

Guidelines for Manual/Musculoskeletal Medicine Practice and Continuous Medical Education during Covid-19 Pandemic

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1. Acknowledgements

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2. Introduction

2.1. Structure of the Guidelines

It is presented in three parts: Manual/Musculoskeletal Medicine Practice, Continuous Medical Education and References.

2.2. Disclaimer

These guidelines are applicable only in the case of non-acute patient treatments. The purpose of these Guidelines is not to treat complications of Covid-19 disease by means of Manual/Musculoskeletal Medicine¹.

2.3. Need for these Guidelines

Following the sanitary alarm due to SARS-Cov-2 pandemic and taking into account that the virus is going to stay for longer than expected and that human societies need high standard health care, which can only be offered if Continuous Medical Education is achieved, FIMM considers that it is of utmost importance to develop Guidelines on Safe MM and CME Practice in order to help FIMM member societies in their decision makings and protocol developings.

2.4. Aim of these Guidelines

As the variability in legislative issues can be different from country to country and this fact would influence the development of detailed protocols, FIMM will only develop general guidelines which will be common worldwide. In any case, physicans and physician-societies always follow their own country's guidelines.

3. Manual/Musculoskeletal Medicine Practice

3.1. General considerations

- 3.1.1. SARS-CoV-2 is a novel highly contagious virus with many clinical and pathophysiologic aspects unknown at this time.
- 3.1.2. People aged 60 years and over and those included in at-risk groups (underlying medical problems like high blood pressure, heart and lung problems, diabetes, obesity or cancer) are more susceptible to complications derived from SARS-CoV-2 infection².
- 3.1.3. Physical examination and manual or interventional treatments in MM require close contact to the patient, thus increasing the risk of crossed infection if the physician or the patient is a carrier of the virus¹.
- 3.1.4. Due to the chaotic situation the pandemic has forced upon us all, there could be situations where it can be difficult to know exactly what to do or where adequate scientific evidence does not exist. In these cases, common sense is your best tool without disregarding the guidelines of your national Ministry of Health.

3.2. Considerations in decision making

- 3.2.1. Physical examination: If a proper clinical examination is necessary but cannot be performed, a subsequent proper treatment cannot be advised.
- 3.2.2. Risk-benefit principle: consider to use a given MM treatment if it is of prognostic importance in terms of healing or improving the function of the patient. For instance, in a patient who is bedridden because of pain, consider to use a treatment if it is likely to change such situation and get the patient out of bed¹.
- 3.2.3. "Primum non nocere" principle. Alternatives to manual treatment: in certain cases, treatments that do not include close contact to the patient may be possible and should be considered instead (i.e. pharmacological). In other cases, auto-exercises and other self-treatments might be indicated to the patient, thus avoiding close contact (video conference, written instructions...) ¹.
- 3.2.4. When not to use close-contact MM treatments:
 - Physician and/or patient are known to carry or suspected of carrying SARS-CoV-2¹.
 - Physician or patient belongs to an at-risk group: this situation will, at least, give preference to treatments which do not require close proximity¹.
- 3.2.5. Conclusion: Consider MM treatment when all the following meet:
 - Neither the physician nor the patient is sick, a carrier or suspected of being sick or a carrier of SARS-CoV-2¹.

- A proper physical examination can be achieved, if considered necessary.
- The objective of treatment is the prevention of severe injury or of a significant improvement in function and quality of life¹.
- There are no reasonable or timely alternative treatments that will have a similar effect, with a technique not involving intimate manual methods¹.
- Both therapist and patient follow the guidelines of their Ministry of Health, including the use of masks and other personal protective equipment, manual antisepsis before and after treatment and adherence to antisepsis of the treatment surfaces¹.

3.3. Patient information and appointments³

3.3.1. It is important to introduce information regarding prevention measures for SARS-CoV-2 at the time of appointment and at the time of attending the consultation.

3.3.2. Only pre-accepted appointments will be allowed.

3.3.3. Website:

- Downloadable and printable charts should be provided via website. In case of appointment via website.
- A questionnaire should be filled and submitted by the patient before the appointment is accepted. If this modality is not available, telephonic appointment should be used instead.

