overuse or misuse</p> <p>Qi and Blood stasis in local area and affected channels, consider: LU, LI or PC channels and LU and PC muscle channels following misuse, overuse or trauma</p> <p>Underlying Liver Blood deficiency failing to nourish tendons and ligaments or external pathogen obstruction (Bi syndrome)</p> <p>Possible involvement of Eight Extraordinary Vessels</p>

TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying channel systems and structures</p> <p>Chronic Qi and Blood stasis can lead to further invasion of pathogenic factors such as Wind, Cold, Damp and Heat (Bi syndrome)</p> <p>Delayed healing or recurrence if underlying deficiencies are not corrected e.g. Liver Qi stagnation, Blood deficiency</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain, inflammation and oedema as required; clear obstruction if required; maintain and restore range of movement</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Chiropractor</p> <p>Osteopath</p>

Fracture Clavicle

(closed non-displaced)

Read code: S20..	
Number of treatments: 6	Triggers: 8
Key points	<p>Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken</p> <p>Clavicular fractures are common injuries</p> <p>Nearly 50% of all clavicular fractures occur before 7 years of age as greenstick fractures</p> <p>Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
Special considerations (WMS and TCM)	<p>Displaced clavicle fragments can injure nearby structures, e.g. blood vessels, lung, brachial plexus</p> <p>Immobilisation and support of arm is essential for patient comfort</p> <p>Impaction/displacement/conminuted</p>
History (WMS and TCM)	<p>Fall onto side or outstretched hand</p> <p>Direct blow to shoulder</p> <p>Fall onto point of shoulder</p> <p>Occupation/sport</p> <p>Osteoporosis</p> <p>Malignancy</p> <p>Circulation</p> <p>Sensory or motor change</p> <p>General health</p> <p>Respiratory symptoms, cough, sputum, pain</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Visual examination for asymmetry</p> <p>Difficulty breathing could indicate pneumothorax</p> <p>Palpation: tenderness local to fracture</p> <p>Swelling</p> <p>Crepitus</p> <p>Oedema</p> <p>Deformity</p> <p>Bruising</p> <p>Circulation, sensory, or motor problems of arm and hand</p>
WMS differential diagnosis	<p>Acromio-clavicular or sterno-clavicular joint injury</p> <p>Cervical spine injury</p> <p>Rib fractures</p> <p>Dislocation of shoulder joint</p> <p>Rotator cuff injury</p> <p>Pneumothorax</p>

WMS complications	<p>Delayed union/non-union of fracture</p> <p>Neurovascular injury</p> <p>Injury to lung</p> <p>Deformity</p>
TCM differential diagnosis	<p>Damage to bone following trauma</p> <p>Qi and/or Blood stasis in the affected channels, consider: LU, LI, KI or ST channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Qi block due to severe fright</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying structures eg nerve, tendon, blood vessel</p> <p>Non-union of fracture or delayed healing due to Kidney Qi deficiency and/or Blood deficiency and stasis</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain and swelling; increase blood vascularisation; enhance healing of fracture; restore range of movement</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM):</p> <p>Acute phase – rest</p> <p>Follow orthopaedic advice regarding exercise activity</p> <p>Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Sub acute:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>Accident and emergency clinic</p> <p>GP</p> <p>Occupational therapist</p> <p>Physiotherapist</p>

Fracture Humerus (closed proximal)

Read code: S226.	
Number of treatments: 8	Triggers: 14
Key points	Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken In children greenstick fracture of the surgical neck is the most common type Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function
Special considerations (WMS and TCM)	Elderly patients more prone to fracture due to osteoporosis Non-displaced fractures require support, then mobilisation after 1-2 weeks Radial nerve damage is relatively common Impaction/displacement/conminuted Risk of pathological fracture with history of metastatic bone cancer, Paget's disease, osteoporosis, bone cyst
History (WMS and TCM)	Mechanism of fracture Direct blow, e.g. motor vehicle accident, contact sport Fall onto outstretched abducted arm Axial loading through elbow Risk factors for pathological fracture Pain Oedema Decreased range of movement General health, medications Sensory or motor changes to the hand
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Site of pain Bruising/swelling Position of arm/elbow/shoulder/hand Range of shoulder movement, active and passive Cervical spine involvement Acromio-clavicular or sterno-clavicular joint injury Wrist/elbow/hand joint injury Circulatory, sensory, or motor problems
WMS differential diagnosis	Dislocation of shoulder Fractured clavicle, elbow, scapula Acromio-clavicular joint dislocation Rotator cuff injury Cervical spine involvement, with or without neural symptoms
WMS complications	Non-union or malunion of fracture Unstable fracture Nerve injury: ulnar, radial, axillary; brachial plexus Avascular necrosis Joint stiffness, especially in the elderly

TCM differential diagnosis	<p>Damage to bone following trauma</p> <p>Qi and/or Blood stasis in the affected channels, consider: LU, LI, HT, SI, PC or SJ channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Qi block due to severe fright</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying structures eg nerve, blood vessel, tendon, ligament</p> <p>Non-union of fracture or delayed healing due to Kidney Qi deficiency and/ or Blood deficiency and stasis</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain and swelling; immobilise to enhance healing of fracture; restore range of movement</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM):</p> <p>Acute phase – rest</p> <p>Follow orthopaedic advice regarding exercise activity</p> <p>Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Sub acute:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>Accident and emergency clinic</p> <p>GP</p> <p>Physiotherapist</p>

Dislocation/Subluxation Shoulder

Read code: S41..	
Number of treatments: 10	Triggers: 14
Key points	Anterior dislocations account for 95% of shoulder dislocations
Special considerations (WMS and TCM)	Reduction of dislocations should only be undertaken by a suitably qualified, experienced practitioner The first dislocation is usually far more painful than subsequent dislocation of the same shoulder Recurrence rate is high, especially in patients under 20 years Often involves anterior dislocation of the glenohumeral joint Children are more likely to fracture the proximal humerus Patients over 40 years have a high incidence of complete rupture of the supraspinatus tendon Level of activity/sport/work demands
History (WMS and TCM)	Mechanism of injury: significant trauma unless recurrent Anterior dislocation: abduction, external rotation, extension; fall onto outstretched hand Posterior dislocation: severe internal rotation and adduction; fall onto outstretched arm; direct blow Inferior dislocation: hyperabduction of arm Time period between dislocation and relocation Previous shoulder injuries, treatments, outcomes Severity and nature of pain Functional limitations, daily activities Weakness and sensory change Family history Dominant or non-dominant limb General health past and present Special questions: steroids, anticoagulants, X-ray, neurology, drugs, diabetes, rheumatoid arthritis
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Observation: swelling, skin condition, muscle-wasting, posture Range of movement of shoulder, elbow and wrist, active and passive Palpation: sensation changes, skin temperature, swelling, pain Acromio-clavicular joint involvement Check for underlying tendonitis Cervical spine involvement Circulatory, sensory, or motor problems
WMS differential diagnosis	Fracture of humerus Rotator cuff tear Acromio-clavicular joint injury Shallow joint structure

WMS complications	<p>Nerve involvement/brachial plexus lesion</p> <p>Recurrence</p> <p>Rotator cuff tear</p> <p>Associated fractures, e.g. greater tuberosity</p> <p>Vascular injury, especially axillary artery</p>
TCM differential diagnosis	<p>Dislocation is the diagnostic term used in TCM</p> <p>Trauma leading to Qi and Blood stasis in the affected channels, consider: LU, LI, SI, GB or SJ channels and BL muscle channel</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to surrounding structures eg joint, tendon, nerve, ligament</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Liver Blood deficiency failing to nourish tendons and ligaments</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain and inflammation; assist healing; strengthen muscles; increase range of movement; treat underlying contributing factors</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Sub acute:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Gua sha</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Physiotherapist</p> <p>Occupational therapist</p>

Sprain Upper Arm/Shoulder

Read code: S50..	
Number of treatments: 8	Triggers: 12
Key points	This Read code may include: Sub-acromial bursitis Strains of long head of biceps, deltoid, triceps, coracobrachialis Capsulitis
Special considerations (WMS and TCM)	Brachial plexus or cervical nerve involvement
History (WMS and TCM)	Mechanism of injury may be variable, but can include: Repetitive overhead work or sporting activity (throwing) Fall onto outstretched arm Sudden forceful movement such as overstretching Direct blow Previous history of injuries Previous treatment, management, investigations, outcomes Area of symptoms Nature and severity of pain Night pain Aggravating and relieving factors Functional limitations Occupational history General health past and present History of sensory or motor changes Other joint involvement
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Visual inspection: compare both shoulders for deformity/swelling Range of movement: active, passive and resisted Palpation: tenderness skin temperature changes. Instability Neurovascular status Cervical spine involvement
WMS differential diagnosis	Fracture Contusion Referred pain from cervical spine Peripheral nerve condition
WMS complications	Restricted shoulder movement Chronic pain and inflammation/tendonitis Instability
TCM differential diagnosis	Tissue damage and injury to muscle, tendons and ligaments Qi and Blood stasis in the affected channels, consider: LU, LI, HT, SI, SJ, GB or PC channels and muscle-tendino (sinew) channels Liver Blood deficiency failing to nourish tendons and ligaments Possible involvement of Eight Extraordinary Vessels

TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to surrounding structures e.g. nerve, bone</p> <p>Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Gua sha</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Chiropractor</p> <p>Osteopath</p> <p>Occupational therapist</p>

Sprain Acromio-Clavicular Ligament

Read code: S500.	
Number of treatments: 10	Triggers: 12
Key points	Elderly patients are more likely to suffer fracture than sprain Children under 12 years rarely sprain ligaments
Special considerations (WMS and TCM)	Early mobilisation is recommended Elderly patients are more prone to stiffening of joint, e.g. frozen shoulder Elderly patients are more likely to rupture tendons
History (WMS and TCM)	Direct impact Fall onto outstretched arm Fall onto point of shoulder Level of activity/sport/work demands Heavy labour such as carrying heavy loads Repetitive action Previous shoulder dislocation Fracture to surrounding area Previous history of injuries Previous treatment, management, investigations, outcomes Nature and severity of pain Aggravating and relieving factors Functional limitations General health past and present Sensory and motor changes of arm Medications
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">Cutaneous Regions, Tai Yang, Shao Yang EtcTendino Muscle Channels (Sinew Network Vessels) Palpation <ul style="list-style-type: none">Associated ChannelsMu And Shu PointsA Shi Points Visual inspection: compare with uninjured side for deformity Swelling, bruising, abrasion (possibility of infection) Range of movement of shoulder and neck Pain over distal end of clavicle, worse for passive elevation of shoulder Palpation: extreme tenderness over acromio-clavicular joint, skin temperature changes Step or instability in acromio-clavicular joint Increased pain with weight bearing and horizontal adduction Weakness or sensory change Cervical spine involvement
WMS differential diagnosis	Shoulder dislocation Rotator cuff sprain Fracture clavicle or humerus Muscle sprain: supraspinatus Bursitis Contusion Cervical spine injury

WMS complications	<p>Severe sprain can also affect conoid and trapezoid ligaments (between clavicle and coracoid process), causing tenderness above coracoid process</p> <p>Non-healing/non-union</p> <p>Unstable joint</p> <p>Delayed rupture of major sprains</p> <p>Tendonitis in partial tear</p> <p>Frozen shoulder in elderly</p> <p>Damage to underlying structures (neurovascular, tendon, lung)</p>
TCM differential diagnosis	<p>Tissue damage or injury to joint, tendons and ligaments</p> <p>Qi and Blood stasis in the affected channels, consider: LU, LI, SI, SJ or GB channels and muscle-tendino (sinew) channels</p> <p>Liver Blood deficiency failing to nourish tendons and ligaments</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to surrounding structures eg muscle, joint, tendon, ligament</p> <p>Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Gua sha</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Chiropractor</p> <p>Osteopath</p>

