



## OOS or MUD

RSI, OOS, ME, MUD, CPS, CFS, CTD etc, are all stirred into an acronymous concoction. Are these manifestations of a disease of medical thought, which I will name malignant acronymosis (MA)?

Dr Dodwell (<http://www.nzma.org.nz/journal/116-1176/480/>)<sup>1</sup> attempts to resolve this terminological confusion by adding further acronyms when acronyms may be the problem. Does this stem from trying to simplify very complex problems by using telegraphic acronyms? He uses twelve in his paper.

His acronym MUD, a dirty word (DW), can mean 'musculo-skeletal undiagnosed disorder', 'muddled unscientific diagnosis' or better, I think, 'misunderstood disorder'.

These descriptive labels condensed to initial letters masquerade as diagnoses which then tend to be read as labels for disease entities. The separate words that the letters represent are forgotten. For example, OOS consists of three words, each of which must be assessed stepwise as implied in the OSH practitioner's guide of which I was an author:<sup>2</sup>

1. S for syndrome: there must be a recognisable symptom and sign pattern;
2. O for overuse: there must be evidence that the overuse is causative;
3. O for occupation: there must be evidence that the overuse results from work.

This stepwise logical process became buried in the acronym OOS, which was subsumed into a *disease entity* and so to the devaluation of what was a useful descriptive label. Dr Dodwell is reasonably requesting that we go the full circle and re-start doing what was originally intended. But does it help to introduce yet more acronyms? I have for ten years been involved in a large international study to define epidemiological criteria for these syndromes.<sup>3</sup>

Those afflicted by chronic pain, the majority, were then graced by another acronym: CPS (chronic pain syndrome). The same questions on overuse and work causation still have to be answered, and now the ACC act asks whether there is physical injury. CPS still lacks an agreed definition, perhaps because it is not definable, being a mix of several other syndromes. Or is it a still wider umbrella under which the OOS umbrella term can shelter? CPS could be subdivided according to extent and severity into regional (RCPS) or general (GCPS, alias fibromyalgia or chronic widespread pain (CWP)).

Some define CPS as an entity of unknown cause so that they can indulge in a tautological circle of thought enabling them to say (believe?) that this is an entity caused by a constitutional predisposition so that the evidence of work causation, no matter how strong (plausible), can be ignored. Compensation can then be denied no matter how much it may be deserved.

It has even been theorised, on remarkably little evidence, that CPS can be due to disuse (not overuse). This idea also appeals to insurers. According to this theory those

in severe pain are urged to exercise and undergo work hardening, even when it is obviously making them worse (doing harm). The catch phrases 'Use it or lose it' (UOLI) and 'Feel the pain to make the gain' (FPMG) can be disastrous in aggravating the pain and disability associated with these syndromes. There is a possible advantage in using the suggested acronyms for these mantras as they would then be rendered impotent as no-one would not know what they meant.

All this is very confusing to the layman, the review officer, the judge and even the *expert* witness and the independent medical assessor (IPA). I would suggest that the first step in resolving this verbal traffic jam is to outlaw acronyms and use plain English.

I agree that this mess needs to be cleaned up but please do not start by using the DW 'MUD' or the MUD will stick on those who desperately need our help and sympathy. The last thing that they need is derision and ridicule (DR). DR, of course, also refers to those who have sworn the Hippocratic oath (HO).

Primum non nocere. Primarily don't knock your patient (PDKYP).

I have managed to use 19 acronyms here in the hope that their overuse will lead to them being unemployed.

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### References:

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2. Wigley RD, Turner WED, Blake BL, et al. Occupational overuse syndrome. Treatment and rehabilitation. A practitioner's guide. Wellington: Department of Labour; 1992.
3. Helliwell PS, Bennett RM, Littlejohn G, et al. Towards epidemiological criteria for soft-tissue disorders of the arm. Occup Med 2003;53:313-9.