

Perceptions of Filipino Physicians on Screening for Musculoskeletal Disorders among Asymptomatic, Apparently Healthy Children and Adults: A Cross-sectional Study

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ABSTRACT

Background and Objective. Musculoskeletal disorders (MSDs) cause disability and loss of productivity with enormous societal impact. The Philippine clinical practice guideline (CPG) on screening for MSDs was published in 2023 to facilitate early diagnosis and treatment of MSDs. To obtain feedback on its dissemination and implementation, this study aimed to examine the perceptions of Filipino physicians on screening for MSDs among asymptomatic, apparently healthy children and adults.

Methods. An online survey was conducted from March to June 2025. It was sent to a convenience sample of physicians practicing medicine in the Philippines who gave informed consent. Ethical approval was sought, and confidentiality and data privacy of the respondents were ensured. Descriptive statistics were utilized to summarize the data.

Results. The survey participants (n = 353) are predominantly females (60.9%), with a median age of 41 years. Most respondents have mixed government-private practice in secondary and tertiary care and belong to one medical society. The internal medicine specialists comprise the largest group of respondents (38.2%). A low proportion of the respondents (30.6%) are aware of the 2023 Philippine CPG on Screening for MSDs, and only about half have read and used the CPG. Likewise, a low proportion of respondents are aware (21.2%) and have used the website phex.ph to screen MSDs (7.4%) and other diseases (14.4%). The respondents rated the importance of screening from 7 to 10 (10 as "most important") in children and adults. Among apparently healthy children, 41.8% would screen for any MSD and 56.3% for physical inactivity, both congruent with weak recommendations for those disorders, yet 65.5% would screen for scoliosis (discordant with the weak recommendation against screening). Among apparently healthy adults, >60% would screen for physical inactivity and osteoporosis, around 50.0% for fall risk, congruent



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with a strong recommendation for screening. Only 39.1% would screen for sarcopenia despite strong recommendations for screening. Diseases with weak recommendations to screen for, such as any MSD and work-related MSD, would be screened by 53.7% and 62.2% of respondents. The identified barriers to screening were the cost and the lack of knowledge about the CPG. Most respondents considered that training, online screening guides, and government subsidies for screening would facilitate screening for MSDs.

Conclusion. The respondents recognize the importance of screening for MSDs. However, awareness of the screening guidelines is low. There is a need for greater awareness of what diseases to screen for among apparently healthy children and adults. Dissemination and implementation of the Philippine CPG on MSD screening need to be improved. The influence of knowledge, resources, and systemic facilitators or barriers needs to be recognized. Enhancing knowledge through targeted education and more robust policy support could promote early detection and management of MSDs in the Filipino population.

Keywords: *musculoskeletal diseases, mass screening, practice guidelines, Philippines*

INTRODUCTION

There are more than 150 different musculoskeletal disorders (MSDs) affecting approximately 1.7 billion people worldwide.^{1,2} They are typically painful, causing limitations in mobility and function, and are the leading contributor to years lived with disability (YLDs) worldwide, with approximately 149 million YLDs, accounting for 17% of all YLDs.² A study in a Filipino urban community in 1993 found that 16.3% of adults had musculoskeletal complaints, and the most common rheumatic disorders were osteoarthritis and soft tissue rheumatism.³ In 2019, back pain, neck pain, osteoarthritis (OA), rheumatoid arthritis (RA), gout, and other musculoskeletal (MSK) disorders accounted for 18.85% of YLDs of the whole population in the Philippines.⁴ Musculoskeletal and connective tissue diseases account for 0.7% of mortalities and 1 death per 100,000 children aged 15 to 19 years in the country.⁵

While the prevalence of MSDs increases with age, younger people in their productive years may also be affected, leading to an inability to seek employment or premature retirement from work. This has an enormous societal impact due to healthcare costs and productivity loss.⁶ MSDs often co-exist with other noncommunicable diseases and increase the risk of developing other noncommunicable diseases, such as cardiovascular disease, from deconditioning or limited physical activity.⁷ People with MSDs are also at higher risk of developing mental health issues.¹

