



Assess and manage the care of paediatric patients with MSK injuries and medical conditions

DESCRIPTION

This activity requires Registrars to be able to obtain a comprehensive history, conduct a physical examination, select necessary investigations, formulate and implement a management plan for paediatric patients presenting with musculoskeletal injuries and medical conditions related to physical activity.

The Registrar can perform this activity independently and demonstrates the following competencies:

- Communicate effectively with children and adolescents, adapting interviewing skills accordingly.
- Apply knowledge of physical development and growth patterns through childhood and adolescence and its relevance to skill development, injury, illness and management.
- Apply knowledge of psychological development through childhood and adolescence, its relevance to:
 - Skill development
 - Training and participation in sport and exercise
 - Assessment and management of injury and illness
- Assess children and adolescents presenting with soft tissue injuries or medical problems related to physical activity and select and order appropriate investigations.
- Identify the signs and symptoms of mental health issues, including depression, anxiety and attention deficit hyperactivity disorder (ADHD), and refer appropriately.
- Synthesise relevant information from other sources, such as a patient's family or carers, coach and other professionals.
- Identify suboptimal individual biomechanics, technique issues, concerning training patterns and load management, along with their contribution to possible or current injury.
- Assess:
 - Bone related injuries, including apophyseal injuries
 - Growth and development conditions and variations
 - Osteochondrosis
- Recognise conditions in paediatric patients that are life threatening, those masquerading as sports injuries, requiring urgent care or conditions that are likely to deteriorate.
- Identify non-accidental injury, manage appropriately and follow required reporting pathways.
- Provide explanations about the implications of the child's diagnosis, treatment options, and complications that are clear and adapted to their level of understanding.
- Advise patients and their family and/or carers about medical conditions that might impact upon participation in physical activity and any precautions that should apply when their children are involved in sport.
- Collaborate with patients and their parents/guardians to establish realistic goals of care for children, which may include maintaining physical fitness, improving performance or function, treating symptoms and underlying condition, or preventing injury.



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- Formulate an effective management plan taking into account the child's needs and goals and the wishes of the patient and/or family, sporting group or team.
- Be aware of the vulnerability of young people to unhealthy pressure and influence from coaches and parents and counsel, intervene or report where appropriate.
- Facilitate communication between young persons and their parents/guardians with regard to difficult issues pertaining to treatment and/or management.
- Ensure appropriate informed consent is obtained and documented for therapies and/or procedures, being mindful of age of consent for medical treatment.
- Liaise and collaborate with allied health professionals and/or refer to other specialists.
- Apply knowledge of paediatric nutritional requirements and the differences in these requirements in comparison to adults, when providing dietary advice.
- Prescribe an exercise program to a child or adolescent, taking into account their medical and exercise history and factors affecting exercise adherence.
- Be aware of any mandatory reporting regulations with regards to child neglect, sexual, emotional and physical abuse and exposure to family violence in your jurisdiction.
- Raise awareness of cultural and behavioural issues within teams (bullying, gender discrimination), and athletic residency programs and notify relevant parties.

WORKPLACE-BASED ASSESSMENTS

Mini CEX

Minimum of 3 of any of the following:

- Tarsal coalition
- Apophysitis – e.g. Severs, Osgood Schlatters, radial apophysitis
- Slipper upper femoral epiphysis
- Osteochondrosis – e.g. Legg-Calves-Perthes, Panners, Keinbocks
- Adolescent scoliosis

CbD

Minimum of 1 of each of the following:

- Traumatic growth plate injury – e.g. physeal fracture
- Exercise prescription for an overweight child
- Adolescent athlete with chronic disease e.g. asthma or diabetes

TOTAL MINIMUM - 6



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Must be completed by at least 2 different assessors with a maximum of 50% of assessments completed by any one assessor.

EPA COMPLETION

Registrar name:

Has the Registrar requested completion of this EPA previously?

If yes, please check prior EPA Completion form/s to review feedback provided and previous WBA completed.

Registrar must log relevant WBA forms and provide them when presenting for sign off.

Date	Assessment Type	Case Description	Assessor

☐ The Registrar's logbook indicates sufficient exposure to relevant cases to develop competence.

Recommendation (select one)

Evidence from workplace-based assessments indicates that the Registrar is competent to assess and manage the care of paediatric patients with MSK injuries and medical conditions	
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The Registrar needs to continue learning and completing workplace-based assessment and re-present for assessment of completion of this EPA (provide comment below).	
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The Registrar should complete the following before re-presenting for EPA sign off:

Clinical Training Supervisor:	Signature:
Date:	
Zone Training Coordinator:	Signature:
Date:	