3.3.4. Telephonic appointment (triage): The patient will be asked to answer a questionnaire in order to assess possible infection with SARS-CoV-2 and/or possibility to be included in an at-risk group, before the appointment is accepted.

3.3.5. On-practice information:

- When a pre-accepted patient arrives at a MM practice, relevant information about protection and behaviour within the installations should be given orally and via downloadable charts.
- Visual signals will be set within the practice in order to ease patients the fulfilment of the given instructions.

3.4. Practice conditions

The practice conditions depend on the guidelines of the jurisdictional Ministry of Health.

4. Continuous Medical Education

4.1. General Considerations

Two different models are offered as exemplars, both trying to comply with SARS-Cov-2 safety general rules and common sense, but obviously none of them is proven to be better than the other.

4.2. The Swiss Model⁴

- Participants (students and instructors) must prove to be SARS-CoV-2 free.
- Course in the same location.
- Participants will be divided into several groups (each group with its own instructors) in order to reduce the possibility of infection and to comply with social distancing rules.
- All participants will follow Covid-19 safety rules.
- Each group will learn, practice and eat separately from the other groups.
- No interaction with persons non-related to the group will be allowed.
- Several rounds of the same course to take place, one with each group.
- Each participant will be housed individually.

4.3. The Israeli Model (capsule courses)⁵

- Participants (students and instructors) must prove to be SARS-CoV-2 free.
- Course simultaneously in several locations (capsules).
- 6 students + one instructor per capsule.
- Lectures and demonstrations simultaneously on-line.
- Practices in each capsule under the supervision of the instructor.
- All participants follow Covid-19 safety rules.

5. References

- ¹ Musculoskeletal Medicine Practitioners Treatment Guidelines For During The CoVID-19 Pandemic – ISMM final (English)
- ² WHO website:
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19>
- ³ COVID-19 Guideline Treat Responsibly for the MSK Doctor – NVAMG
- ⁴ COVID-19: Protection Concept for Manual Medicine – SAMM
- ⁵ Musculoskeletal Education and Manual Training in Israel During the Covid-19 Pandemic: <https://youtu.be/VotdcpE66FQ>
- ⁶ Kanneganti A, et al. Continuing Medical Education during a Pandemic: An Academic Institution’s experience. *Postgrad Med J* 2020;**96**:384–386
- ⁷ Wong A, et al. The Importance of Continuing Medical Education during the COVID-19 Pandemic: the Global Educational Toxicology Uniting Project (GETUP). *Journal of Medical Toxicology* (2020) 16:340–341

ANNEXES

Examples for Guidelines for Manual/Musculoskeletal Practice and Continuous Education during Covid-19 Pandemic

1. COVID-19: Protection Concept for Manual Medicine Swiss Society for Manual Medicine SMM

Applies to the continuing education interdisciplinary focus "Manual Medicine (SMM)" from 8 of June 2020 at the Centre Loewenberg in Murten (FR)

0. Basics

- Regulation 2 on measures to combat coronavirus (COVID-19) (COVID-19 Regulation 2) of 13 March 2020 (as at 28 May 2020) (<https://www.ad-min.ch/opc/en/classified-compilation/20200744/202005280000/818.101.24.pdf>)
- New Coronavirus: How we protect ourselves, as of 13.05.2020 (<https://www.bag.admin.ch/bag/en/home/diseases/outbreaks-epidemics-pandemics/current-outbreaks-epidemics/novel-cov/so-protect-us.html>)
- COVID-19: Protection concept of FMH for the operation of medical practices, as of 11 May 2020 (<https://www.fmh.ch/files/pdf23/schutzkonzept.pdf>)
- COVID-19: Protection concept for "group therapies" as a supplement to the FMH's protection concept for the operation of medical practices, status: 04.05.2020 (<https://www.fmh.ch/files/pdf24/schutzkonzept-sgp.pdf>)
- Checks at the workplace: cooperation between the AMA and the cantonal police (<https://www.fr.ch/de/ama/arbeit-und-unternehmen/arbeitgeber/kontrollen-am-arbeitsplatz-zusammenarbeit-zwischen-dem-ama-und-der-kantonspolizei>)
- Standard protection concept for companies with personal services with physical contact under COVID-19, version 11.05.2020 (https://backtowork.easy-gov.swiss/wp-content/uploads/2020/05/EN_Schutzkonzept_Betriebe_personenbezogenen_Dienstleistungen_11052020.pdf)
- Protection concept Centre Loewenberg Murten (Annex 1)