Despite their huge personal and societal burden, MSDs are often under-recognized, resulting in delayed and sub-optimal treatment.⁸ The need to screen for MSDs among seemingly healthy individuals to enable early diagnosis and treatment is thus clear and urgent. In the last quarter of 2023, the clinical practice guideline (CPG) on screening for MSK diseases among asymptomatic, apparently healthy Filipinos was recognized by the Department of Health (DOH) and included among the approved guidelines for implementation in the Philippines under the Universal Health Care Law.⁹

National and international health organizations recognize CPGs as evidence-based recommendations to improve patient outcomes. For the treatment of low back pain (LBP), one of the top causes of disability globally, a study in the Netherlands showed that higher guideline adherence was associated with fewer functional limitations and treatment sessions.¹⁰ Unfortunately, adherence by clinicians and patients is not always assured.^{11,12} An unpublished audit and service evaluation in 2016 showed only 60% non-adherence to the 2016 National Institute for Health and Care Excellence (NICE) guidelines for low back pain using data from patients referred to a spinal outpatient department in the United Kingdom.¹² A study in Canada showed that medical interventions for patients with LBP were not being maximized in primary care settings, leading to unnecessary spine surgery consultations and longer wait lists.¹¹

A scoping review in 2021 summarized the barriers and facilitators to the utilization of CPGs for the management of MSDs.¹³ Barriers were more common than facilitators and were linked to clinicians' attitudes towards guideline use, perception of other people's behavior, expectations, and perception of how CPGs control their behavior. These findings underscore the influence of clinicians' perceptions and the importance of understanding them to plan effective strategies to promote the use of CPGs for MSDs.

To aid in disseminating and implementing the Philippine MSK screening CPG among asymptomatic, apparently healthy Filipinos of all ages, a study determining the perceptions of Filipino physicians on MSK screening is essential. Moreover, understanding the barriers and facilitators to MSK screening among physicians, initially among the members of the professional societies who participated in the development of the MSK screening CPG, will allow the CPG proponents to improve their strategies for dissemination and implementation. This study aims to determine their awareness of the CPG and their perceptions on screening for MSDs as a practice that they have or would implement in their clinics among asymptomatic, apparently healthy children and adults. Specifically, the study aimed to determine the proportion of the study population who would screen for MSDs and risk factors among children and adults in three clinical scenarios: asymptomatic and apparently well consulting for periodic health examination, a non-MSK complaint, or an MSK complaint; to determine the possible barriers and facilitators to screening MSDs

among asymptomatic, apparently healthy children and adults; and to determine the proportion of the study population aware of the Philippine guideline on screening for MSDs.

METHODS

Study Design, Setting, and Participants

This was a cross-sectional study with prospective enrollment of participants. An online survey was distributed in March to June 2025 to a convenience sample from nine medical societies, namely the Philippine Academy of Family Physicians (PAFP), Philippine Academy of Rehabilitation Medicine (PARM), Philippine Rheumatology Association (PRA), Philippine Orthopedic Association (POA), Philippine College of Physicians (PCP), Philippine Pediatric Society (PPS), Philippine Society of Geriatrics and Gerontology (PSGG)/Philippine College of Geriatric Medicine (PCGM), Philippine College of Occupational Medicine (PCOM), and Osteoporosis Society of the Philippines Foundation, Inc. (OSPFI). These medical societies were targeted because they participated in formulating the 2023 Philippine CPG on Screening for MSDs. Physicians were invited to participate in the survey if they practiced medicine in the Philippines and provided informed consent. A minimum sample size of 385 participants was estimated to determine the proportion of physicians who would screen for MSDs among asymptomatic, apparently healthy children and adults, with a 5% half-width precision and 95% level of significance in a population assumed to have a proportion of 33-50% who would do screening.

