

| HIP AND KNEE REFERRAL TRIAGE TOOL | |
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| Condition | Reason for rejection |
| Patients who are being treated for the same condition at another Victorian public hospital | |
| Children under 18 years of age | |
| Osteoarthritis of the knee | <p>Criteria for referral to public hospital specialist clinic services:</p> <ul style="list-style-type: none"> Identified osteoarthritis of the knee with ongoing moderate or severe pain and/or functional impairment, despite at least three months of treatment that has included targeted education, physiotherapy and weight loss (where appropriate). |
| | <p>Decline:</p> <ul style="list-style-type: none"> Osteoarthritis of the knee where at least three months of treatment that included targeted education, physiotherapy and weight loss (where appropriate), has not been trialed. |
| | <p>Information that must be provided in the referral:</p> <ul style="list-style-type: none"> Reason for referral and expectation or outcome, anticipated by the patient, or their carer, and the referring clinician from referral to the health service Findings on physical examination Description of joint affected and onset, nature and duration of symptoms How symptoms are impacting on daily activities including impact on work, study or carer role and level of sleep disturbance Age Details of previous medical and non-medical management including the course of treatments and outcome of treatments x-ray of four views of the affected knee: weight bearing anteroposterior (AP), notch, lateral and skyline views |
| Other knee conditions | <p>Criteria for referral to public hospital specialist clinic services:</p> <ul style="list-style-type: none"> Existing total knee replacement with new pain, loosening or other concern Suspected malignancy of knee, leg or calf Other chronic knee conditions including: <ul style="list-style-type: none"> anterior knee pain chronic anterior cruciate ligament (ACL) tear knee ligamentous injury or instability loose body, unstable osteochondral fragment, |

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| | <div data-bbox="794 197 1197 230" data-label="Text"> <p>osteochoondritis dissecans (OCD)</p> </div> <div data-bbox="751 237 1356 434" data-label="List-Group"> <ul style="list-style-type: none"> ○ meniscal injury or pathology with intermittent mechanical symptoms (locking, clicking, catching) ○ recurrent patella dislocation ○ spontaneous osteonecrosis of the knee </div> <div data-bbox="603 472 703 501" data-label="Section-Header"> <p>Decline:</p> </div> <div data-bbox="654 508 1294 580" data-label="List-Group"> <ul style="list-style-type: none"> ● Recurrent patellar dislocation where non-surgical treatment modalities have not been trialled </div> <div data-bbox="603 736 1203 766" data-label="Section-Header"> <p>Information that must be provided in the referral:</p> </div> <div data-bbox="654 772 1386 1845" data-label="List-Group"> <ul style="list-style-type: none"> ● Reason for referral and expectation, or outcome, anticipated by the patient, or their carer, and the referring clinician from referral to the health service ● Description of joint affected and onset, nature and duration of symptoms ● Findings on physical examination, where relevant include results of clinical ligament and meniscus tests completed ● How symptoms are impacting on daily activities including impact on work, study or carer role and level of sleep disturbance ● Details of previous medical and non-medical management including the course of treatments and outcome of treatments ● If referral relates to previous joint replacement description of new pain, limp or sounds ● If referral relates to injury detail: date, mechanism, severity, recurrence and evolution of injury ● If referral relates to infection or inflammation provide full blood examination and inflammatory marker results (erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP)) ● x-ray of two views of the affected knee: weight bearing anteroposterior (AP) and lateral ● Details of any previous joint surgery including when and where procedures were performed </div> |
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| Osteoarthritis of the hip | <p>Criteria for referral to public hospital specialist clinic services:</p> <ul style="list-style-type: none"> Identified osteoarthritis of the hip with ongoing moderate or severe pain and / or functional impairment, despite at least three months of treatment that has included targeted education, physiotherapy and weight loss (where appropriate) |
| | <p>Decline:</p> <ul style="list-style-type: none"> Osteoarthritis of the hip where at least three months of treatment that included targeted education, physiotherapy and weight loss (where appropriate) has not been trialled |
| | <p>Information that must be provided in the referral:</p> <ul style="list-style-type: none"> Reason for referral and expectation, or outcome, anticipated by the patient, or their carer, and the referring clinician from referral to the health service Description of joint affected and onset, nature and duration of symptoms Findings on physical examination How symptoms are impacting on daily activities including impact on work, study or carer role and level of sleep disturbance Details of previous medical and non-medical management including the course of treatments and outcome of treatments x-ray of the affected hip: anteroposterior (AP) view of pelvis and affected hip showing proximal 2/3 femur, and lateral view of affected hip including weight bearing / standing views |
| Other hip conditions | <p>Criteria for referral to public hospital specialist clinic services:</p> <ul style="list-style-type: none"> Existing total hip replacement with new pain, loosening or other concern Developmental dysplasia of the hip Avascular necrosis of the hip Hip with ongoing moderate or severe pain and / or functional impairment, despite at least three months of treatment that included: targeted education, physiotherapy and weight loss (where appropriate) and where a diagnosis of osteoarthritis or joint infection has been excluded Suspected malignancy of the hip or thigh |
| | <p>Decline:</p> |

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| | <ul style="list-style-type: none"> • Not applicable |
| | <p>Information that must be provided in the referral:</p> <ul style="list-style-type: none"> • Reason for referral and expectation, or outcome, anticipated by the patient, or their carer, and the referring clinician from referral to the health service • Description of joint affected and onset, nature and duration of symptoms • Findings on physical examination • How symptoms are impacting on daily activities including impact on work, study or carer role and level of sleep disturbance • Details of previous medical and non-medical management including the course of treatments and outcome of treatments • If referral relates to infection or inflammation provide full blood examination and inflammatory marker results (erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP)) • x-ray of the affected hip: anteroposterior (AP) view of pelvis and affected hip showing proximal 2/3 femur, and lateral view of affected hip including weight bearing / standing views • Details of any previous joint surgery |