Sprain Infrapinatus Tendon

Read code: S503.	
Number of treatments: 12	Triggers: 16
Key points	Elderly patients are more likely to fracture and to develop joint stiffening Less common than supraspinatus injury May be an extension of supraspinatus injury
Special considerations (WMS and TCM)	If a sling is being used check that neck range of movement is not impaired Adhesive capsulitis (frozen shoulder)
History (WMS and TCM)	Acute onset: recent sprain or trauma Chronic onset: possible overuse or poor technique such as lifting, throwing Previous history of injuries Previous treatment, management, investigations, outcomes Area of symptoms Nature and severity of pain Night pain Aggravating and relieving factors Functional limitations Occupational history General health past and present Sensory or motor changes
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">Cutaneous regions, tai yang, shao yang etcTendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">Associated channelsMu and shu pointsA shi points Consider possibility of fracture Pain on resisted external rotation Localised tenderness over tendon (posterior aspect of shoulder joint) Pain over deltoid area and sometimes front of shoulder Skin temperature changes Cervical or thoracic spine involvement Range of shoulder movement: active, passive and resisted Neurological signs
WMS differential diagnosis	Capsulitis Bursitis Acromio-clavicular joint strain Rupture of long head of biceps Rupture of supraspinatus tendon Cervical or thoracic spine involvement Instability Fracture Subluxation/dislocation Calcific tendonitis

WMS complications	<p>Tendon rupture</p> <p>Chronic recurrent injury</p> <p>Tendonitis</p> <p>Loss of function</p> <p>Instability</p>
TCM differential diagnosis	<p>Tissue damage or injury to tendons</p> <p>Qi and Blood stasis in the affected channels, consider: LI, SI or SJ channels and muscle-tendino (sinew) channels</p> <p>Liver Blood deficiency failing to nourish tendons and ligaments</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to surrounding structures e.g. spine, nerve, ligament</p> <p>Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Auricular Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Chiropractor</p> <p>Osteopath</p> <p>Occupational therapist</p>

Sprain Rotator Cuff

Read code: S504.	
Number of treatments: 10	Triggers: 16
Key points	<p>Red flag: inability to push a hand away from lumbar region indicates a major tear of the rotator cuff</p> <p>Elderly patients are more likely to fracture and to develop joint stiffening</p> <p>Patients over 40 years with significant shoulder injury are more likely to have a rotator cuff tear</p> <p>Patients over 40 years with a dislocated shoulder have a 50% likelihood of rotator cuff tear</p> <p>See 'Key points' for rotator cuff syndrome</p>
Special considerations (WMS and TCM)	<p>Significant rotator cuff tears do not heal well due to poor blood supply and require surgical repair ideally within three weeks – refer early to a specialist</p> <p>Inability to perform active external rotation can indicate significant rotator cuff tear</p> <p>Early mobilisation, rest and ice speed recovery</p> <p>Chronic underlying degenerative conditions</p> <p>Inflammatory arthritis such as rheumatoid</p> <p>Steroid therapy</p>
History (WMS and TCM)	<p>Onset: sudden or insidious</p> <p>Mechanism of injury: direct blow, throwing injury, fall</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Area of symptoms</p> <p>Nature and severity of pain</p> <p>Night pain</p> <p>Aggravating and relieving factors</p> <p>Functional limitations</p> <p>Occupational and leisure activities</p> <p>General health past and present</p> <p>Neurological symptoms, sensory or motor changes</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points <p>Compare with other side for deformity/swelling</p> <p>Consider possibility of fracture</p> <p>Range of movement: active, passive and resisted</p> <p>Abduction; internal and external rotation</p> <p>Painful arc indicates impingement (a negative test does not exclude rotator cuff sprain)</p> <p>Involvement of cervical or thoracic spine, scapula, elbow, acromio-clavicular joint</p> <p>Circulatory, sensory or motor problems</p> <p>Palpation: skin temperature changes</p>

WMS differential diagnosis	Other joints: cervical, thoracic, acromio-clavicular Nerve entrapment Calcific tendonitis Ruptured biceps tendon Impingement Subluxation/dislocation Subacromial bursitis Fracture Infection Pathology: inflammatory arthritis, herpes zoster, cancer
WMS complications	Avulsion Complete tear Calcification Subacromial bursitis Instability Impingement Chronic pain and inflammation/tendonitis
TCM differential diagnosis	Tissue damage or injury to tendons and ligaments Qi and Blood stasis in the affected channels, consider: LU, LI, SI, SJ or GB channels and muscle-tendino (sinew) channels Liver Blood deficiency failing to nourish tendons and ligaments Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: Damage to surrounding structures e.g. cuff tear, bone, blood vessel Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance
Treatment rehabilitation	WMS goals: Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement; prevent adhesion/scarring, muscle thickening, and secondary postural adaptation/dysfunction TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance Acute phase: Acupuncture Auricular Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters* Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*

Onward referral	GP Physiotherapist Chiropractor Osteopath
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Sprain Shoulder Joint

Read code: S507.	
Number of treatments: 10	Triggers: 12
Key points	Comprises ligamentous or capsular injury to the glenohumeral joint Red flag: inability to push a hand away from lumbar region indicates a major tear of the rotator cuff Elderly patients are more likely to fracture and to develop joint stiffening
Special considerations (WMS and TCM)	Occupational and leisure activities
History (WMS and TCM)	Mechanism of injury Fall Trauma Twisting injury Sporting injury Previous history of injuries Previous treatment, management, investigations, outcomes Area of symptoms Nature and severity of pain Pain in shoulder joint Aggravating and relieving factors Functional limitations General health past and present Neurological symptoms, sensory or motor changes
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Visual inspection, swelling, obvious deformity if dislocated Consider possibility of fracture Range of movement: active, passive and resisted Reduced passive ranges of movement with pain at end point Abduction and external rotation especially restricted Involvement of cervical or thoracic spine, scapular function Circulatory, sensory or motor problems Palpation: skin temperature changes Tenderness
WMS differential diagnosis	Tendonitis/bursitis Fracture Labral tear Acromio-clavicular or sterno-clavicular joint Cervical and thoracic spine Biceps or supraspinatus tendonitis

WMS complications	<p>Adhesive capsulitis/frozen shoulder Shoulder joint instability Disuse atrophy Neurological complications Traumatic arthritis Recurrent or chronic injury Tendonitis</p>
TCM differential diagnosis	<p>Ligamentous or capsular injury to the glenohumoral joint Qi and Blood stasis in the affected channels, consider: LU, LI, SI, SJ or GB channels and muscle-tendino (sinew) channels Liver Blood deficiency failing to nourish tendons and ligaments Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus: Damage to surrounding structures e.g. bone, nerve, tendon Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Moxibustion Cupping Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Chiropractor Osteopath</p>

Rupture of Supraspinatus

Read code: S5Q2.	
Number of treatments: 12	Triggers: 16
Key points	Often misdiagnosed as rotator cuff strain
Special considerations (WMS and TCM)	Occasionally caused by inappropriate use of steroids Functional impairment is variable Severe functional impairment may require surgery
History (WMS and TCM)	Mechanism of injury: trauma or repetitive strain (lifting weights) Corticosteroid injection Steroid abuse Dominant/non-dominant side Previous history of injuries Previous treatment, management, investigations, outcomes Area of symptoms Nature and severity of pain Effects on sleep Aggravating and relieving factors Functional limitations Occupational and leisure activities General health past and present Special questions: anticoagulants, diabetes, rheumatoid arthritis Neurological symptoms, sensory or motor changes
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">Cutaneous regions, tai yang, shao yang etcTendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">Associated channelsMu and shu pointsA shi points Compare with other side: deformity, swelling, bruising, skin condition, muscle wasting, posture Possibility of ligament injury Range of movement: active, passive and resisted: shoulder, elbow, wrist Involvement of cervical spine Palpation: skin temperature changes Neurological symptoms, sensory or motor changes
WMS differential diagnosis	Shoulder sprain Rotator cuff strain/tear Fractured humerus Pectoralis major strain/tear Subluxation/dislocation Glenoid labrum tear Acromio-clavicular joint injury Cervical and thoracic spine Medical condition: cardiac, cancer Calcification Abdominal referral
WMS complications	Loss of function/strength Deformity Instability

TCM differential diagnosis	<p>Tissue damage or injury to tendons and ligaments following trauma, overuse or misuse</p> <p>Qi and Blood stasis in the affected channels, consider: LI, SI or SJ channels and muscle-tendino (sinew) channels</p> <p>Liver Blood deficiency failing to nourish tendons and ligaments</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to surrounding structures e.g. joint, bone, nerve</p> <p>Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain, inflammation, and oedema as appropriate; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Moxibustion</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Chiropractor</p> <p>Osteopath</p>

Rupture of Biceps Tendon

Read code: S5Q4.	
Number of treatments: 12	Triggers: 16
Key points	Often misdiagnosed as rotator cuff strain
Special considerations (WMS and TCM)	Occasionally caused by inappropriate use of steroids Functional impairment is variable Distal rupture requires early referral to specialist
History (WMS and TCM)	Mechanism of injury: Acute: sudden loading of biceps Sub acute: gradual onset (repeated loading); possibly loss of power; possibly acute pain in anterior shoulder/upper arm Corticosteroid injection Steroid abuse Dominant/non-dominant side Occupational and leisure activities Neurological symptoms, sensory and motor changes
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Compare with other side: deformity, swelling, bruising, skin condition, muscle wasting, posture Moved muscle belly accentuated by contraction, may be painless Tenderness at bicipital groove Range of motion Loss of power of elbow flexion/forearm supination
WMS differential diagnosis	Shoulder sprain Rotator cuff strain/tear Fractured humerus Pectoralis major strain/tear Subluxation/dislocation/fracture of shoulder Cervical and thoracic spine Medical condition: cardiac, cancer
WMS complications	Deformity Loss of function/strength Instability
TCM differential diagnosis	Tissue damage and injury to tendons following trauma, overuse and misuse Qi and Blood stasis in the affected channels, consider: LU, HT or PC channels and muscle-tendino (sinew) channels Liver Blood deficiency failing to nourish tendons and ligaments Possible involvement of Eight Extraordinary Vessels

TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to surrounding structures e.g. joint, bone, nerve</p> <p>Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain; limit dysfunction</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Liniments and herbal plasters*</p> <p>Sub-Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Moxibustion</p> <p>Gua sha</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p>

Open Wound Shoulder/Upper Limb

Read code: S90..	
Number of treatments: 16	Triggers: 20
Key points	Open wounds would be treated only after initial assessment and treatment by a Medical Practitioner/Nurse/Accident and Emergency clinic Soft tissue injury alone or in combination with a fracture may cause a compartment syndrome – refer if pain is disproportionately severe and poorly localised; severe swelling; hyperaesthesia/paraesthesia in distribution of nerves crossing compartment Normal distal pulses, skin colour and capillary return do not exclude compartment syndrome
Special considerations (WMS and TCM)	Continue to assess distal neurovascular and musculoskeletal function Medical conditions (especially bleeding disorders, diabetes) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury Circumstances of injury: work-related, assault, self-inflicted Dominant/non-dominant side Compartment syndrome symptoms Medical history including medication Emotional response to trauma Functional limitations General health, tetanus status Neurological symptoms
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">Cutaneous regions, tai yang, shao yang etcTendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">Associated channelsMu and shu pointsA shi points Deformity Wound size, depth, location Retained foreign bodies Joint involvement Compartment syndrome signs: pain on passive stretching or active flexion of affected muscles; distal sensory abnormalities Oedema: extent and severity Bruising: extent, severity, colour Range of movement and strength of shoulder and elbow joints Palpation: check temperature for infection Neurological signs, circulation
WMS differential diagnosis	Underlying fracture Compartment syndrome Contusion Abrasion
WMS complications	Ischaemic contractures from compartment syndrome Neurovascular injury Infection Scarring