Survey Questionnaire

The questionnaire was crafted by the principal investigator and revised by the study team to ensure face and content validity. The questionnaire collected data on demographics (age, sex, field of specialization, specialty organization, and classification of practice as government or private, and primary, secondary, or tertiary level of care). It contained questions on screening for MSDs when asymptomatic, apparently healthy children and adults consult for a periodic health examination or when the consultation is for a musculoskeletal or a non-musculoskeletal complaint. It inquired about possible facilitators and barriers to screening.

Operational Definition of Terms

Screening is testing a person without apparent disease manifestations to detect a disease.

Musculoskeletal disorders (MSDs) are disorders of muscles, bones, joints, and/or adjacent connective tissues. These include soft tissue rheumatism, arthritis, skeletal deformities, and other disorders of the MSK system.

Work-related musculoskeletal diseases (WRMSD) are MSDs in which the work environment and work contribute significantly to the condition, making it worse or persist longer.¹⁴

Perception refers to attitudes, beliefs, opinions, and understanding of screening for diseases or risk factors.

Facilitators are factors or conditions that aid or promote effective screening of MSDs.

Barriers refer to obstacles or challenges that hinder physicians from effectively screening for MSDs.

Study Procedure

Once the study was approved by the University of the Philippines-Manila Research Ethics Board, the investigators sought the approval of the medical societies to disseminate the online survey among their members through the societies' existing modes of online communication (email, Viber, or others). The PPS expressed some difficulty in disseminating the survey to its members, so the study team opted to send the survey to the pediatric department of the Philippine General Hospital (PGH). The survey link was sent through Viber to 200 members of PAFP, 273 of PARM, 200 adult rheumatologists and 32 pediatric rheumatologists of PRA, 775 members of POA, 148 members of the PPS from the PGH, 132 members of OSPFI, and 100 of PCOM. To ensure responses from a nationwide sample, the PCP sent the survey to the 30 members of the Committee on Chapters, who in turn disseminated the link to their members. The survey link was sent via email to 38 physician members of the PSGG and to the 27 members of its Viber group.

Medical societies were requested to issue periodic reminders to their members. The survey was closed after four months, in the absence of new respondents following a last reminder.

Strict confidentiality measures were ensured in data collection and analysis. All data entries were anonymized.

Data Analysis

The characteristics of the study participants were summarized by descriptive statistics. Numerical variables were described as median and interquartile range, while categorical variables were described as frequency and percentages. The proportion of participants who would screen for musculoskeletal disorders and who have identified specific barriers and facilitators of screening were described as frequency and percentage. The rating of importance of screening for each musculoskeletal disorder of interest was described as median and interquartile range.

Data analysis was performed using Stata 17. Missing values were neither replaced nor imputed. Among variables with missing values, the total number of participants with a response was presented. The normality of distribution of numerical variables was checked graphically by a kernel density plot. Confidence level was set at $\alpha = 0.05$.

This paper was written following the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement: guidelines for reporting observational studies.

RESULTS

Characteristics of the Study Population

The study did not meet the minimum sample size of 385. The survey participants (n = 353) were predominantly females (60.9%), with a median age of 41 years, and mostly practiced in secondary and tertiary care (Table 1). Around half of the participants had mixed government-private practice; 11.6% only practiced in government health facilities.

Six (6) medical societies were able to provide the required number of survey participants. The numbers of participants from PCOM, OSPFI, and the geriatric societies were lower than the requested number of 43 per society. The largest group of respondents came from Internal Medicine (n = 135, 38.2%), of whom 45 were rheumatologists, 21 were geriatricians, eight were with OSPFI, and two were with PCOM. Figure 1 shows that most PAFP, POA, PARM, and PPS respondents were members of one target respondent society. Around 47% of the respondents were from two to three medical societies of interest.

A low proportion of the respondents (30.6%) were aware of the 2023 Philippine CPG on Screening for MSDs, and only about half of the respondents had read and used the CPG. Even lower (21.2%) was the proportion of respondents aware of the website *phex.ph* that contains CPGs for screening various diseases among Filipinos. The website has been used by 7.4% of the respondents to screen for MSDs and 14.4% for other diseases.