1. Starting point

On Wednesday, 27 of May 2020, the Federal Council decided that from 6 of June 2020 events with up to 300 participants may again be held. This will be done in compliance with strict hygiene and safety measures.

1.1. General rules of hygiene and conduct of the FOPH

- Keep a distance (2 metres) during the entire training (exception: during manual practice with protective mask);
- Wash/disinfect hands thoroughly with soap;
- Do not shake hands;
- Cough and sneeze into a handkerchief or the crook of your arm.

1.2. Protection concept SMM

The protection concept was drawn up on the basis of the "Standard protection concept for establishments with personal services with physical contact under Covid-19" according to the FOPH and SECO. According to the specifications of the FOPH and SECO, each individual service provider is responsible for its own protection concept, and must implement and enforce it. Information from a telephone conversation on May 4, 2020 with the labour market office of the Canton of Fribourg was also taken into account and incorporated into the concept.

The Swiss Society of Physicians for Manual Medicine SMM is an association whose aim is to establish manual medicine in Switzerland and to ensure appropriate further education and training. In accordance with the FMH (Association of Swiss Doctors) and the SIWF (Swiss Institute for Continuing Medical Education), the SMM assumes responsibility for continuing manual medical education in Switzerland. At the same time, the SMM also offers advanced

training courses for trained manual medical practitioners to meet the obligation to provide advanced training.

The following protection concept applies for the time being to the following further training modules:

- **SAMM Module 2 (CAS): 17-20 of June 2020 at the Centre Loewenberg, Murten**
- **SAMM Module 6 (DAS): 21-24 of June 2020 at the Centre Loewenberg, Murten**

Modules 2 and 6 are part of the two-year, in-service training for the postgraduate diploma in the interdisciplinary specialisation "Manual Medicine (SAMM)", which comprises a total of eight modules and two examination parts. The in-service training was structured according to the university Bologna criteria. For this reason, continuing education is divided into a CAS and DAS course with a corresponding credit system. The continuing education diploma is recognised by the Swiss Institute for Continuing Medical Education (SIWF).

In order to successfully pass the certificates and exams, it is of utmost importance for the participants that the modules take place and that they can acquire the necessary theoretical and practical knowledge. This requires a lot of practical training on patients under the guidance of experienced lecturers.

2. Objectives

- The resumption of the SAMM modules for the continuing medical education diploma in the interdisciplinary specialisation "Manual Medicine SAMM (SAMM)" should be made possible with this protection concept.
- Infections between module participants are to be prevented as far as possible.
- The safety regulations required by the BAG must be implemented and fulfilled.

3. Measures

3.1. Preliminary clarification of the state of health

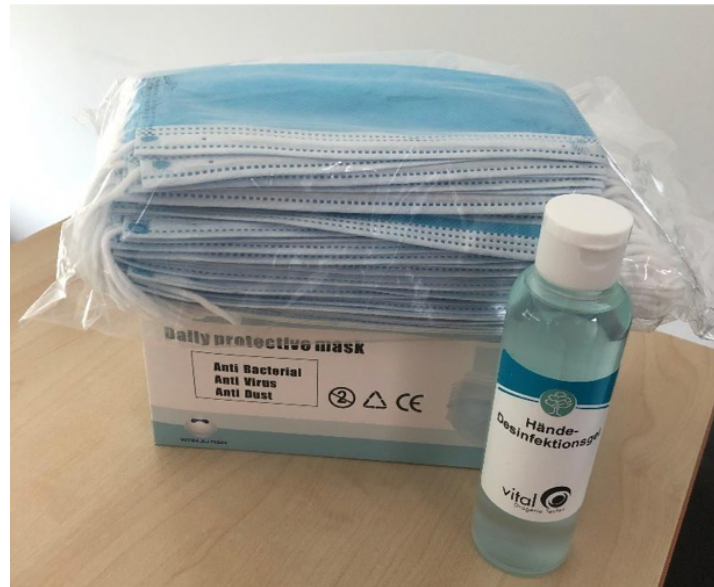
All participants must fill in a confirmation of participation before arrival (see Appendix 2), which must be handed in on arrival. With their signature they confirm that they have complied with the protective measures, accept their own responsibility as medical practitioners and the fact that they are travelling to Murten at their own risk.