TCM differential diagnosis	Injury to skin, surrounding tissues and underlying structures Qi and Blood stasis in local area and affected channels, consider: LU, LI, HT, SI, PC, SJ or GB channels and associated fine Luo distribution Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: Damage to underlying structures e.g. tendon, nerve, bone Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Delayed healing due to underlying deficiencies e.g. Qi deficiency, Blood deficiency
Treatment rehabilitation	<p>WMS goals: Enhance healing of wound; reduce pain and swelling</p> <p>TCM goals: Disperse pain and swelling by clearing stasis in local cutaneous region, and affected channels Restore normal flow of Qi and Blood in the affected channels to heal wound and reduce scarring and adhesions Calm Shen Resolve toxins Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Auricular acupuncture Laser Acupuncture Moxibustion</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	GP

Abrasion Upper Arm (no infection)

Read code: SD20.	
Number of treatments: 6	Triggers: 8
Key points	Superficial injury or laceration not involving deep structures Soft tissue injury alone or in combination with a fracture may cause a compartment syndrome – refer if pain is disproportionately severe and poorly localised; severe swelling; hyperaesthesia/paraesthesia in distribution of nerves crossing compartment Normal distal pulses, skin colour and capillary return do not exclude compartment syndrome
Special considerations (WMS and TCM)	Abraded skin is prone to hyperpigmentation – advise sunblock for six months after injury Involvement of nerve, tendon, muscle Medical conditions (especially bleeding disorders, diabetes) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury Dominant/non-dominant side Compartment syndrome symptoms Medical history including medication Emotional response to trauma Functional limitations General health, tetanus status Neurological symptoms
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Deformity Wound size, depth, location Retained foreign bodies Joint involvement Compartment syndrome signs: pain on passive stretching or active flexion of affected muscles; distal sensory abnormalities Oedema: extent and severity Bruising: extent, severity, colour Range of movement and strength of shoulder and elbow joints Palpation: check temperature for infection Neurological signs, circulation
WMS differential diagnosis	Underlying fracture Compartment syndrome Deep laceration involving deeper structures Contusion

WMS complications	<p>Ischaemic contractures from compartment syndrome</p> <p>Excessive bleeding due to history of bleeding disorder or anticoagulant use</p> <p>Nerve or tendon involvement</p> <p>Infection</p> <p>Scarring</p>
TCM differential diagnosis	<p>Superficial damage to cutaneous region</p> <p>Qi and Blood stasis in local cutaneous region and affected channels, consider: LU, LI, HT, SI, PC, SJ or GB channels and fine luo distribution</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying channel systems and structures</p> <p>Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Delayed healing due to underlying deficiencies e.g. Blood deficiency, Spleen Qi deficiency</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of abrasion; reduce pain and swelling</p> <p>TCM goals:</p> <p>Disperse pain and swelling by clearing stasis in local cutaneous region, and affected channels</p> <p>Restore normal flow of Qi and Blood in the affected channels to heal abrasion and reduce scarring</p> <p>Calm Shen</p> <p>Resolve toxins</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	GP

Contusion Upper Limb

Read code: SE3..	
Number of treatments: 10	Triggers: 12
Key points	Contusion is defined as a closed injury, c.f. abrasion Contusions to limbs carry a risk of compartment syndrome, indicated by pain disproportionate to the injury
Special considerations (WMS and TCM)	Medical conditions (especially bleeding disorders) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury: determine force involved and depth of injury History of acute management Pain: severity and location Dominant/non-dominant side Medical history including medication Emotional response to trauma Neurovascular symptoms Cervical symptoms
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Oedema: extent and severity Bruising: extent, severity, colour Haematoma Consider associated injuries: fracture, nerve involvement, circulatory problems Pain: location and intensity Range of movement, sensation, and strength of proximal and distal joints Palpation: check temperature for infection; peripheral circulation
WMS differential diagnosis	Abrasion Fracture Ligament, tendon or nerve damage especially brachial plexus Muscle strain or tear
WMS complications	Compartment syndrome Injury to tendon, nerve or bone Ischaemic contractures Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use Myositis ossificans (calcification of haematoma in muscle belly) Neurological/circulation disturbances Infection Chronic pain

TCM differential diagnosis	<p>Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma</p> <p>Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising</p> <p>Qi and Blood stasis in local area and affected channels, consider: LU, LI, HT, SI, PC or SJ channels and muscle-tendino (sinew) channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to surrounding structures eg bone, nerve, tendon</p> <p>Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)</p> <p>Excessive bruising due to Spleen Qi deficiency, Blood Heat</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of contusion; reduce pain and swelling</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels</p> <p>Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected channels</p> <p>Correct any underlying patterns of imbalance.</p> <p>Calm Shen</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Gua sha</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Occupational therapist</p>

Contusion Upper Arm/Shoulder

Read code: SE30.	
Number of treatments: 10	Triggers: 12
Key points	Contusion is defined as a closed injury, c.f. abrasion Contusions to limbs carry a risk of compartment syndrome, indicated by pain disproportionate to the injury
Special considerations (WMS and TCM)	Medical conditions (especially bleeding disorders) Drug therapy (e.g. anticoagulants) Cervical spine symptoms
History (WMS and TCM)	Nature of trauma causing injury: determine force involved and depth of injury History of acute management Pain: severity and location Dominant/non-dominant side Medical history including medication Emotional response to trauma Neurovascular symptoms
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Oedema: extent and severity Bruising: extent, severity, colour Haematoma Consider associated injuries: fracture, nerve involvement, circulatory problems Pain: location and intensity Palpation: check temperature for infection; peripheral circulation Range of movement, sensation, and strength of shoulder and elbow joints and hand
WMS differential diagnosis	Compartment syndrome: presence or risk Abrasion Fracture Ligament, tendon or nerve damage Muscle strain or tear Underlying joint pathology Cervical and thoracic spine involvement Bursitis

WMS complications	<p>Compartment syndrome Injury to tendon, nerve or bone Ischaemic contractures Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use Myositis ossificans (calcification of haematoma in muscle belly) Chronic pain Muscle atrophy, rupture Infection Neurovascular compromise</p>
TCM differential diagnosis	<p>Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising Qi and Blood stasis in local affected channels, consider: LU, LI, HT, SI, PC or SJ channels and muscle-tendino (sinew) channels Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus: Damage to surrounding structures eg tendon, nerve, ligament Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome) Excessive bruising due to Spleen Qi deficiency, Blood Heat</p>
Treatment rehabilitation	<p>WMS goals: Enhance healing of contusion; reduce pain and swelling</p> <p>TCM goals: Disperse stasis of Blood and Qi in the local tissues and affected channels Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected channels Correct any underlying patterns of imbalance Calm Shen</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Occupational therapist Physiotherapist</p>

Crush Injury Upper Arm

Read code: SF203	
Number of treatments: 12	Triggers: 16
Key points	Mechanism of injury involves force from two sides
Special considerations (WMS and TCM)	Risk of compartment syndrome, indicated by pain disproportionate to the injury Neurovascular status should be monitored Medical conditions (especially bleeding disorders, diabetes, immunocompromise) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury: industrial machinery (rollers), vehicle accident Associated injuries History of immediate management Dominant/non-dominant side Medical history including medication, tetanus status Emotional response to trauma Neurological symptoms, sensory or motor Circulation changes
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Assess risk of compartment syndrome Oedema: extent and severity Bruising: extent, severity, colour Skin laceration, abrasion, bony tenderness Range of movement and strength of shoulder and elbow joints Palpation: check temperature for infection; peripheral circulation Neurological signs
WMS differential diagnosis	Fracture Laceration Soft tissue injury: strain or tear Circulatory problems Nerve injury
WMS complications	Compartment syndrome with ischaemic contractures if unrecognised Excessive bleeding due to bleeding disorder or anticoagulant use Myositis ossificans Nerve injury Tendon injury Muscle injury Necrosis Infection

TCM differential diagnosis	<p>Damage to local cutaneous area, soft tissue, tendons and ligaments, and possibly bone following trauma</p> <p>Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels consider: LU, LI, HT, ST, PC or SJ channels and connecting and muscle-tendino (sinew) channels following trauma</p> <p>Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Qi block due to fright, in severe trauma</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to channel systems and surrounding structures eg bone, nerve, tendon, blood vessel</p> <p>Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)</p> <p>Excessive bruising due to Spleen Qi deficiency, Blood Heat</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of injuries; reduce pain and swelling</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels</p> <p>Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected channels</p> <p>Correct any underlying patterns of imbalance</p> <p>Calm Shen</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Gua sha</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Occupational therapist</p>

Cervical Disc Prolapse Radiculopathy

Read code: N12Co	
Number of treatments: 16–20	Triggers: 22
Key points	<p>Pain follows dermatomal distribution of affected nerve root(s), most commonly C5 and C6</p> <p>Cause may be non-traumatic, e.g. osteophytes due to cervical spondylosis, tumours</p> <p>Disc prolapse usually compresses the nerve root inferior to it, e.g. C4 disc compresses C5 nerve</p> <p>More common in 35-65 age groups</p>
Special considerations (WMS and TCM)	<p>Previous medical history, especially cancers, osteoarthritis, rheumatoid arthritis</p> <p>Tumours tend to cause bilateral pain</p> <p>Vertebro-basilar insufficiency</p> <p>Weakness or numbness in limbs, loss of normal bladder or bowel constitute a medical emergency</p>
History (WMS and TCM)	<p>Mechanism of injury</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Onset of pain: sudden or gradual</p> <p>Aggravating and relieving factors</p> <p>Area of symptoms: identify dermatomes involved; pain in upper trapezius; stiffness of neck with limited range of movement; involvement of arms, legs, bladder or bowel.</p> <p>Nature and severity of pain: numbness/tingling; sharp aching pain in neck radiating down one or both arms; onset of pain may be abrupt, e.g. on sudden movement of neck</p> <p>Night pain</p> <p>Functional limitations</p> <p>General health past and present</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points <p>Active and passive range of neck movement</p> <p>Palpation: reproduction of numbness/tingling; local soft tissue structures, cervical joints, levator scapula muscle</p> <p>Upper limb tension test</p> <p>Compression/distraction test</p> <p>Neurological sensory and motor signs in upper and lower limbs</p>
WMS differential diagnosis	<p>Fracture</p> <p>Degeneration of facet joints/discs</p> <p>Lateral canal stenosis</p> <p>Referred cardiac or gallbladder pain</p> <p>Thoracic outlet syndrome</p> <p>T4 syndrome</p> <p>Referred pain from pulmonary sulcus tumour (Pancoast tumour)</p> <p>Neuroma</p> <p>Acromio-clavicular strain</p>

WMS complications	Fracture/suspected instability Spinal cord compression Trauma upon pre-existing injury Osteoarthritis Vertebro-basilar insufficiency
TCM differential diagnosis	Arthralgia syndrome Qi and/or Blood stasis in the affected channels due to trauma and/or overuse, consider: BL, LI, SJ and GB channels Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, numbness and tingling; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels Correct any underlying patterns of imbalance Calm Shen Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments Nourish Liver Blood and supplement Qi</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	GP Physiotherapist Chiropractor Osteopath