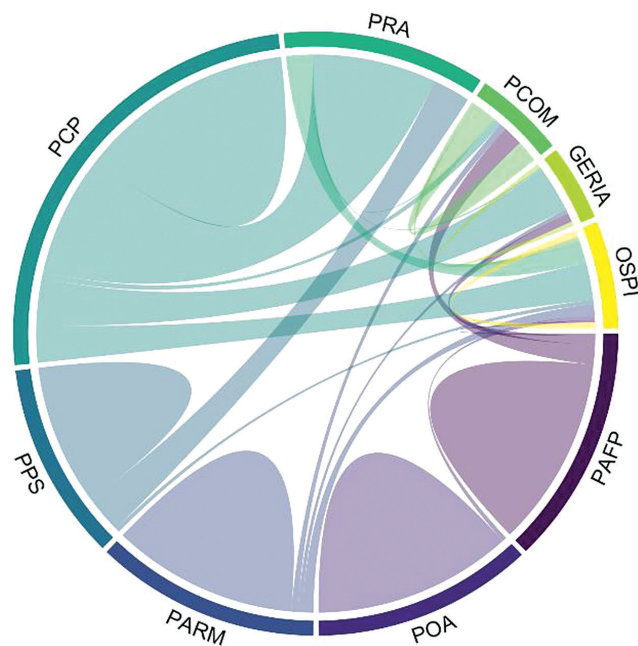


Figure 1. A chord diagram illustrating respondents' membership in one or more medical societies.

Screening in Children

The 2023 Philippine CPG has six statements about screening in children (Table 2). It suggests or recommends optional screening through the pediatric GALS (Gait, Arms, Legs, Spine) locomotor screen annually to identify MSDs and using either the Global School-based Health Survey (GSHS) or the Physical Activity Questionnaire for Children (PAQ-C) at least once a year to screen for physical inactivity among older children and adolescents. It has a strong recommendation against vitamin D screening and a weak recommendation against physical activity measurement among younger children and screening for scoliosis and risk of MSK injuries.

Survey results indicate that most respondents would screen for physical inactivity, scoliosis, MSDs, and risk for MSK injuries when children consulted for an MSK complaint. Less than half of the respondents would otherwise screen for any MSD using the pGALS and for MSK injury

Table 1. Characteristics of the Study Population (n=353)

Characteristic	Median (IQR); Frequency (%)
Age, years	41 (17)
Female sex	215 (60.9%)
Place of practice	
Government	41 (11.6%)
Private	137 (38.8%)
Mixed	175 (49.6%)
Classification of practice	
Primary care	135 (38.2%)
Secondary and tertiary care	218 (61.8%)
Field of primary practice	
Internal Medicine	135 (38.2%)
Family Medicine	57 (16.2%)
Rehabilitation Medicine	51 (14.4%)
Pediatrics	50 (14.2%)
Orthopedics	47 (13.3%)
Occupational Medicine	10 (2.8%)
Nuclear Medicine	2 (0.6%)
Radiology	1 (0.3%)
Membership in the specialty societies	
One society only	223 (63.1%)
Two	116 (32.8%)
Three	14 (3.9%)
Awareness of the 2023 Philippine CPG on MSK screening	
Aware of the CPG	108 (30.6%)
Read the CPG	59 (16.7%)
Used the CPG	59 (16.7%)
Awareness of <i>phex.ph</i>	
Aware of the site to guide MSK screening	75 (21.2%)
Used the site for MSK screening	26 (7.4%)
Used the site for screening for other conditions	51 (14.4%)