- Persons with symptoms indicating Covid-19 disease (coughing, fever, breathing difficulties, joint pain, loss of sense of smell and taste) are not allowed to participate in the training. These persons are recommended to self-isolation and to be checked by a doctor.
- Persons who belong to a so-called risk group should clarify individually whether participation in the course is appropriate (consultation with "family doctor" or self-responsibility as a doctor).

3.2 General regulations

The following rules shall apply:

- Wear clean working clothes;
- Tie up long hair;
- Wash/disinfect hands thoroughly with soap before and after each treatment; use paper towels to dry hands;
- Use paper towels to dry hands; use a lidded waste bin; dispose of waste regularly; protective material is provided and its use is compulsory for all Participants: masks, disinfectants, covers couches;
- The covers of the couches will be replaced after each participant and each couch 1x per half day disinfected;
- 2 masks per person per day.



3.3. Social Distancing rules during breaks and in leisure time

Breaks between the training blocks are carried out in smaller groups and staggered. Social distancing rules also apply here, group formation is prevented by sufficient space and repeated instructions.

Lunch is divided into several shifts, participants are not allowed to scoop their own food, and the waiting areas and seating arrangements are adapted to ensure that the distance of 2 metres is maintained. For this purpose, markings will be placed on the floor and on the tables, clearly assigning each person their area. In addition, additional signs will be put up to explicitly point out the behaviour patterns. The responsibility for safety measures during meal times lies with the congress centre "Centre Loewenberg".

As the participants are all accommodated in single rooms, social distancing can be guaranteed there. Hygiene and distance measures also apply during leisure time and participants are explicitly informed of this responsibility.

3.4. Special measures of the Centre Loewenberg

The Centre Loewenberg is responsible for the following measures:

- Creating its own protection concept;
- Ensure surface disinfection and increased cleaning frequency (WC facilities, door handles, dining areas, loungers etc.);
- Every hour must be extensively ventilated;
- Concept for staggered canteen use; scoop concept;
- Markings and information posters;
- More exercise rooms than usual are made available;
- Provide litter bins with lids.

3.5. Instructions to the lecturers

The SAMM lecturers are responsible for the following points:

- The course instructor (lecturer) also acts as COVID-19 safety officer;
- Instructions on compliance with the safety measures before each block;
- The respective instructors are responsible for compliance with the regulations in responsible for their course groups;
- Several rounds of the same course take place in the assembly hall (distance rule, reduced number of persons).
- The course participants are advised to leave the course room in such a way to speak as little as necessary to avoid dispersing droplets and aerosols unnecessarily. The volume of speech should also be muffled.

3.6. Instructions to the participants

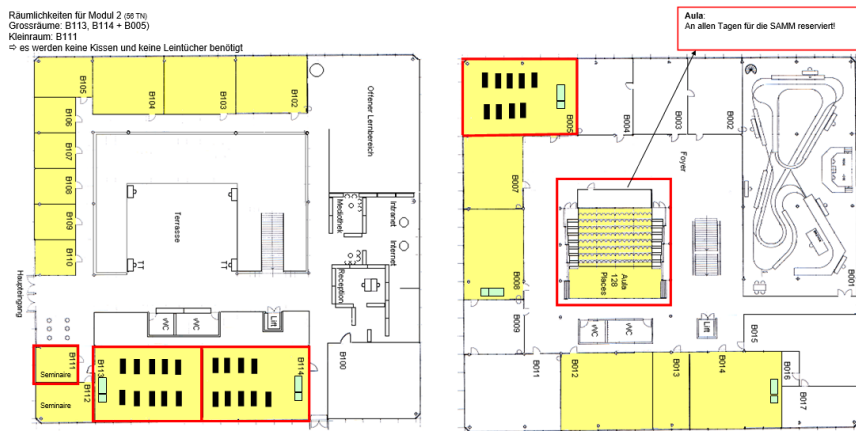
The participants are subject to the following arrangements:

- Participants will be divided into three working groups, which will be equally composed throughout the course. They will learn, practise and eat separately from the other two groups.
- Keep a distance (2 metres) during the entire course (exception: during manual practice with mask);
- Wash/disinfect hands thoroughly with soap on arrival at the course room;
- Fill in the participation confirmation form before arrival;
- The participants will be divided into exercise groups for practical assignments. This makes contact tracing much easier;
- During manual practice, if possible, do not stay in the room of the "exhalation cloud" of the colleague with your own face, or only for as short a time as necessary;
- During manual practice, the subject should always lie on his stomach or on his side, so that the therapist stands behind the subject;
- If possible, breathe through the nose (reduction of droplet transfer).

3.7. Adjusted room layout

SAMM Modul 2 (Mi 17. – Sa 20.06.2020)

Bestuhlung



Einrichtung Grossräume (B113; 20TN ⇒ 10 Liegen / B114; 18TN ⇒ 9 Liegen / B005; 18TN ⇒ 9 Liegen)

Liegen: 11 – 13 Liegen (wird vom Kursleiter 1 Woche vor Kursbeginn definitiv bestimmt)

Stühle: M2, M4, M6: Stühle entsprechend Anzahl Kursteilnehmer + Dozenten, die Aula ist für die Referate reserviert (Änderung durch Kursleiter vorbehalten)
M1, M3, M5: Stühle entsprechend Anzahl Liegen + Dozenten, die Aula wird in der Regel benötigt (Änderung durch Kursleiter vorbehalten)

Wichtig: Die **Kopfteile aller Liegen** müssen **nach rechts** schauen!

The number of people per room is reduced so that complete contact tracing is possible and distances can be better maintained. In addition, attendance lists are kept in each course room.

- Per room max. 25 participants (instead of 34) → 3 Rooms à x m²;
- Max. 11 couches/room.

3.8. Registrations Status 28.05.2020

- CAS module: 51 registrations
- DAS module: 55 registrations

4. Important contacts

COVID-19 security officer on site (course instructor):

Name: First name: Phone number: Mail: Office for general queries and possible tracing:

Dr. rer. publ. Sven Bradke, Managing Director, Kolumbanstrasse 2, 9008 St.Gallen Phone: +41 71 246 51 81 Fax: +41 71 246 51 01

Emergency mobile: +41 78 770 71 42 Mail: info@samm.ch

2. COVID-19: Musculoskeletal Medicine Practitioners – Treatment Guidelines for during the CoVID-19 pandemic

The Israeli Society of Musculoskeletal Medicine ISMM

Introduction

At this time the world's population is enduring a dramatic increase in morbidity from CoVID-19 (Corona) and its associated mortality.

The purpose of these guidelines is to instruct the practitioners of musculoskeletal medicine of different disciplines concerning the preferred type of treatment to give patients suffering from musculoskeletal pain during this pandemic.

The purpose of these guidelines is NOT to treat complications of CoVID-19 disease by means of musculoskeletal medicine (e.g., corona-related post-respirator respiratory physical therapy)

Extensive information in this regard is available in the file "[Suggestions delineating the treatment of CoVID-19 patients](#)" located in the website of the [Israeli] Physiotherapy Organization.

Basic Assumptions

CoVID-19 is a new virus to mankind. The knowledge about it and the morbidity it causes are still not fully understood. However it is already possible to accept several known basic assumptions:

- Patients with chronic pain may be more susceptible to viral illnesses.
- Elderly patients and those suffering from significant other illnesses may be more susceptible to the complications of the virus including increased mortality.
- Physical and interventional treatments in musculoskeletal medicine require close contact with the patient and thus bring with them the increased risk of infection if the therapist or patient is a carrier of the virus.