Thoracic Disc Prolapse Radiculopathy

Read code: N12C1	
Number of treatments: 13–18	Triggers: 20
Key points	Intervertebral disc prolapse is very uncommon in the thoracic spine Most disc protrusions occur below T9, most commonly at T11-T12 The thoracic spine is the most common site in the vertebral column for metastatic tumours, especially from breast, lung and prostate cancer Pain present day and night may indicate cancer Acute non-traumatic onset of thoracic pain could indicate serious cardiac or vascular problems
Special considerations (WMS and TCM)	Previous medical history, especially cancers, osteoarthritis, osteoporosis, cardiac conditions Weakness or numbness in limbs, loss of bladder or bowel function constitute a medical emergency Age: increased risk of cancer, compression fracture, osteoporosis General health Work and leisure activities
History (WMS and TCM)	Mechanism of injury Previous history of injuries Previous treatment, management, investigations, outcomes Onset of pain: sudden or gradual Aggravating and relieving factors Involvement of legs, bladder or bowel. Nature and severity of pain Night pain Functional limitations General health past and present: Scheuermann's disorder
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Visual: scoliosis, kyphosis, posture Range of movement: active, passive, accessory Palpation: reproduction of pain; spinous processes Area of symptoms: identify dermatomes involved; record any sensory or motor loss
WMS differential diagnosis	Muscle strain Compression fracture Rib fracture Facet joints Cervical pain referral Scheuermann's disorder Cardiovascular disorder Cancer Severe infection: TB, pleurisy, brucellosis Pneumothorax Osteoporosis Referred pain from pulmonary sulcus tumour (Pancoast tumour) Acromio-clavicular strain

WMS complications	Respiratory conditions Kyphosis, scoliosis Osteoporosis Spinal cord compression
TCM differential diagnosis	Qi and/or Blood stasis in the affected channels due to trauma and/or overuse, consider: BL, and GB channels Arthralgia syndrome Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction, Kidney and Spleen Qi deficiency Jing deficiency predisposing to spine pathology
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, numbness and tingling; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels Correct any underlying patterns of imbalance Calm Shen Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments Nourish Liver Blood and supplement Qi</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	GP Physiotherapist Chiropractor Osteopath Occupational therapist

Lumbar Disc Prolapse Radiculopathy

Read code: N12C2	
Number of treatments: 16–22	Triggers: 24
Key points	<p>Radicular pain caused by nerve root compression from a disc protrusion</p> <p>Leg pain typically relates to the dermatome and myotome innervated by the affected nerve root, most commonly L5 or S1.</p> <p>Leg pain may occur without back pain, and can vary considerably in intensity</p> <p>These symptoms can also be caused by pelvic disease and tumours, especially from prostate, breast, bronchial, thyroid and kidney cancer and melanoma, which can metastasise to the spine</p> <p>Cauda equina syndrome (saddle anaesthesia, bowel or bladder dysfunction) indicate a medical emergency</p>
Special considerations (WMS and TCM)	<p>Previous medical history, especially cancers, osteoarthritis, osteoporosis</p> <p>Age: more common > 30 years; increased risk of cancer, osteoporosis with age</p> <p>General health</p> <p>Work and leisure activities</p>
History (WMS and TCM)	<p>Mechanism of injury: lifting, twisting, can be spontaneous</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Onset of pain: sudden or gradual, recurrent</p> <p>Nature and severity of pain/numbness and tingling; weakness.</p> <p>Involvement of legs, bladder or bowel.</p> <p>Area of pain: identify dermatome/myotome involved</p> <p>Night pain</p> <p>Functional limitations</p> <p>General health past and present</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points <p>Visual: scoliosis, kyphosis, posture, walking</p> <p>Range of movement</p> <p>Straight leg raising test</p> <p>Palpation: lumbar/gluteal muscle spasms; SI joints</p> <p>Area of symptoms: identify dermatomes involved; record any sensory or motor loss</p>
WMS differential diagnosis	<p>Tumour (severe unremitting pain)</p> <p>Cauda equina syndrome</p> <p>Sacro-iliac joint dysfunction</p> <p>Spondylosis/spondylolisthesis</p> <p>Facet joints</p> <p>Piriformis syndrome</p> <p>Osteoporosis</p> <p>Pain of visceral origin</p> <p>Cardiovascular disorder/arterial occlusion</p>
WMS complications	<p>Cauda equina syndrome</p> <p>Peripheralisation of symptoms</p>

TCM differential diagnosis	<p>Qi and/or Blood stasis in the affected channels due to trauma and/or overuse, consider: BL, KI and GB channels</p> <p>Arthralgia syndrome</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Underlying patterns of imbalance e.g. Kidney Qi deficiency, Qi and Liver Blood deficiency</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p> <p>Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction, Kidney and Spleen Qi deficiency</p> <p>Jing deficiency predisposing to spine pathology</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain, inflammation, numbness and tingling; release secondary muscle adaptation and restore range of movement</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels</p> <p>Correct any underlying patterns of imbalance</p> <p>Calm Shen</p> <p>Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments</p> <p>Nourish Liver Blood and supplement Qi</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Gua sha</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Chiropractor</p> <p>Osteopath</p> <p>Occupational therapist</p>

Chronic/Recurrent Pain (cervical)

Read code: N131.	
Number of treatments: 12–16	Triggers: 18
Key points	Non-traumatic causes include spinal degeneration, osteophyte formation, disc degeneration
Special considerations (WMS and TCM)	Previous medical history, especially cancers, arthritic diseases, cardiovascular disease Vertebro-basilar insufficiency Weakness or numbness in limbs, loss of bladder or bowel function constitute a medical emergency Loss of consciousness Instability
History (WMS and TCM)	Mechanism of injury Previous history of injuries Dizziness, blurred vision, tinnitus, nausea, headaches, chest pain, loss of balance, loss of consciousness, dysphagia Previous treatment, management, investigations, outcomes Onset of pain: sudden or gradual Chronicity Area of symptoms: pain/stiffness in upper trapezius; stiffness of neck with limited range of movement Nature and severity of pain Aggravating and relieving factors Night pain Functional limitations General health past and present: rheumatoid arthritis, polymyalgia rheumatica, cerebrovascular disease Medication: e.g. steroids, anticoagulants Neurological symptoms, sensory or motor changes
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Active range of movement: cervical spine, shoulder girdle Neurological examination required if symptoms present below shoulder level Posture Palpation: spinal irregularities, temperature
WMS differential diagnosis	Fracture Degeneration of facet joints/discs Referred dental pain Temporo-mandibular joint dysfunction Referred cardiac or gallbladder pain Carotid/vertebral artery occlusion Rheumatoid arthritis Polymyalgia rheumatica Osteoarthritis Osteoporosis Referred pain from pulmonary sulcus tumour (Pancoast tumour)

WMS complications	Trauma upon pre-existing injury or degeneration Spinal cord compression Vertebro-basilar insufficiency/vertebral artery spasm Radiculopathy/acute nerve root compression syndrome Osteoarthritis
TCM differential diagnosis	Qi and/or Blood stasis in the affected channels due to trauma and/or overuse, consider: BL, LI, SJ and GB channels Deficiency of Yin Kidney Jing deficiency predisposing to spine pathology Arthralgia syndrome Possible involvement of Eight Extraordinary Vessels Wind/Cold/Damp Bi syndrome obstructing Qi and/or Blood circulation locally Underlying patterns of imbalance e.g. Qi and Liver Blood deficiency
TCM complications	Same as WMS complications above plus: Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat Bi obstruction Febrile Bi syndrome Shen disturbance Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction, Kidney and Spleen Qi deficiency
Treatment rehabilitation	WMS goals: Decrease pain and inflammation; restore range of movement; reduce numbness and tingling if present TCM goals: Decrease pain by clearing local Qi and Blood stasis Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels Clear Heat/drain Damp/expel Wind/disperse Cold according to presenting pattern Correct any underlying patterns of imbalance Calm Shen Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments Nourish Liver Blood and supplement Qi Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Moxibustion Laser Acupuncture Tui na Liniments and herbal plasters* Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Gua sha Tui na Liniments to and herbal plasters*
Onward referral	GP Physiotherapist Chiropractor Osteopath Occupational therapist

Low Back Pain, Acute Pain – Lumbar, Lumbago

Read code: N142.	
Number of treatments: 9	Triggers: 13
Key points	<p>Soft tissue injuries are uncommon causes of low back pain alone. Most lumbar problems originate from apophyseal joints or intervertebral joints, or from degenerative changes</p> <p>Lumbar pain can also be caused by pelvic disease and tumours, especially from prostate, breast, bronchial, thyroid and kidney cancer and melanoma, which can metastasise to the spine (may be indicated by weight loss, history of cancer, low grade fever, severe unremitting pain)</p> <p>Cauda equina syndrome (saddle anaesthesia, bowel or bladder dysfunction) indicate a medical emergency</p>
Special considerations (WMS and TCM)	<p>Previous medical history, especially cancers, osteoarthritis, osteoporosis, cardiovascular disorders</p> <p>Age: increased risk of cancer or osteoporosis with age</p>
History (WMS and TCM)	<p>Mechanism of injury: trauma, repetitive overuse, increased bodyweight, degenerative changes, poor posture</p> <p>Timing of injury related to symptom development</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Onset of pain: sudden or gradual, recurrent</p> <p>Nature and severity of pain; constant or intermittent</p> <p>Involvement of legs (weakness or numbness) bladder or bowel incontinence or retention</p> <p>Area of pain</p> <p>Night pain</p> <p>Aggravating and relieving factors</p> <p>Occupational history</p> <p>Functional limitations</p> <p>General health past and present: osteoporosis, neoplasms</p> <p>Medication</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Red flag indicators</p> <p>Visual: posture, gait, scoliosis, kyphosis</p> <p>Straight leg raising test</p> <p>Area/level of dysfunction</p> <p>Palpation: lumbar spine joint fixation; lower back muscle spasm; SI joints; tenderness</p> <p>Range of movement</p> <p>Neurological signs</p>

WMS differential diagnosis	<p>Chronic low back pain (requires different management)</p> <p>Radiculopathy</p> <p>Fracture</p> <p>Tumour (severe unremitting pain)</p> <p>Cauda equina syndrome</p> <p>Inflammatory diseases</p> <p>Sacro-iliac joint dysfunction</p> <p>Spondylosis, spondylolisthesis</p> <p>Facet joints</p> <p>Hamstring/hip strain</p> <p>Piriformis syndrome</p> <p>Osteoporosis</p> <p>Pain of visceral origin</p>
WMS complications	<p>Cauda equina syndrome</p> <p>Spinal canal stenosis</p> <p>Psychological effects of back pain (yellow flags)</p>
TCM differential diagnosis	<p>Qi and/or Blood stasis in the affected channels due to trauma and/or overuse, consider: BL, KI and GB channels</p> <p>Arthralgia syndrome</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Underlying patterns of imbalance e.g. Kidney Qi deficiency, Qi and Liver Blood deficiency</p> <p>Underlying Jing deficiency predisposing to spine pathology</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p> <p>Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction, Kidney and Spleen Qi deficiency</p> <p>Jing deficiency predisposing to spine pathology</p>

<p>Treatment rehabilitation</p>	<p>WMS goals: Decrease pain; restore range of movement and normal gait; release secondary muscle adaptation</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Clear Heat/drain Damp/expel Wind/disperse Cold according to presenting pattern Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels Correct any underlying patterns of imbalance Calm Shen Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments Nourish Liver Blood and supplement Qi</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
<p>Onward referral</p>	<p>GP Physiotherapist Osteopath Chiropractor Occupational therapist</p>