CPG: clinical practice guideline. IQR: interquartile range. MSK: musculoskeletal

Table 2. Screening for MSK Disorders

Disorder or risk factor	CPG Recommendation*	Physicians who will screen, Frequency (%)		
		Apparently healthy	With MSK complaint	Non-MSK complaint
Among children		n = 206	n = 229	n = 190
MSD	Weak for screening	86 (41.8%)	188 (82.1%)	72 (37.9%)
Scoliosis	Weak against	135 (65.5%)	174 (76.0%)	62 (32.6%)
Low vitamin D	Strong against	39 (18.9%)	90 (39.3%)	32 (16.8%)
Physical inactivity	Adolescents: weak for screening Children: weak against screening	114 (55.3%)	149 (65.1%)	87 (45.8%)
Risk for MSK injuries	Weak against	100 (48.5%)	166 (72.5%)	65 (34.2%)
Among adults		n = 294	n = 311	n = 296
MSK disease	Weak for	158 (53.7%)	257 (82.6%)	138 (46.6%)
Work-related MSD	Weak for	183 (62.2%)	288 (92.6%)	155 (52.4%)
Osteoporosis	Women >65 years: strong for Women <65 years and men of any age: strong against	184 (62.6%)	264 (84.9%)	156 (52.7%)
Sarcopenia	Adults >60 years: strong for Adults <60 years: weak for	115 (39.1%)	184 (59.2%)	111 (37.5%)
Low vitamin D	Strong against	132 (44.9%)	197 (63.3%)	121 (40.9%)
Physical inactivity	Strong for	199 (67.7%)	259 (83.3%)	185 (62.5%)
Risk of falling	Adults >60 years: strong for Adults <60 years: weak against	157 (53.4%)	238 (76.5%)	149 (50.3%)
Risk for MSK injuries	Weak against	172 (58.5%)	254 (81.7%)	139 (47.0%)

*A strong recommendation for or against screening for a disease is considered a standard of care and forms the basis for health policy. A weak recommendation for or against screening is a suggestion to the clinician and should be discussed with the patient before being carried out. The strength of the recommendation (weak or strong) depends on the level of certainty of the evidence (balance between benefit and harm), disease prevalence, patients' values and preferences, costs, availability, acceptability, and feasibility of the intervention.

CPG: clinical practice guideline, MSD: musculoskeletal disease, MSK: musculoskeletal

risk among children. However, around 50% would screen for physical inactivity among those consulting for a non-MSK complaint (45.8%) and for well-child consultations (55.3%). The majority (65.5%) would screen for scoliosis for well-child consultations, but only 32.6% when the consultation was for a non-MSK complaint. Low vitamin D, which the CPG strongly recommends NOT to be screened, had the lowest screening proportions.

Screening in Adults

The 2023 Philippine CPG strongly recommends screening for physical inactivity among apparently healthy adults, osteoporosis among postmenopausal women >65 years old, sarcopenia among persons >60 years old, and the risk of falling among persons ≥60 years old. The CPG strongly recommends against screening for low vitamin D among apparently healthy individuals of any age. On the other hand, the CPG suggests using the GALS screen annually, screening for sarcopenia and risk of falling among adults <60 years and work-related diseases (MSDs) in the working age groups. It also recommends against screening for osteoporosis in women <60 years old and men at any age and suggests against screening for the risk of MSK injuries in adults.

Most respondents would screen for all the listed MSDs during consultations for MSK complaints, ranging from 59.2%

who would screen for sarcopenia to 92.6% for work-related MSDs (Table 2). However, among well-adult consultations, only 39.1% would screen for sarcopenia, but between 50–60% would screen for most other diseases. During consultations for other complaints, presenting as opportunities to check for non-apparent MSDs, only 37.5% would look for sarcopenia, 46.6% for any MSD, and around 50–60% for work-related MSDs, osteoporosis, risk of falling, and physical inactivity.

While variability was present in the respondents' desire to screen for MSDs and risk factors among well and unwell individuals, the median rating for the importance of screening (Table 3) ranged from 7 to 10 (rating of 10 as "most important") in both children and adults.

Barriers and Facilitators of Screening

Most respondents identified the cost of screening and the lack of knowledge about the CPG as barriers to screening. A few noted that screening tests were difficult or not worth doing (Table 4).

