

Supplementary material 1

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Clinical Prioritisation score

The key negative prognostic factors that affect outcome for MSK conditions are considered here. The person's MSK condition is categorised into a low, moderate or high clinical priority condition.

Clinical prioritisation

Condition	Key consideration	Yes , Maybe , No	Score	Weighting	Total score	Comments
Pain	Pain is severe and continuous			3		
	Severe psychological distress (e.g. anxiety, depression, coping) related to their pain			3		
	Unable to sleep with their pain?			2		
Analgesia	Medication is optimised as able and symptoms uncontrolled			3		
Work	Are they classed as a key worker or carer?			3		
	Ability to undertake any work severely compromised due to symptoms despite modifications or modifications not possible.			3		
ADLS	ADLS significantly limited by symptoms.			3		
High-Priority Clinical Conditions - Level 3	Frozen Shoulder; Pain > Stiff (Stage 1) that would benefit from injection consideration/ Progressive neurology e.g. possible Myelopathy, significant weakness or bilateral sciatica			3		
Moderate-Priority Clinical Conditions - Level 2	Knee pain with possible mechanical signs/ Irritable Rotator Cuff Related Shoulder Pain (RCRSP) or Stage 2 Frozen Shoulder/ De Quervain's Tenosynovitis with functional limitation/ Carpal Tunnel Syndrome (non responder to splinting or presenting with possible wasting)/ Mod-Severe OA of any joint/ Medium-high risk neck or back pain (consider STaRT score)			2		
Low-Priority Clinical Conditions - Level 1	Knee pain without possible mechanical signs inc. PFP/ Non-irritable RCRSP/ De Quervain's Tenosynovitis without functional limitation/ Initial presentation of CTS without wasting/ Mild-Moderate OA of any joint/ Lower limb tendinopathy e.g. Plantar Fasciopathy, Achilles, GTPS/ Low-risk neck or back pain (consider STaRT score)/ Trigger Finger/ Other			1		
	Sum of clinical prioritisation score	0			0	
	Total clinical prioritisation score (%)	0				

Patient COVID-19 Risk score

The yes/no response for each risk factor has a corresponding score which is multiplied by the weighting to produce an individual risk factor score.

Patient Risk Assessment		<i>This is a clinical guideline and does not replace clinical reasoning and assessment. The tool is based on UK data.</i>		
Please answer Yes or No to the following questions to determine a risk assessment score				
Do you have any of the following medical conditions?	Yes / No	Score	Weighting	Total score
Aged band				
Aged over 70 years			3	
Aged over 60 years			2	
Aged over 50 years			1	
Male			2	
Active treated Rheumatological condition			3	
Poorly controlled diabetes (HbA1c > 58 mmol/mol), Hypertension, COPD, Heart Disease, Previous Stroke, Chronic kidney disease, Immunocompromised, Dementia			2	
Cancer (within the last year)			2	
BAME background or known low Vitamin D (less than 50nmol/L)			2	
BMI over 40			2	
Current smoker or asthmatic			1	
Total COVID-19 risk score				0

Overall risk score and matrix with corresponding guidance

The matrix has 7 categories for patient risk and 4 categories for clinical prioritisation. The corresponding advice can be used to inform clinician conversations with this patient and discussions with colleagues.

Overall risk score		Risk vs. Clinical Prioritisation Matrix					
Total COVID-19 risk score (from "Patient Risk Assessment" Tab)	0	Total Risk Assessment Score		High clinical prioritisation (76-100)	Moderate - high clinical prioritisation (51-75)	Moderate - low clinical prioritisation (26-50)	Low clinical prioritisation (0-25)
Total clinical prioritisation score (from "Clinical Prioritisation" Tab)	0			0	0	0	1
		0 Negligible	1				1
Overall risk	1	1 - 3 Very Low Risk	0				
Clinician can book appointment directly		4 - 6 Low Risk	0				
		7 - 8 Moderate Risk (low-moderate)	0				
		9 - 10 Moderate Risk (high-moderate)	0				
Guidance		11 - 12 High Risk	0				
Can be seen face to face		13+ Very High Risk	0				
		KEY FOR COLOUR DETERMINATION OF OVERALL RISK					
		1		Can be seen face to face			
		2		Can be seen face to face with caution			
		3		Consider taking extra precautions +/- testing prior to face to face appointment. Review the absolute need for the patient to be seen face to face. Shared decision making with patient			
		4		Consider testing +/- strongly discouraging face to face appointment. Shared decision making			
		5		Strongly discourage face to face appointment			