Sciatica

Read code: N143.	
Number of treatments: 12	Triggers: 16
Key points	<p>Sciatica is pain in the distribution of the sciatic nerve or its branches (L4 to S3) caused by nerve pressure or irritation</p> <p>Includes: facet joint dysfunction, sacroiliac joint dysfunction, piriformis syndrome</p> <p>Leg pain may occur without back pain, and can vary considerably in intensity</p> <p>Sciatica symptoms can also be caused by pelvic disease and by tumours, especially from prostate, breast, bronchial, thyroid and kidney cancer and melanoma, which can metastasise to the spine</p> <p>Cauda equina syndrome (saddle anaesthesia, bowel or bladder dysfunction) indicate a medical emergency</p> <p>Patient should be encouraged to remain active within pain threshold</p>
Special considerations (WMS and TCM)	<p>Previous medical history, especially cancers, osteoarthritis, osteoporosis</p> <p>Age: increased risk of cancer or osteoporosis</p>
History (WMS and TCM)	<p>Mechanism of injury</p> <p>Timing of injury related to symptom development</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Onset of pain: sudden or gradual, recurrent</p> <p>Nature and severity of pain</p> <p>Night pain</p> <p>Area of pain: identify dermatome/myotome involved</p> <p>Involvement of legs (weakness or numbness) of bladder or bowel incontinence or retention</p> <p>Occupation</p> <p>Functional limitations</p> <p>General health past and present: arthritis, osteoporosis, neoplasms</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points <p>Visual: posture, gait</p> <p>Straight leg raising test</p> <p>Palpation: lumbar/sacral pain, sacroiliac joint, piriformis spasm/syndrome</p> <p>Area of symptoms: identify dermatomes involved; record any sensory loss or motor change</p>
WMS differential diagnosis	<p>Chronic low back pain (requires different management)</p> <p>Radiculopathy</p> <p>Fracture</p> <p>Tumour (severe unremitting pain)</p> <p>Cauda equina syndrome</p> <p>Sacro-iliac joint dysfunction</p> <p>Spondylosis, spondylolisthesis</p> <p>Facet joints</p> <p>Osteoporosis</p> <p>Peripheral vascular disorder/arterial occlusion</p>

WMS complications	<p>Cauda equina syndrome</p> <p>Psychological effects of back pain (yellow flags)</p> <p>Radiculopathy</p>
TCM differential diagnosis	<p>Qi and/or Blood stasis in the affected channels due to trauma and/or overuse, consider: BL, KI and GB channels</p> <p>Arthralgia syndrome</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Underlying patterns of imbalance e.g. Kidney Qi deficiency, Qi and Liver Blood deficiency</p> <p>Underlying Jing deficiency predisposing to spine pathology</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p> <p>Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction, Kidney and Spleen Qi deficiency</p> <p>Jing deficiency predisposing to spine pathology</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain, numbness, and tingling; restore range of movement and normal gait; release secondary muscle adaptation</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Clear Heat/drain Damp/expel Wind/disperse Cold according to presenting pattern</p> <p>Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels</p> <p>Correct any underlying patterns of imbalance</p> <p>Calm Shen</p> <p>Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments</p> <p>Nourish Liver Blood and supplement Qi</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Gua sha</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Chiropractor</p> <p>Osteopath</p> <p>Occupational therapist</p>

Sprain Sacroiliac Joints

Read code: S561.	
Number of treatments: 14	Triggers: 18
Key points	Sacroiliac joint sprain does not usually cause pain below the knee Breast and prostate cancer can metastasise to the upper femur and pelvis Cauda equina syndrome (saddle anaesthesia, bowel or bladder dysfunction) indicate a medical emergency Patient should be encouraged to remain active
Special considerations (WMS and TCM)	Previous medical history, especially cancers, osteoarthritis, osteoporosis Age: increased risk of cancer or osteoporosis Sacroiliac joint can be the common site of inflammatory arthritis
History (WMS and TCM)	Mechanism of injury Previous history of injuries Previous treatment, management, investigations, outcomes Onset of pain: sudden or gradual, recurrent Nature and severity of pain; constant or intermittent Involvement of legs (weakness or numbness) bladder or bowel function Area of pain: dull ache in buttock, can refer to groin or posterior thigh Night pain Aggravating and relieving factors Functional limitations General health past and present: arthritis, medication
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">Cutaneous regions, tai yang, shao yang etcTendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">Associated channelsMu and shu pointsA shi points Visual: posture, gait Palpation: lower back or hip muscle spasm; tenderness over sacroiliac joints Range of movement Neurological examination Other joints and general signs of infection/inflammation
WMS differential diagnosis	Radiculopathy Fracture Tumour (severe unremitting pain) Cauda equina syndrome Inflammatory diseases Spondylosis Facet joint dysfunction Hamstring/hip strain Lumbar instability Sprain of gluteus medius/quadratus lumborum Osteoporosis Pain of visceral origin
WMS complications	Ongoing pain

TCM differential diagnosis	<p>Qi and/or Blood stasis in the affected channels due to trauma and/or overuse, consider: BL, KI and GB channels</p> <p>Arthralgia syndrome</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Underlying patterns of imbalance e.g. Kidney Qi deficiency, Qi and Liver Blood deficiency</p> <p>Underlying Jing deficiency predisposing to spine pathology</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p> <p>Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction, Kidney and Spleen Qi deficiency</p> <p>Jing deficiency predisposing to spine pathology</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain; restore range of movement and normal gait; release secondary muscle adaptation</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Clear Heat/drain Damp/expel Wind/disperse Cold according to presenting pattern</p> <p>Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels</p> <p>Correct any underlying patterns of imbalance</p> <p>Calm Shen</p> <p>Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments</p> <p>Nourish Liver Blood and supplement Qi</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Gua sha</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Chiropractor</p> <p>Osteopath</p> <p>Occupational therapist</p>

Sprain Cervical Spine

Read code: S570.	
Number of treatments: 9	Triggers: 14
Key points	Includes soft tissue injury with potential involvement of facet joints or intervertebral discs.
Special considerations (WMS and TCM)	Previous medical history, especially cancers, arthritic diseases, cardiovascular disease Vertebro-basilar insufficiency Weakness or numbness in limbs, loss of normal bladder or bowel function constitute a medical emergency Degenerative changes Instability
History (WMS and TCM)	Mechanism of injury Time relationship of symptoms to injury Previous history of injuries Dizziness, blurred vision, tinnitus, nausea, headaches, chest pain, loss of balance, loss of consciousness, dysphagia Previous treatment, management, investigations, outcomes Onset of pain: sudden or gradual Area of symptoms: pain/stiffness in upper trapezius; stiffness of neck with limited range of movement Involvement of arms and legs (weakness or numbness) bladder or bowel function Nature and severity of pain Aggravating and relieving factors Night pain Functional limitations Occupational and leisure activities General health past and present: rheumatoid arthritis, polymyalgia rheumatica, cerebrovascular disease Medication
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">Cutaneous regions, tai yang, shao yang etcTendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">Associated channelsMu and shu pointsA shi points Range of movement: active and passive Neurological examination, motor and sensory function of arms and legs Posture Palpation: spinal irregularities; cervical joints

WMS differential diagnosis	<p>Chronic neck pain (requires different management)</p> <p>Fracture</p> <p>Degeneration of facet joints/discs</p> <p>Referred dental pain</p> <p>Temporo-mandibular joint dysfunction</p> <p>Referred cardiac or gallbladder pain</p> <p>Carotid/vertebral artery occlusion</p> <p>Canal stenosis</p> <p>Rheumatoid arthritis/inflammatory disease</p> <p>Severe osteoarthritis</p> <p>Osteoporosis</p> <p>Referred pain from pulmonary sulcus tumour (Pancoast tumour)</p> <p>Herpes zoster</p> <p>Meningitis</p>
WMS complications	<p>Spinal cord compression</p> <p>Chronic neck pain</p> <p>Fracture/suspected instability</p> <p>Trauma upon pre-existing injury or degeneration</p> <p>Vertebro-basilar insufficiency/vertebral artery spasm</p> <p>Radiculopathy/acute nerve root compression syndrome</p>
TCM differential diagnosis	<p>Arthralgia syndrome</p> <p>Qi and/or Blood stasis in the affected channels due to trauma and/or overuse, consider: BL, LI, SI, SJ and GB channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Yin deficiency</p> <p>Kidney Qi deficiency leading to spine pathology</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p> <p>Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction</p>

<p>Treatment rehabilitation</p>	<p>WMS goals: Decrease pain and inflammation; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels Correct any underlying patterns of imbalance Calm Shen Nourish Yin Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments Clear Heat/drain Damp/expel Wind/disperse Cold according to presenting pattern</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
<p>Onward referral</p>	<p>GP Physiotherapist Chiropractor Osteopath Occupational therapist</p>

Whiplash

Read code: S5704	
Number of treatments: 12	Triggers: 16
Key points	Whiplash injury is caused by hyperextension of the neck followed by recoil hyperflexion Injury may involve muscle, nerve roots, ligaments, apophyseal joints and intervertebral discs Damage to apophyseal joints can be severe, with microfractures and long-term dysfunction Pain may not present until some days after injury
Special considerations (WMS and TCM)	Previous neck injuries or degenerative changes Vertebro-basilar insufficiency Weakness or numbness in limbs, loss of normal bladder or bowel function constitute a medical emergency Instability
History (WMS and TCM)	Mechanism of injury Previous history of injuries: treatment, management, investigations, outcomes Dizziness, blurred vision, tinnitus, nausea, headaches, chest pain, loss of balance, loss of consciousness, dysphagia, dyspnoea Anxiety, depression, symptoms of concussion Nature and severity of pain and stiffness Involvement of legs or arms (weakness or numbness) bladder or bowel incontinence or retention Radiation of pain: shoulders, mid-scapular region, arms, hands; paraesthesia of ulnar border of hand Aggravating and relieving factors Night pain Functional limitations Occupational and leisure activities General health past and present Medication Head injury
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Range of movement: active Posture Palpation: muscle spasm; cervical joints Neurological examination
WMS differential diagnosis	Fracture Degeneration of facet joints/discs Cervical disc lesion

WMS complications	Fracture/suspected instability Trauma upon pre-existing injury or degeneration Osteoarthritis Radiculopathy Concussion Headaches
TCM differential diagnosis	Tissue damage leading to Qi and/or Blood stasis in the affected channels due to trauma, consider: BL, LI, SJ and GB channels Possible involvement of Eight Extraordinary Vessels Tissue damage to tendons and ligaments
TCM complications	Same as WMS complications above plus: Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction Kidney Qi deficiency leading to spinal pathology
Treatment rehabilitation	<p>WMS goals: Decrease pain and inflammation; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels Correct any underlying patterns of imbalance Calm Shen Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments Clear Heat/drain Damp/expel Wind/disperse Cold according to presenting pattern</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture: Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	GP Physiotherapist Chiropractor Osteopath

