

# **FSG 1100-01**

## **Musculo-Skeletal Injuries and Disorders**

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### Musculo-Skeletal Injuries or Conditions

1. Musculo-Skeletal (MSK) injuries or conditions (including chronic) are common in aircrew. With numerous and highly variable cause mechanisms, clinical courses and prognoses a comprehensive FSG is impractical. FSurgs should therefore manage them as indicated using the following principles:

- a. Flight safety remains paramount. Any MSK condition that potentially impairs the physical capacity to safely carry out any flight duties including emergency and egress is to be assessed with a focused history and physical exam to fully determine physical function. This is to be done at initial and any subsequent assessment. Specialist opinion may be sought where appropriate. In-aircraft functional checks by suitably qualified aircrew (eg check pilots, FEs etc) may be requested where appropriate.
- b. Pain and the potential for subtle incapacitation or distraction is to be included in the assessment. This includes for non-flying positions such as controllers.
- c. MSK conditions may be managed with a range of dispositions from grounding to suitable MELs. Graduated return to flying should be considered where appropriate.
- d. Any medications or treatments are to be managed IAW relevant FSGs.
- e. Specialist opinion (eg Ortho, Physiatry, Sports Med, Rheumatology) may be obtained but is not mandatory except when reviewing conditions in which it is recommended in AMA 100-01 (see paras 11.10 and 11.12), there are persistent associated neurological deficits (Neurology should be consulted), or recovery time is longer than expected for the underlying cause/injury.

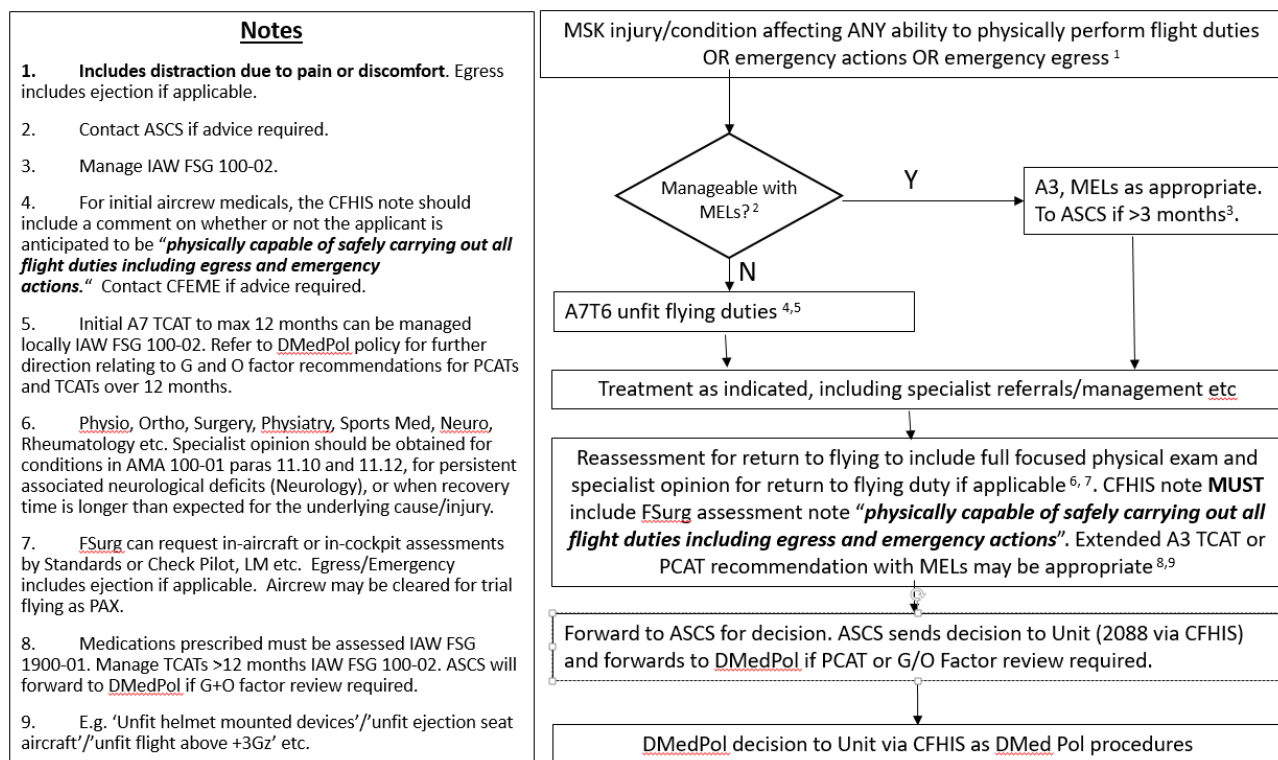
2. Prior to return to flying or controlling duty, a focused physical exam is to be carried out and the following wording is to be included in the CFHIS note ***“physically capable of safely carrying out all flight duties including egress and emergency actions”***.

3. For initial aircrew medicals, the principles described in this guideline should be applied. If, for example, there is a history of significant, complex, or incompletely resolved musculoskeletal injury, the CFHIS note should include a comment on whether or not the applicant is anticipated to be ***“physically capable of safely carrying out all flight duties including egress and emergency***

**actions.**“ If this is uncertain or a period of recovery remains, then CFEME may be contacted to determine the most appropriate action.

## Management Guidance Flowchart

4. Figure 1 is a management guidance flowchart. ASCS may also be contacted at any time for assistance with management, treatment or disposition recommendations.



### FSG 1100-01 MSK Injuries/Conditions