Orthopaedic Surgery
Specialist Clinic Referral Guidelines

AlfredHealth

The impact of COVID-19 has resulted in high demand for specialist clinic consultations. If there is a concern about the delay of the appointment, or any deterioration in the patient's condition, please send an updated referral with additional information.

If the patient's care needs have become urgent, please call the unit registrar on call on 9076 2000.

Please fax referrals to The Alfred Specialist Clinics on 9076 6938. **The Alfred Specialist Clinics Referral Form** is available to print and fax. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service. Advice regarding referral for specific conditions to the Alfred Orthopaedic Surgery Service can be found here.

The clinical information provided in the referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.
Notification will be sent when the referral is received. The referral may be declined if it does not contain essential information required for triage, if the condition is not appropriate for referral to a public hospital, or is a condition not routinely seen at Alfred Health.

The following conditions are not routinely seen at the Alfred:

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age are not seen at The Alfred
- Bone and soft tissue tumours should be referred urgently to St Vincent's Hospital
- Hip arthroscopy is not currently offered at The Alfred

Please note: All referrals for hip and knee osteoarthritis attend the Osteoarthritis Hip and Knee Service (OAHKS), which is staffed by physiotherapists. Referrals may also be triaged and allocated to the Physiotherapy Screening Clinic (direct referrals are not accepted.)

Please refer to the Department of Health Statewide Referral Criteria for Specialist Clinics for further information when referring to Orthopaedics specialist clinics in public hospitals.

Please include in the referral:

Demographic details: • Date of birth • Patient's contact details including mobile phone number • Referring GP details • If an interpreter is required • Medicare number	**Clinical information:** • Reason for referral • Duration of symptoms • Relevant pathology and imaging reports • Past medical history • Current Medications

Please provide MRI results where appropriate to expedite patient management.
Please note: Medicare rebates apply for MRIs requested by a GP for patients over 16 years of age for:

- MRI cervical spine for radiculopathy or trauma;
- MRI knee for acute knee trauma with possible meniscal tear or anterior cruciate tear.

For further information click here

Please note: The times to assessment may vary depending on size and staffing of the hospital department.

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, please contact the Orthopaedic Registrar on call on 9076 2000.

AlfredHealth

Contents

Shoulder
- Shoulder trauma
- Osteoarthritis of the shoulder
- Other non-traumatic shoulder conditions

Elbow:
- Tennis elbow
- Golfers elbow
- Elbow pain/stiffness/locking

Wrist and hand:
- Carpal Tunnel and other nerve compression syndromes
- Stenosing tenovaginitis (trigger finger, De Quervain's)
- Basal thumb arthritis
- Ganglia
- Painful/stiff wrists

Back:
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- Mechanical low back pain without leg pain
- Back pain and sciatica without neurology
- Spinal stenosis with limitation of walking distance
- Back pain and sciatica with neurological deficit
- Back pain secondary to neuroplastic disease or infection
- Back pain with neurological bladder involvement (cauda equina syndrome)

Neck:
- Neck pain without arm pain
- Neck pain with arm pain, without neurology
- Neck pain and radicular arm pain with neurological deficit
- Neck pain secondary to neoplastic disease or infection
- Neck pain with myelopathy

Hip:
- Osteoarthritis of the hip
- Other hip conditions

Knee:
- Osteoarthritis of the knee
- Other knee conditions

Ankles:
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- Pain & instability in Hind Foot
- Achilles Tendon Pathology
- Heel Pain

Miscellaneous:
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- Bone and/or joint infection
- Bone and soft tissue tumours
- Bursitis
  - Pre-patellar bursitis
  - Trochanteric bursitis
  - Olecranon bursitis
- Apophysitis (e.g. Osgood-Schlatter's)
- Symptomatic prostheses (including joint replacements), rods, plates, screws or pins

Fractures

Soft tissue injuries

Shoulder

Shoulder trauma

DH Statewide Referral Criteria apply for this condition.

Direct to an emergency department for:

- Irreducible shoulder dislocation
- Brachial plexus injury after reduction
- Suspected fracture
- Traumatic and deformed acromioclavicular (AC) joint injuries

Criteria for referral to public hospital service

- First episode of shoulder trauma or dislocation in a patient:
- where their occupation or job requires working with their hands above shoulder height
- at risk of further dislocations due to ongoing high-impact activities
- at risk of instability due to structural pathology
- Acute full thickness cuff tear with functional impairment (including following dislocation)
- Recurrent (more than one) dislocated shoulder or shoulder instability despite at least three months of active treatment that included: rehabilitation/physiotherapy, medications and avoidance of triggering events
- Instability associated with structural pathology in a patient (e.g. superior labral anterior posterior (SLAP) lesion, large Bankart lesion)