Sprain Thoracic Spine

Read code: S571.	
Number of treatments: 9	Triggers: 11
Key points	Musculoskeletal thoracic pain is often due to poor posture. Lower cervical and thoracic spinal joints may also be involved The thoracic spine is the most common site in the vertebral column for metastatic tumours, especially from breast, lung and prostate cancer Pain present day and night may indicate cancer Acute non-traumatic onset of thoracic pain could indicate serious cardiac or vascular problems
Special considerations (WMS and TCM)	Age: increased risk of cancer, compression fracture, osteoporosis Weakness or numbness in limbs, loss of normal bladder or bowel function constitute a medical emergency
History (WMS and TCM)	Previous medical history, especially cancers, osteoarthritis, osteoporosis, cardiac conditions, respiratory function Mechanism of injury Previous history of injuries Previous treatment, management, investigations, outcomes Onset of pain: sudden or gradual Involvement of legs (weakness or numbness) bladder or bowel incontinence or retention Location of pain Aggravating and relieving factors Nature and severity of pain Night pain Functional limitations General health past and present: Scheuermann's disorder, medications
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Visual: scoliosis, kyphosis, posture Skin lesions: herpes zoster Range of movement: active, passive, accessory Palpation: spinous processes; reproduction of pain Respiratory function, circulation Neurological examination legs and arms Kyphosis, scoliosis

WMS differential diagnosis	<ul style="list-style-type: none"> Disc prolapse Compression fracture Rib fracture Facet joints Cervical pain referral Ankylosing spondylitis Scheuermann's disorder Cardiovascular disorder Cancer Pulmonary infection: TB, pleurisy, brucellosis, pneumonia Pneumothorax Osteoporosis Referred pain from pulmonary sulcus tumour (Pancoast tumour) Acromio-clavicular strain Pulmonary Embolus
WMS complications	<ul style="list-style-type: none"> Reduced respiratory function Fracture Spinal cord compression Rib involvement
TCM differential diagnosis	<ul style="list-style-type: none"> Qi and/or Blood stasis in the affected channels due to trauma and/or overuse, consider: BL, and GB channels Arthralgia syndrome Possible involvement of Eight Extraordinary Vessels Jing deficiency leading to spinal pathology
TCM complications	<ul style="list-style-type: none"> Same as WMS complications above plus: Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction, Kidney and Spleen Qi deficiency Jing deficiency leading to spine pathology

<p>Treatment rehabilitation</p>	<p>WMS goals: Decrease pain; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels Correct any underlying patterns of imbalance Calm Shen Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments Clear Heat/drain Damp/expel Wind/disperse Cold according to presenting pattern</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
<p>Onward referral</p>	<p>GP Physiotherapist Chiropractor Osteopath Occupational therapist</p>

Sprain Lumbar Spine

Read code: S572.	
Number of treatments: 12	Triggers: 16
Key points	Lumbar pain can be caused by pelvic disease and tumours, (may be indicated by weight loss, history of cancer, low grade fever, severe unremitting pain) Cauda equina syndrome (saddle anaesthesia, bowel or bladder dysfunction) indicate a medical emergency
Special considerations (WMS and TCM)	Previous medical history, especially cancers, osteoarthritis, osteoporosis
History (WMS and TCM)	Mechanism of injury Timing of injury related to symptom development Previous history of injuries Previous treatment, management, investigations, outcomes Onset of pain: sudden or gradual, recurrent Involvement of legs (weakness or numbness) bladder or bowel incontinence or retention Nature and severity of pain; constant or intermittent; area of pain, night pain Aggravating and relieving factors Occupational history Functional limitations General health past and present: arthritis, osteoporosis, neoplasms Medications
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Visual: posture, gait Neurological signs: nerve root and cauda equina syndrome Neuromuscular testing as appropriate/indicated Palpation: lumbar spine joint fixation; lower back muscle spasm; tenderness Range of movement
WMS differential diagnosis	Chronic low back pain (requires different management) Radiculopathy Fracture Tumour (severe unremitting pain) Cauda equina syndrome Inflammatory diseases Sacro-iliac joint dysfunction Spondylosis, spondylolisthesis Facet joints Hamstring/hip strain Osteoporosis Pain of visceral origin

WMS complications	<p>Cauda equina syndrome Spinal canal stenosis Chronic low back pain or history of repetitive injury Psychological/social problems</p>
TCM differential diagnosis	<p>Qi and/or Blood stasis in the affected channels due to trauma and/or overuse, consider: BL, KI and GB channels Arthralgia syndrome Possible involvement of Eight Extraordinary Vessels Underlying patterns of imbalance e.g Qi and Liver Blood deficiency Kidney Qi and Jing deficiency leading to spine pathology</p>
TCM complications	<p>Same as WMS complications above plus: Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction, Kidney and Spleen Qi deficiency</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain; restore range of movement and normal gait; release secondary muscle adaptation</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels Correct any underlying patterns of imbalance Calm Shen Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments Clear Heat/drain Damp/expel Wind/disperse Cold according to presenting pattern</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Chiropractor Osteopath Occupational therapist</p>

Sprain Coccyx

Read code: S574.

Number of treatments: 8

Triggers: 12

Key points	Work and leisure activities: amount of time spent seated
Special considerations (WMS and TCM)	Mechanism of injury: fall onto buttocks; trauma; post-partum Involvement of legs (weakness or numbness), loss of bladder and bowel function constitutes a medical emergency Previous history of injuries
History	Mechanism of injury Timing of injury related to symptom development Previous history of injuries Previous treatment, management, investigations, outcomes Onset of pain: sudden or gradual, recurrent Involvement of legs (weakness or numbness) bladder or bowel incontinence or retention Nature and severity of pain; constant or intermittent; area of pain, night pain Aggravating and relieving factors Occupational history Functional limitations General health past and present: arthritis, osteoporosis, neoplasms
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> Cutaneous regions, tai yang, shao yang etc Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> Associated channels Mu and shu points A shi points Visual Palpation Neurological examination
WMS differential diagnosis	Fracture Sacro-iliac joint dysfunction Lumbar spine Pain of visceral origin Cyst or abscess
WMS complications	Fracture Pelvic rim injury Constipation
TCM differential diagnosis	Qi and/or Blood stasis in the affected channels due to trauma and/or overuse, consider: BL, KI and GB channels Possible involvement of Eight Extraordinary Vessels Underlying patterns of imbalance e.g. Kidney Qi deficiency
TCM complications	Same as WMS complications above plus: Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction, Kidney and Spleen Qi deficiency Jing deficiency predisposing to spine pathology

<p>Treatment rehabilitation</p>	<p>WMS goals: Decrease pain; improve mobility; release secondary muscle adaptation; clear obstruction</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels Correct any underlying patterns of imbalance Calm Shen Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments Clear Heat/drain Damp/expel Wind/disperse Cold according to presenting pattern</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>
<p>Onward referral</p>	<p>GP Physiotherapist Chiropractor Osteopath</p>

Contusion Back

Read code: SE23.	
Number of treatments: 10	Triggers: 12
Key points	
Special considerations (WMS and TCM)	Medical conditions (especially bleeding disorders) Contusion to kidney Drug therapy (e.g. anticoagulants) Underlying back conditions
History (WMS and TCM)	Nature of trauma causing injury: determine force involved and depth of injury History of acute management Pain: severity and location Medical history including medication Emotional response to trauma Haematuria/dysuria Functional limitations
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Temperature, pulse. Oedema Bruising /Haematoma : extent, severity, colour Consider associated injuries: fracture, nerve involvement, circulatory problems, kidney Pain: location and intensity Range of movement Muscle involvement Involvement of legs (weakness or numbness) bladder or bowel incontinence or retention
WMS differential diagnosis	Fracture Underlying joint pathology Abrasion Muscle strain or tear Internal injury
WMS complications	Spinal injury Myositis ossificans (calcification of haematoma in muscle belly) Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use Injury to tendon , nerve or bone Infection Chronic pain Organ damage, particularly kidney Pelvic injury

TCM differential diagnosis	<p>Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma</p> <p>Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising</p> <p>Qi and Blood stasis in local cutaneous region and affected channels, consider: BL and GB channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)</p> <p>Excessive bruising due to Spleen Qi deficiency, Blood Heat</p>
Treatment rehabilitation	<p>WMS goals: Enhance healing of contusion; reduce pain and swelling</p> <p>TCM goals: Disperse stasis of Blood and Qi in the local tissues and affected channels Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected channels Correct any underlying patterns of imbalance. Calm Shen Clear Heat/drain Damp/expel Wind/disperse Cold according to presenting pattern</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Occupational therapist</p>

Crush Injury Back

Read code: SF110	
Number of treatments: 12	Triggers: 16
Key points	Mechanism of injury involves force from two sides
Special considerations (WMS and TCM)	Medical conditions (especially bleeding disorders, diabetes, immunocompromise) Drug therapy (e.g. anticoagulants) Contusion to kidney Underlying back conditions
History (WMS and TCM)	Nature of trauma causing injury Associated injuries History of immediate management Medical history including medication Acute or chronic Involvement of legs (weakness or numbness) bladder or bowel incontinence or retention Pain: distribution, behaviour Functional limitations Emotional response to trauma Haematuria/dysuria
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Oedema: extent and severity Bruising: extent, severity, colour Skin laceration, abrasion Range of movement: spine and peripheral proximal joints Posture Palpation: check temperature for infection, tenderness over renal angle Muscle spasm/injury Neurological signs
WMS differential diagnosis	Intervertebral disc involvement Facet joint dysfunction Fracture Laceration Soft tissue injury: strain or tear Circulatory problems Nerve injury Underlying joint pathology Organ damage
WMS complications	Myositis ossificans Associated tendon or muscle injury Infection Organ damage, particularly kidney Cauda equina syndrome (medical emergency)

TCM differential diagnosis	<p>Qi and Blood stasis in the affected area and channels following trauma, consider BL and GB channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Depending upon the depth of the injury there may be damage to the affected cutaneous region, musculo-tendinous channel, divergent and or main channel and underlying structures such as Zang Fu or bone Shen disturbance</p> <p>Underlying patterns of imbalance e.g. Kidney and Spleen Qi deficiency</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of affected area; reduce pain, oedema, inflammation and bruising; restore range of movement</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels</p> <p>Nourish Liver Blood and reinforce Qi to re-establish the normal flow of Qi and Blood</p> <p>Nourish Kidney, Liver and Spleen to promote healing of bones, soft tissues, tendons and ligaments</p> <p>Correct any underlying patterns of imbalance</p> <p>Calm Shen</p> <p>Clear Heat/drain Damp/expel Wind/disperse Cold according to presenting pattern</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Gua sha</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Occupational therapist</p>

Carpal Tunnel Syndrome

Read code: F340.	
Number of treatments: 12	Triggers: 16
Key points	Compression of the median nerve typically affects palmar aspect of lateral three and a half fingers
Special considerations (WMS and TCM)	Encourage patient to identify and modify/avoid exacerbating factors Causal or associated factors also include trauma, fibrosis, rheumatoid arthritis, myxoedema, gout, pregnancy, premenstrual oedema, hypothyroidism, and diabetes mellitus and weight gain
History (WMS and TCM)	Mechanism of injury: often follows repetitive rapid wrist and finger motion under load Gradual onset Pins and needles in fingers, often at night, relieved by shaking of hands Loss of sensation or paraesthesia in median nerve distribution Clumsiness, loss of grip strength Pain in the wrist may radiate into fingers or up into arm Cervical spine symptoms Oedema of wrist Previous wrist fracture or other injury Dominant/non-dominant side Previous treatment, management, investigations, outcomes Effects on sleep, worse at night Aggravating and relieving factors: worse after activity, better for rest Occupational and leisure activities, especially involving force and repetition Functional limitations General health past and present Pregnancy Diabetes Weight gain
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">Cutaneous regions, tai yang, shao yang etcTendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">Associated channelsMu and shu pointsA shi points Tinel test Phalen test Sensory changes in median nerve distribution Loss of grip strength Carpal joints Weakness or atrophy of thenar muscles Shoulder and arm function Inflammation, heat, swelling Cervical spine examination Other joint involvement

