

Table 1: UK Regular Armed Forces Personnel with a MSK^{1,2}, by Service and location of injury, numbers³

1 January 2017 to 31 December 2017

	Naval Service	Army	RAF
All MSK	12,946	46,239	14,888
Upper Limb	3,731	11,643	4,093
Shoulder	1,860	6,365	2,152
Elbow	528	1,392	650
Forearm	51	164	75
Wrist/Hand	1,501	4,360	1,408
Other upper limb	153	438	179
Lower limb	7,070	29,027	8,071
Hips	584	2,258	702
Knee and other ⁴	2,974	12,658	3,428
Ankle and foot	3,058	12,501	3,379
Other lower limb	1,725	7,478	1,842
Other⁵	5,849	21,707	7,195
Neck	880	2,587	1,184
Thoracic spine	293	1,223	438
Lumbar spine	2,823	11,211	3,448
Other unspecified	3,303	12,380	3,782
Unspecified site⁶	514	1,730	721

Source: JPA and DMICP

1. MSK were identified through presence of a Read code in the electronic medical record (DMICP).

2. Full time trained (Naval Service and RAF)/ trade trained (Army) and serving against requirement.

3. Totals do not add to the sum of their parts. This is because personnel may have multiple MSK records or may move between services. Each service person is counted only once in the total, regardless of how many different records they have or services they were part of.

4. Other includes MSK which affect the knee but which are not necessarily part of the joint. For example, tibial plateau disorders.

5. Other refers to MSK which are not upper limb or lower limb, e.g head, back etc.

6. Unspecified site refers to MSK where the Read code does not identify an injury location. For example, osteoporosis.

Under section 16 of the Act (Advice and Assistance) you should note:

Joint Personnel Administration (JPA) is the most accurate source for demographic information for UK Armed Forces personnel and was used to gather information on a person's Service.

Defence Medical Information Capability Programme (DMICP) has a centralised data warehouse of coded information. It is the source of electronic, integrated healthcare records for primary healthcare and some MOD specialist care providers. DMICP was rolled out in 2007 and legacy medical data for currently serving personnel was migrated across during rollout.

MSK was identified using a list of 2,364 read codes on DMICP as authorised by a number of clinicians who are members of the Defence Musculoskeletal Health Advisory Group (DMHAG). If a member of personnel had at least one of these read codes on their electronic medical record within the year 1 January 2017 and 31 December 2017, they were classed as having MSK. Personnel were not identified as affected by MSK if a read code not within this list was used, or if free text was input instead of a Read code. This results in potential undercount of MSK.

If you are not satisfied with this response or you wish to complain about any aspect of the handling of your request, then you should contact me in the first instance. If informal resolution is not possible and you are still dissatisfied then you may apply for an independent internal review by contacting the Information Rights Compliance team, 2nd Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.gov.uk). Please note that any request for an internal review must be made within 40 working days of the date on which the attempt to reach informal resolution has come to an end.

If you remain dissatisfied following an internal review, you may take your complaint to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not investigate your case until the MOD internal review process has been completed. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website, <http://www.ico.gov.uk>.

I hope this is helpful.

Yours sincerely

Defence Statistics Health