Information to be included in the referral

Information that **must** be provided

- 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
- If referral relates to injury, detail: date, mechanism, severity, recurrence and evolution of injury
- Findings on physical examination including loss of range of movement and neurological examination
- If recurrent dislocation
- ease and method of dislocations

- details of previous medical and non-medical management including the course of treatments and outcome of treatments
- Hand preference and how symptoms are impacting on daily activities including impact on work, study or carer role and level of sleep disturbance
- x-rays of the affected shoulder, instability views: anteroposterior (AP) view of Glenohumeral joint, lateral view, superior-inferior (SI) view and axillary lateral view of the affected shoulder
- Current and complete medication history (including non-prescription medicines, herbs and supplements and recreational or injectable drugs)

Provide if available

- Ultrasound report (including details of the diagnostic imaging practice)
- MRI scan (including details of the diagnostic imaging practice)
- Statement about the patient's interest in having surgical treatment if that is a possible intervention
- If the person identifies as an Aboriginal and Torres Strait Islander
- If the person is part of a vulnerable population.

Additional comments

The Summary and referral information lists the information that should be included in a referral request.
There are other statewide referral criteria that include reference to shoulder pain:

- Inflammatory arthritis
- Non-traumatic shoulder conditions
- Osteoarthritis of the shoulder

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

- Vulnerable populations include:
    - people from culturally and linguistically diverse backgrounds
    - older Australians
    - carers of people with chronic conditions
    - people experiencing socio-economic disadvantage
    - people living in remote, or rural and regional locations
    - people with a disability
    - people with mental illness
    - people who are, or have been, incarcerated.

Vulnerable patient groups also include terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Referral to a public hospital is not appropriate for

- First episode of shoulder trauma or dislocation without any of the following risk factors:
  - where the person's occupation or job requires working with their hands above shoulder height
  - at risk of further dislocations due to ongoing high-impact activities
  - at risk of instability due to structural pathology
- Acute full thickness cuff tear without functional impairment following dislocation
- Recurrent (more than two) dislocated shoulder or shoulder instability where at least three months of active treatment that included: medications, rehabilitation or physiotherapy and avoidance of triggering events has not been trialled.

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Osteoarthritis of the shoulder

DH Statewide Referral Criteria apply for this condition.

Refer for emergency assessment

Not applicable as a diagnosis of osteoarthritis of the shoulder is based on persistent symptoms

Criteria for referral to public hospital service

Identified osteoarthritis of the shoulder with ongoing moderate or severe pain or functional impairment, or both, despite at least six months of treatment that has included targeted education, physiotherapy (if tolerated) and medication.

Information to be included in the referral

Information that **must** be provided

- 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
- Patient age
- Details of previous medical and non-medical management including the course of treatments and outcome of treatments
- x-ray of two views of the affected shoulder: anteroposterior (AP) and lateral
- Current and complete medication history (including non-prescription medicines, herbs and supplements and recreational or injectable drugs).

Provide if available

- Details of any previous joint surgery, including when and where procedures were performed
- Statement about the patient's interest in having surgical treatment if that is a possible intervention
- If the person identifies as an Aboriginal and Torres Strait Islander
- If the person is part of a vulnerable population.

Additional comments

The Summary and referral information lists the information that should be included in a referral request.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Ultrasound imaging is not indicated, and MRI scans are not required if osteoarthritis is shown on x-ray.

There are other statewide referral criteria that include reference to shoulder pain:

- Inflammatory arthritis
- Shoulder trauma
- Non-traumatic shoulder conditions
- Vulnerable populations include
    - people from culturally and linguistically diverse backgrounds
    - older Australians
    - carers of people with chronic conditions
    - people experiencing socio-economic disadvantage
    - people living in remote, or rural and regional locations
    - people with a disability
    - people with mental illness
    - people who are, or have been, incarcerated.

Vulnerable patient groups also include terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Referral to a public hospital is not appropriate for

- Osteoarthritis of the shoulder where at least six months of treatment that included targeted education, physiotherapy (if tolerated) and medication has not been trialled.

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Other non-traumatic shoulder conditions

DH Statewide Referral Criteria apply for this condition.

Direct to an emergency department for:

- Acutely septic prosthetic joint
- Suspected septic arthritis
- Suspected malignancy
- Pathological fracture

Criteria for referral to public hospital service

- Functional impairment that persists despite at least three months of active treatment that included: physiotherapy/rehabilitation, medications (anti-inflammatories, paracetamol or corticosteroid injection) due to the following shoulder conditions:
- non-traumatic acromioclavicular (AC) joint problems
- adhesive capsulitis (frozen shoulder)
- chronic rotator cuff tear
- tendinopathy
- Existing shoulder replacement with new pain, loosening or other concern.