Most respondents agreed that providing training on the screening tests, an online application/software to guide screening, and government subsidies for screening would facilitate screening for MSDs (Table 4).

Table 3. Rating of Importance of Screening (0 not important, 10 most important)

Disorder or risk factor	Importance of screening, Median (IQR)
Among children	
Musculoskeletal disease or disorder, in general [n=256]	9 (3)
Scoliosis [n=255]	9 (4)
Low vitamin D [n=252]	7 (5)
Physical inactivity [n=255]	9 (3)
Risk for musculoskeletal injuries [n=255]	9 (3)
Among adults	
Musculoskeletal disease or disorder, in general [n=322]	9 (3)
Work-related musculoskeletal disease [n=323]	9 (2)
Osteoporosis [n=324]	10 (2)
Sarcopenia [n=324]	9 (4)
Low vitamin D [n=322]	8 (4)
Physical inactivity [n=323]	9 (2)
Risk of falling [n=323]	10 (2)
Risk for musculoskeletal injuries [n=322]	9 (3)

IQR: interquartile range

Table 4. Barriers and Facilitators to Screening for Musculoskeletal Diseases (n=353)

Factor	Frequency (%)
Barriers	
Cost of screening	259 (73.4%)
Lack of knowledge	221 (62.6%)
Screening tests are difficult to do	94 (26.6%)
Screening is not worth doing	26 (7.4%)
Screening tests are not validated in Filipinos	0
Significant added time to the consultation	0
Facilitators	
Training for health workers on screening tests	303 (85.8%)
Online application to guide screening	286 (81.0%)
Government subsidy for screening	286 (81.0%)

DISCUSSION

This study explored Filipino physicians' perceptions regarding the screening of MSDs among asymptomatic, apparently healthy children and adults. The findings reveal a complex interplay between awareness of national clinical guidelines, perceived importance of screening, and actual screening practices in various clinical scenarios.

Despite the availability of the 2023 Philippine CPG on Screening for MSDs, awareness among physicians remains low, with only 30.6% of respondents being familiar with the guideline and even fewer having read or used it.⁹ This limited awareness likely contributes to the variability in screening practices observed across clinical contexts. Notably, the online platform phex.ph, which hosts locally developed CPGs on various topics, was underutilized, with only 7.4% using it for MSD screening and 14.4% for other diseases. The results

are consistent with global trends, where studies have shown that physician awareness and utilization of CPGs are often suboptimal, especially in primary care settings.^{15,16} Factors contributing to this may be categorized according to physician-related, guideline-related, patient-related, and environment-related. Physician-related factors include lack of familiarity and agreement with the guidelines, lack of self-efficacy (or belief that one can perform the behavior), lack of outcome expectancy (or expectation that a recommendation will lead to an improved outcome), and inertia of previous practice (or lack of motivation to change behavior or practice).^{15,17-19} Guideline-related factors include lack of dissemination, access, and ease of use. When physicians were asked about their perceptions of specific guidelines, a significant proportion reported them as inconvenient, cumbersome, and confusing.¹⁶ Patient-related factors include patients' resistance to change or difficulty reconciling their preferences and perceived needs with the guideline recommendations.^{15,20} Lastly, environment-related factors include lack of time, staff or consultant support, and insufficient integration of the guidelines into clinical workflows (whether related to workplace policies, processes, resources, facilities, costing, or reimbursements).¹⁵ All these factors are interrelated and may add to stakeholders' skepticism about the applicability of the guidelines in actual daily practices.²¹

In pediatric care, while the CPG does not advocate for screening for physical inactivity, scoliosis, and risk for other MSK injuries, more than half of the physicians still reported screening for them during well-child visits. Interestingly, a significant proportion (65.5%) would screen for scoliosis during routine check-ups, despite the guideline's weak recommendation against it. This divergence from guideline recommendations may reflect a reliance on traditional practices or perceived clinical utility, a phenomenon observed in other studies where physicians prioritize experiential knowledge over guideline adherence. This may also be due to institutions' practice (e.g., schools) requiring screening among their students for pre-enrolment check-ups or before sports events.