WMS differential diagnosis	<p>Nerve root compression Brachial neuritis Proximal nerve entrapment Thoracic outlet syndrome Tendonitis/tenosynovitis of wrist or elbow Joint pathology/arthritis Previous fracture/trauma to wrist Muscle tear/strain Peripheral neuropathy</p>
WMS complications	<p>Chronic pain Nerve damage: loss of motor or sensory function Tear or rupture of tendon (especially after steroid injection) Scar adhesion post surgery</p>
TCM differential diagnosis	<p>Injury to tendon and nerve following trauma Qi and Blood stasis in local area and affected channels, consider: LU, HT or PC channels</p>
TCM complications	<p>Same as WMS complications above plus: Chronic Qi and Blood stasis can lead to further invasion of pathogenic factors such as Wind, Cold, Damp and Heat (Bi syndrome) Delayed healing or recurrence if underlying deficiencies are not corrected e.g. Liver Qi stagnation, Blood deficiency Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain, paraesthesia, oedema and inflammation; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser acupuncture Moxibustion Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Chiropractor Osteopath Occupational therapist Hand Therapist preferred provider</p>

Flexor Tendon Rupture hand/wrist

Read code: N2264	
Number of treatments: 20	Triggers: 24
Key points	Usually seen after surgical repair
Special considerations (WMS and TCM)	Can be secondary to rheumatoid or osteoarthritis Occasionally due to inappropriate use of corticosteroids May follow prolonged period of tendinosis
History (WMS and TCM)	Mechanism of injury: forced hyperextension of digit Previous steroid injection Dominant/non-dominant side Nature and severity of pain Functional limitations Occupational and leisure activities General health past and present: rheumatoid or osteoarthritis
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">Cutaneous regions, tai yang, shao yang etcTendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">Associated channelsMu and shu pointsA shi points Visual inspection: swelling Range of movement: finger (passive only until sub-acute), wrist Pain on movement Loss of function Resting position: splint requirement Neurological examination
WMS differential diagnosis	Sprain/strain Fracture Infection Carpal ligament injury Open wound with tendon laceration Nerve dysfunction
WMS complications	Adhesion, scarring Contracture of interphalangeal joint Osteoarthritis Joint subluxation Loss of function
TCM differential diagnosis	Injury to tendon following trauma, misuse or overuse Qi and Blood stasis in local area and affected channels, consider: LU, LI, HT, SI, PC or SJ channels and connecting and muscle-tendino (sinew) channels, following misuse, overuse or trauma Underlying Liver Blood deficiency failing to nourish tendons and ligaments or external pathogen obstruction (Bi syndrome) Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: Chronic Qi and Blood stasis can lead to further invasion of pathogenic factors such as Wind, Cold, Damp and Heat (Bi syndrome) Delayed healing or recurrence if underlying deficiencies are not corrected e.g. Qi deficiency, Liver Blood deficiency Shen disturbance

<p>Treatment rehabilitation</p>	<p>WMS goals: Decrease pain and inflammation; enhance tendon repair; restore range of movement; prevent adhesion/scarring; specific goals dependent upon site of rupture and degree of functional impairment involved</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p>
<p>Onward referral</p>	<p>GP Hand Therapist preferred provider Physiotherapist Chiropractor Osteopath</p>

Fracture Scaphoid (closed)

Read code: S2401	
Number of treatments: 12	Triggers: 16
Key points	<p>Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken</p> <p>Often missed initially as pain may not be severe</p> <p>Initial X-rays may not show a fracture</p> <p>May be associated with lunate dislocation</p> <p>Usually seen after immobilisation or surgery</p> <p>Rare in children and the elderly</p> <p>Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
Special considerations (WMS and TCM)	<p>Bone scan is recommended if fracture is suspected but X-rays appear normal</p> <p>Delayed union, non-union, and avascular necrosis of scaphoid are relatively common</p> <p>Wrist ligament injuries</p> <p>Other local fractures</p> <p>Presentation may be several days after injury</p>
History (WMS and TCM)	<p>Mechanism of fracture: fall onto outstretched hand; kickback from starting motors, etc.</p> <p>Local pain and swelling</p> <p>Pain may decrease 2-3 days after injury</p> <p>Occupational and leisure activities</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points <p>Site of pain: over dorsal and palmar aspects of scaphoid; tenderness in anatomical snuffbox (less specific)</p> <p>Swelling</p> <p>Intolerance of wrist extension</p> <p>Finger movement</p> <p>Functional limitations</p>
WMS differential diagnosis	<p>Bennett's fracture of thumb metacarpal</p> <p>Fracture of radial styloid</p> <p>Dislocation of wrist</p> <p>Tendonitis</p> <p>Wrist sprain</p> <p>Scapho-lunate ligament injury</p> <p>Carpal tunnel syndrome</p> <p>Arthritis</p>

WMS complications	Displaced fracture Non-union or malunion of fracture Associated ligament damage Avascular necrosis of proximal fragment Complex regional pain syndrome Osteoarthritis
TCM differential diagnosis	Damage to bone following trauma Qi and/or Blood stasis in the affected channels, consider: LU, or LI channels Possible involvement of Eight Extraordinary Vessels
TCM complications	Non-union of fracture or delayed healing due to Kidney Qi deficiency and/or Blood deficiency and stasis Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance
Treatment rehabilitation	<p>WMS goals: Decrease pain and swelling; increase blood vascularisation; enhance healing of fracture; restore range of movement and function</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM): Acute phase – rest Follow orthopaedic advice regarding exercise activity Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Moxibustion</p> <p>Sub acute: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Liniments and herbal plasters*</p>
Onward referral	GP Hand Therapist preferred provider Physiotherapist Osteopath Chiropractor

Fracture Carpal Bone

Read code: S24Z.	
Number of treatments: 12	Triggers: 16
Key points	<p>May be missed on X-ray</p> <p>Carpal bone fractures may cause neurovascular problems in the hand</p> <p>Usually requires immobilisation in plaster cast</p>
Special considerations (WMS and TCM)	<p>Degree of force involved indicates likelihood of serious injury</p> <p>Document neurovascular status of hand at regular intervals</p> <p>Carpal instabilities may develop early or late after a carpal injury</p> <p>Associated ligamentous or soft tissue injury</p>
History (WMS and TCM)	<p>Mechanism of fracture: generally fall onto outstretched hand</p> <p>Lunate fracture: extension injury; impact to heel of hand</p> <p>Triquetrum fracture: dorso-ulnar pain and swelling</p> <p>Hook of hamate fracture: caused by e.g. golf club hitting ground</p> <p>Pisiform fracture: direct blow; local tenderness</p> <p>Force of impact</p> <p>Local pain and swelling</p> <p>Nerve involvement/circulation</p> <p>Hand dominance</p> <p>Occupational and leisure activities</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> Cutaneous regions, tai yang, shao yang etc Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> Associated channels Mu and shu points A shi points <p>Oedema and point tenderness, possibly bruising</p> <p>Deformity</p> <p>Range of movement: flexion, extension, pronation, supination</p> <p>Finger movement</p> <p>Functional limitations: grip strength</p> <p>Neurological examination</p>
WMS differential diagnosis	<p>Ligament or cartilage injury</p> <p>Forearm fracture</p> <p>Dislocation of wrist</p> <p>Tendonitis</p> <p>Scapholunate instability</p>
WMS complications	<p>Hamate and pisiform fractures: ulnar nerve palsy</p> <p>Lunate dislocation or perilunate fracture: median nerve damage</p> <p>Carpal instability</p> <p>Non-union or malunion of fracture</p> <p>Associated ligament damage</p> <p>Avascular necrosis</p> <p>Inter-articular adhesion with loss of movement</p>
TCM differential diagnosis	<p>Damage to bone following trauma</p> <p>Qi and/or Blood stasis in the affected channels, consider: LU, LI, HT, SI, PC or SJ channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p>

TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying structures eg tendon, nerve</p> <p>Non-union of fracture or delayed healing due to Kidney Qi deficiency and/ or Blood deficiency and stasis</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain and swelling; increase blood vascularisation; restore range of movement</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM):</p> <p>Acute phase – rest</p> <p>Follow orthopaedic advice regarding exercise activity</p> <p>Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Sub acute:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Hand Therapist preferred provider</p> <p>Physiotherapist</p> <p>Occupational therapist</p> <p>Osteopath</p> <p>Chiropractor</p>

Sprain Wrist/Hand

Read code: S52..	
Number of treatments: 10	Triggers: 12
Key points	Includes ligament, tendon attachment, muscular and joint injury May be acute, chronic, or gradual onset Elderly patients are more likely to fracture than sprain Children under 12 years rarely sprain ligaments: X-ray to check for fracture Consider scaphoid fracture in adults Consider tendon rupture in the elderly
Special considerations (WMS and TCM)	Grade of sprain: range of movement with no definite end point indicates rupture Requires early mobilisation, especially in the elderly: risk of frozen shoulder with prolonged immobilisation
History (WMS and TCM)	Mechanism of injury: fall, trauma, twisting injury while gripping fixed object Gradual onset: work and leisure activities Duration of symptoms Pain: location and severity Previous injury or pathology Dominant/non-dominant side Previous treatment, management, investigations, outcomes Effects on sleep Hand dominance Occupational and leisure activities Functional limitations General health past and present Other joint involvement Neurovascular symptoms
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Deformity Tenderness Loss of grip strength Inflammation, heat, swelling Range of movement: active, passive Nerve or vascular problems in hand Crepitus Lateral stability Cervical or thoracic spine involvement Examination of other joints

WMS differential diagnosis	<p>Triangular fibro-cartilage injury Fracture Dislocation Scapho-lunate disassociation Tendonitis, tenosynovitis Ligamentous instability Joint pathology Carpal tunnel syndrome Tendon rupture Referred pain from cervical spine Acute nerve or arterial injury</p>
WMS complications	<p>Chronic recurrent tendonitis Unstable joints Chronic pain Vascular or nerve injury Carpal tunnel syndrome</p>
TCM differential diagnosis	<p>Tissue damage and injury to muscle, tendons and ligaments following trauma Qi and Blood stasis in the affected area and channels, consider: LU, LI, HT, SI, PC or SJ channels and muscle-tendino (sinew) channels Liver Blood deficiency failing to nourish tendons and ligaments Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus: Damage to underlying structures e.g. bone, nerve, and tendon Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p>

Onward referral

GP
Physiotherapist
Chiropractor
Osteopath
Occupational therapist
Hand Therapist preferred provider

Sprain Tendon Wrist or Hand

Read code: S524.	
Number of treatments: 10	Triggers: 12
Key points	Elderly patients are more likely to fracture than sprain Children under 12 years rarely sprain ligaments: X-ray to check for fracture Consider scaphoid fracture in adults Consider tendon rupture in the elderly
Special considerations (WMS and TCM)	Requires early mobilisation, especially in the elderly: risk of frozen shoulder with prolonged immobilisation
History (WMS and TCM)	Mechanism of injury: fall, trauma, twisting injury while gripping fixed object Gradual onset: work and leisure activities Duration of symptoms Pain: location and severity Weakness: muscles involved Previous injury or pathology Dominant/non-dominant side Previous treatment, management, investigations, outcomes Functional limitations General health past and present, underlying inflammatory condition Sensory or motor symptoms
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">Cutaneous regions, tai yang, shao yang etcTendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">Associated channelsMu and shu pointsA shi points Deformity Tenderness Loss of grip strength Inflammation, heat, swelling Range of movement: hand, wrist, elbow; active, passive Strength: hand, wrist, elbow Crepitus Nerve or vascular examinations of the hand Cervical or thoracic spine involvement
WMS differential diagnosis	Triangular fibro-cartilage injury Ligament or joint sprain Fracture Dislocation Scapho-lunate disassociation Tendonitis, tenosynovitis Tendon avulsion Avascular necrosis Ligamentous instability Joint pathology Carpal tunnel syndrome Peripheral nerve condition