Considerations in the decision to provide medical treatment by manual techniques in myofascial medicine:

Every decision concerning physical or interventional treatment should include the following considerations:

- **The necessity of the treatment:**

It is preferable to provide treatments accepted to have prognostic importance in the ability to cure or improve function of the patient. (For example, favorable consideration would be given to a person bedridden because of pain, when it is likely that treatment will restore his function; or consideration to withhold treatments whose objective is overall maintenance without any necessary or concrete objective at this time).

- **The existence of alternatives to manual therapy**

There are instances in musculoskeletal medicine wherein alternative therapy/ies exist/s with a reasonable chance of recovery without physical contact between the therapist and patient. Alternatives that are not physical (e.g., pharmacological alternatives) or alternatives that are a form of manual therapy but where the treatment is performed by the patient himself, wherein the therapist is utilized as "only" an instructor in the performance of the therapy (by video chat in WhatsApp or Zoom, etc., or with video clips of demonstrations, written instructions and so on).

- **The risk to the therapist or patient of infection by CoVID-19**

Musculoskeletal medicine is a medical treatment. The provision of medical treatment at times involves an element of risk to the therapist. Even so, the majority of musculoskeletal medicine treatments are elective treatments, defined as treatments whose objective is improvement in quality of life and not "life-saving" treatment.

Thus, when either the patient or therapist belongs to one of the groups at risk for the complications of CoVID-19, treatment by contact or close proximity should be avoided as much as possible.

At-risk groups include: age 60 and over; significant co-morbidity; immune suppression.

Guidelines in the decision to treat manually in myofascial medicine

- A comprehensive ban on a therapist diagnosed as ill or suspected to be ill from CoVID-19 from treating a patient with manual therapy including direct physical contact (in light of the risk to the patient), in effect until the complete recovery of the therapist.
- **Preventing as much as possible from treating a patient diagnosed or suspected to be ill with CoVID-19** with manual medicine including direct physical contact (in light of the risk to the therapist). Treatment of a patient ill with or suspected to be ill from CoVID-19 demands significant clinical justification (e.g., preventing severe disability caused by lack of treatment during the illness – rehabilitation following a fracture, for example), and in this instance the therapist providing treatment will do so in an appropriate setting and means of implementation to provide the greatest safeguards to minimize unnecessary risk to the therapist.
- Musculoskeletal medicine therapists belonging to one of the **groups at significant risk of morbidity** from the CoVID-19 virus should implement social distancing guidelines and refrain from any work involving direct contact with patients.
- There is no need to refrain from treating anyone in a risk group of being a CoVID-19 carrier, or in a risk group of for complications of illness with the virus, however preference should be given to treatment which does not require physical proximity.
- With all patients it is preferable to provide distance treatment as much as possible, utilizing independent therapy (exercise, massage, heat, TENS) and instructional tools (video chat, Zoom, etc.).
- Treatment with opioids and steroids are likely to harm the effectiveness of the patient's immune system and cause him to be more susceptible to immune diseases. It is therefore suggested to take this knowledge into consideration when formulating a treatment plan.

Conclusion: it is possible to consider the provision of musculoskeletal medicine treatment when all of the following conditions have been met:

- The therapist is not sick or suspected of being sick from CoVID-19
- The therapist does not belong to a risk group at significant risk of morbidity from the CoVID-19 virus
- The objective of treatment is the prevention of severe injury or of a significant improvement in function and quality of life
- There are no reasonable or timely alternative treatments that will have a similar treatment effect, with a technique not involving intimate manual methods
- Both therapist and patient follow the guidelines of the Ministry of Health, including the use of masks, gloves, manual antisepsis before and after treatment and adherence to antisepsis of the treatment surfaces according to the guidelines.
- There must be appropriate documentation of each therapeutic encounter including the description of the decision to include or withhold treatment at this time

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