Orthopaedic medicine

Sir,

I would like to draw your attention to an area of medicine seldom used and rarely taught, a knowledge of which I have found extremely useful in my year as a trainee general practitioner.

My training practice is in a rural area and has two partners and just over 3000 patients. There is an average spread of age groups and the area is relatively affluent with little unemployment and a large farming community.

A one-week course in the rudiments of orthopaedic medicine was enough to give me the confidence to use basic manipulative techniques on my general practice patients with generally good results and grateful patients. Encouraged, I learnt further techniques of injection and manipulation in the treatment of 'mechanical' musculoskeletal disorders and started a six month trial treating these problems at a clinic held one afternoon a week.

Over the six month period I treated 125 separate lesions in 108 patients with acute or chronic neck, back, shoulder or tendon/ligament disorders (Table 1). At the end of the period I sent a questionnaire to every patient asking whether treatment had been helpful or not, whether they would recommend the same treatment to someone else with the same condition, and how useful they felt a clinic of this type was.

Table 1. Lesions treated at clinic.

Lesion	Number treated	Number helped by treatment	Estimated annual incidence (per 1000 patients)[a]
Acute neck	19	17	13
Acute back	33	30	22
Chronic neck	11	11	7
Chronic back	15	11	10
Capsulitis of shoulder	12	9	8
Subacromial bursitis and supraspinatus tendinitis	14	11	9
Tennis elbow	9	6	6
Monoarticular flare ups of rheumatoid/ osteoarthritis	4	4	3
Tenosynovitis	3	3	2
Carpal tunnel	5	4	3
Total	125	106	83

[a]Figures may be an underestimate as some patients were seen by other doctors and did not attend the clinic.

Of the 108 questionnaires sent out 89% were returned. Ninety per cent of patients said they had found the treatment helpful and 95% said they would advise someone else with the same problem to have the same treatment. This sort of clinic was felt to be 'very useful' by 85% of patients; only 3% felt it was 'not useful' and 12% felt it was 'quite useful'.

The treatment helped a high proportion of different types of problems (Table 1) although many patients had not been helped by previous treatment with non-steroidal anti-inflammatory drugs. Many of the patients who had previously been treated by osteopaths and chiropractors would prefer to be treated by their general practitioner but only if he or she had more to offer than drugs.

Not all general practitioners will be interested in using orthopaedic medicine but I would suggest that even those who do not want to inject or manipulate mechanical lesions would benefit from learning a little more about these common disorders. The techniques of orthopaedic medicine are simple, safe, effective, easy to learn[1] and cheap. More emphasis should be placed on treating these disorders in general practice. After all about 15% of people consulting their doctor do so with a 'rheumatic' or musculoskeletal problem.[2]

I strongly encourage general practitioners and trainees to seek extra training in this area of medicine and can vouch personally for those courses run by the Society of Orthopaedic Medicine.

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References

1. Grayson MF. Manipulation in back disorders. *Br Med J* 1986; **293:** 1481-1482.
2. Fry J. *Common diseases.* London: MTP Press, 1979.

The age–sex register in general practice

Sir,

The age–sex register is an important tool in general practice research for selecting the sample group for study. However, for this purpose the register needs to be continually updated and even the best register is likely to have some degree of inaccuracy.

For example, Sheldon and colleagues[1] found an error in the address of 10% of patients from 10 practices (range 5–20%). They recommended that practices interested in research should allow patients every opportunity to correct the details contained on their medical record envelope. Fraser and colleagues[2] found that addresses in the age–sex register were incorrect for 8.2% of patients surveyed from five practices. They suggested that an accurate age–sex register is necessary for screening, research and administrative purposes in general practice.

My trainee project involved the selection of 180 pre-school children from a practice age–sex register. The families of 13 of these children (7%) had changed address. The new address had been recorded on the child's medical record envelope but not in the age–sex register in nine cases (5%) and in the remaining four (2%) the new address had been recorded on the medical record envelope of the parents but not in the age–sex register or on the child's record. As a result of this letters were posted to the wrong address, so reducing the potential response rate of the study.

My project confirms that an up to date age–sex register is necessary for research in general practice. Furthermore if the age–sex register is to be used for screening or research it is important that it is up to date for children as well as for adults.

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References

1. Sheldon MG, Rector AL, Barnes PA. The accuracy of age–sex registers in general practice. *J R Coll Gen Pract* 1984; **34:** 269-271.
2. Fraser RC, Clayton DG. The accuracy of age–sex registers, practice medical records and family practitioner committee registers. *J R Coll Gen Pract* 1981: **31:** 410-419.

The College has produced an information folder on age–sex registers available from the Central Sales Office, Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU, price £3.00 for members including postage (£4.00 for non-members).

Disclosure of medical information

Sir,

The time has come for general practitioners to call a halt to the disclosure of medical information to non-medical agencies, especially insurance companies and future employers. Our patients have no option but to consent to disclosure as to do otherwise would preclude them from their job or life assurance.

It is often said that one of the strengths of the National Health Service and general practice in particular is the lifelong patient records held. However, we are already seeing the reluctance of patients to allow their general practitioners to be