WMS complications	<p>Tendon rupture</p> <p>Chronic pain</p> <p>Vascular or nerve injury</p> <p>Carpal tunnel syndrome</p>
TCM differential diagnosis	<p>Tissue damage and injury to tendon following trauma</p> <p>Qi and Blood stasis in the affected area and channels, consider: LU, LI, HT, SI, PC or SJ channels and muscle-tendino (sinew) channels</p> <p>Liver Blood deficiency failing to nourish tendons and ligaments</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying structures e.g. blood vessels, nerves</p> <p>Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement; prevent adhesion/scarring/dysfunction</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Chiropractor</p> <p>Osteopath</p> <p>Occupational therapist</p> <p>Hand Therapist preferred provider</p>

Open Wound Wrist

Read code: S91..	
Number of treatments: 12	Triggers: 16
Key points	Open wounds would be treated only after initial assessment and treatment by a Medical Practitioner/Nurse/Accident and Emergency clinic
Special considerations (WMS and TCM)	Tendon sheath injury or infection requires urgent hospital treatment Evidence of vascular compromise of finger or hand requires urgent referral Self-inflicted wounds require psychiatric assessment
History (WMS and TCM)	Mechanism of injury Circumstances of injury: work-related, assault, self-inflicted History of immediate treatment Associated symptoms/injuries Potential for infection, tetanus status Occupational and leisure activities Previous injury/disability Medical history including medication: immunosuppressants, corticosteroids General health: diabetes, hypertension Emotional response to trauma
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Site and extent of wound Signs/risk of infection Retained foreign bodies Sensory function Range of movement: wrist; fingers Motor nerve involvement Pain: location, nature, severity Oedema: extent and severity Bruising: colour, extent Circulation: colour/warmth; pulses; capillary refill Potential fracture: deformity, local tenderness Ligamentous stability: finger joints
WMS differential diagnosis	Abrasion Crush injury Fracture Ligament, tendon or nerve damage Arterial laceration
WMS complications	Infection Scarring Stiffness Neurological/tendon injury

TCM differential diagnosis	<p>Injury to local cutaneous area, soft tissues, tendon and ligament and possibly bone following trauma</p> <p>Qi and Blood stasis in local area and affected channels, consider: LU, LI, HT, SI, PC or SJ channels and associated fine luo distribution</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying structures e.g. tendon, nerve, bone</p> <p>Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Delayed healing due to underlying deficiencies e.g. Qi deficiency, Blood deficiency</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of wound; reduce pain and swelling; restore range of movement; specific goals depend on structures involved in injury</p> <p>TCM goals:</p> <p>Decrease pain by clearing Qi and Blood stasis in the affected area and channels</p> <p>Restore normal flows of Qi and Blood in the affected channels to enhance wound healing</p> <p>Calm Shen</p> <p>Resolve toxins</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Osteopath</p> <p>Chiropractor</p> <p>Hand Therapist preferred provider</p>

Contusion Wrist/Hand

Read code: SE32.	
Number of treatments: 10	Triggers: 13
Key points	Contusions to limbs carry a risk of compartment syndrome, indicated by pain disproportionate to the injury
Special considerations (WMS and TCM)	Consider additional injuries If not caused by trauma, consider underlying medical conditions Fingernails may require aspiration or drainage Medical conditions (especially bleeding disorders) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury: determine force involved and depth of injury History of acute management Pain: severity and location Dominant/non-dominant side Medical history including medication Emotional response to trauma Occupational and leisure activities Neurovascular symptoms
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Oedema: extent and severity Bruising: extent, severity, colour Haematoma Consider associated injuries: fracture, nerve involvement, circulatory problems Pain: location and intensity Range of movement Palpation: check temperature for infection; peripheral circulation
WMS differential diagnosis	Compartment syndrome: presence or risk Abrasion Fracture Ligament, tendon or nerve damage Muscle strain or tear Ischaemic changes
WMS complications	Compartment syndrome Injury to tendon, nerve or bone Ischaemic contractures/circulation disturbances Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use Myositis ossificans (calcification of haematoma in muscle belly) Infection Chronic pain Neurological injury Haematoma of nail bed requiring drainage

TCM differential diagnosis	<p>Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma</p> <p>Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising</p> <p>Qi and Blood stasis in local affected channels, consider: LU, LI, HT, SI, PC or SJ channels and muscle-tendino (sinew) channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)</p> <p>Excessive bruising due to Spleen Qi deficiency, Blood Heat</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of contusion; reduce pain and swelling; restore range of movement</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels</p> <p>Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected channels</p> <p>Correct any underlying patterns of imbalance.</p> <p>Calm Shen</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Occupational therapist</p> <p>Osteopath</p> <p>Chiropractor</p> <p>Hand Therapist preferred provider</p>

Crush Injury Wrist or Hand

Read code: SF22.	
Number of treatments: 24	Triggers: 30
Key points	Mechanism of injury involves force from two sides
Special considerations (WMS and TCM)	Management of associated injuries: fractures, tendon, nerve, soft tissue, skin Risk of compartment syndrome, indicated by pain disproportionate to the injury Splinting is important Medical conditions (especially bleeding disorders) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury Associated injuries Site of pain Dominant/non-dominant side History of immediate management Medical history including medication Tetanus status Emotional response to trauma Occupational and leisure activities Neurological and circulation symptoms
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">• Cutaneous regions, tai yang, shao yang etc• Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">• Associated channels• Mu and shu points• A shi points Assess risk of compartment syndrome Deformity Oedema: extent and severity Bruising: extent, severity, colour, bony tenderness Skin laceration, abrasion Range of movement and strength of wrist and fingers Palpation: check temperature for infection; peripheral circulation Neurological signs
WMS differential diagnosis	Fracture Laceration Cellulitis Soft tissue injury: strain or tear Circulatory problems Nerve injury
WMS complications	Compartment syndrome/ischaemic contracture Myositis ossificans Nerve, tendon, muscle injury Fracture Necrosis/infection

TCM differential diagnosis	<p>Injury to local cutaneous area, soft tissues, tendons and ligaments, and possibly bone following trauma</p> <p>Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma</p> <p>Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising</p> <p>Qi and Blood stasis in local affected channels, consider: LU, LI, HT, SI, PC or SJ channels and muscle-tendino (sinew) channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Qi block due to fright, in severe trauma</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying structures e.g. muscle, nerve, tendon, bone</p> <p>Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)</p> <p>Excessive bruising due to Spleen Qi deficiency, Blood Heat</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of injured area; reduce pain and swelling</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels</p> <p>Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected area and channels</p> <p>Correct any underlying patterns of imbalance.</p> <p>Calm Shen</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Liniments and herbal plasters*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Gua sha</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Occupational therapist</p> <p>Osteopath</p> <p>Chiropractor</p> <p>Hand Therapist preferred provider</p>

Burns Hand(s)/Wrist

Read code: SH4..	
Number of treatments: 24	Triggers: 30
Key points	Acupuncture is not an appropriate frontline treatment for burns. Ensure that the patient has been assessed by a medical practitioner. Management depends on extent and depth of burn (superficial or deep) Refer to hospital if burn is >10% of body surface area: all children; all deep burns; burns with potential problems, e.g. electrical, chemical, circumferential
Special considerations (WMS and TCM)	General health Emotional response to injury Exposed tendon/bone Skin graft donor site Severe burns may be associated with fluid loss and secondary organ damage
History (WMS and TCM)	Cause of burn: flame, scald, chemical, electrical, etc Percentage of body area involved Depth of burn Respiratory difficulty: inhalation injury Unilateral/bilateral Pain level: check pain management is adequate Surgical intervention Length of hospital stay Previous medical history Functional limitations Emotional response to trauma Occupational and leisure activities Sensory and motor symptoms
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none">Cutaneous regions, tai yang, shao yang etcTendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none">Associated channelsMu and shu pointsA shi points Pain: severity; constant or with movement Stage of healing Scarring Condition of skin graft donor site Oedema Range of movement: fingers, wrist Neurovascular status of limb Contractures/deformities
WMS differential diagnosis	
WMS complications	Wound infection Graft failure Contractures and deformities Scarring Psychological/social problems Sensation alteration Loss of function

TCM differential diagnosis	<p>Injury to tissues and local cutaneous region by excess pathogenic Heat causing obstruction to normal flows of Qi and Blood in the affected channels, consider: ST, SP, BL, KI, GB or LR channels</p> <p>In severe cases consider concurrent Yin fluid damage and damage to underlying structures (in extreme cases the Zang Fu)</p> <p>Qi block due to fright</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS above plus:</p> <p>Damage to underlying structures e.g. muscle, tendon, ligament</p> <p>Potential febrile Bi syndrome</p> <p>Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin</p> <p>Shen disturbance</p> <p>Damage to Yin and Jin-Ye (fluids)</p> <p>Prolonged Qi and Blood stasis leading to scarring/contracture</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of affected area; reduce pain; restore range of movement</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels</p> <p>Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected area and channels</p> <p>Correct any underlying patterns of imbalance</p> <p>Calm Shen</p> <p>Nourish Yin fluids</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Ion-pumping cords*</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Auricular acupuncture</p> <p>Laser acupuncture</p> <p>Tui na</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Osteopath</p> <p>Chiropractor</p> <p>Occupational therapist</p> <p>Hand Therapist preferred provider</p> <p>Councillor</p>

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SE2..	Contusion Trunk	10	12	34
SE20.	Contusion Breast	10	12	36
SE21.	Contusion Chest Wall	10	12	38
SE23.	Contusion Back	10	12	230
SE24.	Contusion Genital Organs	8	10	157
SE3..	Contusion Upper Limb	10	12	197
SE30.	Contusion Upper Arm/Shoulder	10	12	199
SE31.	Contusion Elbow/Forearm	10	12	64
SE32.	Contusion Wrist/Hand	10	13	250
SE33./ SE332	Contusion Finger/Thumb/Fingenail (haematoma)	10	15	104
SE40.	Contusion Hip and Thigh	10	12	111
SE41.	Contusion Knee and Lower Leg	9	10	135
SE42.	Contusion Ankle and Foot	6	8	23
SE43.	Contusion Toe	9	11	79
SE44.	Contusion Lower Limb (multiple sites)	10	14	137
SF110	Crush Injury Back	12	16	232
SF203	Crush Injury Upper Arm	12	16	201
SF22.	Crush Injury Wrist or Hand	24	30	252
SF23./ SF231/ SF233	Crush Injury Finger (open/closed)/Thumb (closed)	24	30	106
SF322	Crush Injury Foot (closed)	12	18	81
SH1..	Burns Head/Neck	20	24	159
SH2..	Burns Trunk	20	24	40

READ CODE	DESCRIPTION	TREATMENTS	TRIGGER	PAGE
SH3..	Burns Arm (excluding Hand)	20	24	66
SH4..	Burns Hand(s)/Wrist	24	30	254
SH5..	Burns Lower Limb	20-30	24	139
TE532	Toxic Reaction Bee Sting	10	22	161
TE60.	Bite (dog)	8	12	163
U120.	Bite (human)	6	10	165