Among adults, screening practices were aligned with guideline recommendations, especially during consultations for MSK complaints. However, screening during well-adult visits or non-MSK consultations was less consistent. For example, only 39.1% would screen for sarcopenia during well-adult visits, despite strong recommendations for screening in older adults (>60 years). This discrepancy may reflect uncertainty about the practicality or utility of certain screening tools in routine practice, a barrier commonly cited in implementation research.²¹

The study also identified key barriers to screening, including cost and lack of knowledge about the CPG. These findings are consistent with previous literature highlighting systemic and informational barriers to guideline implementation.²² Encouragingly, physicians expressed support for interventions that could facilitate screening,

such as training programs, digital tools, and government subsidies. These facilitators align with evidence suggesting that multifaceted implementation strategies—combining education, decision support, and policy incentives—are most effective in improving guideline uptake.²³

The high median importance ratings (ranging from 7–10) for screening across both age groups indicate that physicians generally value MSD screening, even if their practices do not always reflect guideline recommendations. This suggests that with improved dissemination and support, adherence to evidence-based screening protocols could potentially increase.

This study has several limitations. The low response rate is a major limitation. Three of the medical societies did not meet the required sample size. Typical response rates in surveys involving physicians are usually low, averaging below 50%, usually due to lack of time and survey burden.²⁴ Response rates can be improved using follow-up contacts, offering incentives, and building close relationships with participants.²⁵ Because the medical societies were stakeholders in the formulation of the screening guidelines for MSDs, it was bound to favor their members' participation in the survey. They were also the most involved in MSD care. However, our study shows that the size of the medical society, the setup of its communication portals, and the interests of its members can all affect a survey instrument's dissemination and reception.

Inherent in surveys with non-random sampling of the population is selection bias; examples are volunteer or self-selection, nonresponse, and undercoverage biases. However, given the available resources, this was still the most feasible study design to answer the study objectives. Their societies' involvement in formulating the screening guidelines was coupled with the expectation that they would be aware of the screening guidelines. However, awareness was quite low. Given that the sample surveyed was quite small, the findings must be interpreted with caution and are not generalizable to all Filipino physicians. However, it may hint at a generally low awareness in the country.

Response biases are also common in surveys, including social desirability, acquiescence, recall, extreme response, and courtesy biases. Nonetheless, the informed consent form emphasized privacy and confidentiality, stating that the study responses would be handled objectively and with no intention to judge individual clinical practices. This reassurance was intended to minimize response biases.

The study was conducted to obtain an overview of Filipino doctors' awareness and perceptions of the screening guidelines for MSDs. It did not analyze the effect of participant characteristics (age, subspecialty, practice setting) on screening perceptions, reasons for non-participation, and possible interventions that could minimize the perceived barriers to screening. These can be subjects of future research.

To build on the findings of this study, future research should explore the underlying reasons behind physicians' screening decisions through qualitative methods such as focus group discussions or in-depth interviews. This would provide richer insights into the cognitive, cultural, and systemic factors influencing adherence to MSD screening guidelines. Intervention studies evaluating the effectiveness of multifaceted implementation strategies—such as targeted training, digital decision-support tools, and policy incentives—could help identify scalable solutions to improve guideline uptake.

CONCLUSION

Filipino physicians recognize the importance of screening and would screen for MSDs in apparently healthy children and adults. However, awareness of the screening guideline is low. This study highlights a need for greater awareness and understanding of the 2023 Philippine CPG on MSD screening. The influence of knowledge, resource constraints, and systemic barriers must be recognized and addressed. Education that targets who, what, when, where, and how is required. Digital tools and more robust policy support could promote early detection and management of MSDs in the Filipino population. Aside from promoting screening for MSDs, there is also a need to break the prevailing practice of doing screening for conditions for which it is not recommended.

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Statement of Authorship

All authors certified fulfillment of ICMJE authorship criteria.

Author Disclosure

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