Information to be included in the referral

Information that **must** be provided

- 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 including loss of range of movement and neurological examination
- Hand preference and how symptoms are impacting on daily activities including impact on work, study or carer role and level of sleep disturbance
- x-ray of the affected shoulder: anteroposterior (AP), lateral view and axillary lateral views of Glenohumeral joint
- History of and response to physiotherapy
- Current and complete medication history (including non-prescription medicines, herbs and supplements and recreational or injectable drugs)

- If referral relates to previous joint replacement, description of new pain, sounds or dislocation and when and where procedure was performed
- If referral relates to tendinopathy, history of smoking and patient's willingness to start a plan to quit smoking
- Details of any previous shoulder surgery including when and where procedures were performed.

Provide if available:

- Ultrasound report (including details of the diagnostic imaging practice)
- MRI scan (including details of the diagnostic imaging practice)
- Allied health assessments
- If inflammation is suspected: full blood examination and inflammatory marker results (erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP))
- Statement about the patient's interest in having surgical treatment if that is a possible intervention
- If the person identifies as an Aboriginal and Torres Strait Islander
- If the person is part of a vulnerable population.

Additional comments

The Summary and referral information lists the information that should be included in a referral request.
Where appropriate and available the referral may be directed to an alternative specialist clinic or service.
There are other statewide referral criteria that include reference to shoulder pain:

- Inflammatory arthritis
- Osteoarthritis of the shoulder
- Shoulder trauma
- Vulnerable populations include
    - people from culturally and linguistically diverse backgrounds
    - older Australians
    - carers of people with chronic conditions
    - people experiencing socio-economic disadvantage
    - people living in remote, or rural and regional locations
    - people with a disability
    - people with mental illness
    - people who are, or have been, incarcerated.

Vulnerable patient groups also include terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Referral to a public hospital is not appropriate for

The following shoulder conditions where there is no functional impairment, or when at least three months of active treatment that included: physiotherapy/rehabilitation and medications (anti-inflammatories, paracetamol or corticosteroid injection) has not been trialled:

- non-traumatic acromioclavicular (AC) joint problems
- shoulder pain or stiffness, including shoulder adhesive capsulitis (frozen shoulder)
- rotator cuff tear
- tendinopathy.

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Elbow:
Tennis / Golfer's Elbow

Evaluation
Standard history and examination

Management
- Bands
- Anti inflammatories
- Modify activity (eg patient with tennis elbow to use wrist in supination as much as possible)
- Physiotherapy
- Consider Cortisone injection

Elbow Painful / Stiffness / Locking

Evaluation
Standard history and examination
Consider FBE, ESR & CRP if inflammation suspected

Management
Anti inflammatories
Physiotherapy

Additional comments:
Please include the essential demographic details and clinical information in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Wrist and Hand:
Carpal tunnel and other nerve compression syndromes

DH Statewide Referral Criteria apply for this condition.

Direct to an emergency department for:

- Acute development of peripheral nerve compression symptoms following trauma

Criteria for referral to public hospital service

- Neurogenic injury confirmed by nerve conduction study with either:
  - severe disabling symptoms with weakness and wasting
  - rapid progression
  - unresponsive to at least three months of medical management (that is at least two of hand therapy, orthotics/splinting, ergonomic modifications, local steroid injection, oral steroids, alone or in combination)
- Recurrence of neurogenic injury after surgical decompression.

Information to be included in the referral

Information that must be provided:

- Reason for referral and expectation or outcome, anticipated by the patient, or their carer, and the referring clinician from referral to the health service
- Recent nerve conduction study report
- Description of onset, nature, progression, recurrence and duration of symptoms
- How symptoms are impacting on daily activities including impact on work, study or carer role
- Details of previous medical and non-medical management including the course of treatments and outcome of treatments
- If referral relates to recurrence after surgical decompression, details of previous surgery including when and where procedure(s) were performed
- Statement about the patient's interest in having surgical treatment if that is a possible intervention.

Provide if available:

- Details of any previous related surgery
- If the person identifies as an Aboriginal and/or Torres Strait Islander
- If the person is part of a vulnerable population.

Additional comments

The Summary and referral information lists the information that should be included in a referral request.

As the finding of a nerve conduction study is needed for referral, people experiencing barriers to accessing a nerve conduction study may need to be referred to a public health service for this imaging service.

Patients presenting with mild carpal tunnel syndrome should be offered conservative management, which may include hand therapy, orthotics/splinting, ergonomic modifications, local steroid injection or oral steroids. Combined therapies may be more beneficial than therapies in isolation of one another.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

- Vulnerable populations include:
    - people from culturally and linguistically diverse backgrounds
    - older Australians
    - carers of people with chronic conditions
    - people experiencing socio-economic disadvantage
    - people living in remote, or rural and regional locations
    - people with a disability
    - people with mental illness
    - people who are, or have been, incarcerated.

Vulnerable patient groups also include terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Referral to a public hospital is not appropriate for

- Diagnosis unconfirmed by nerve conduction study
- Where at least three months of medical management (that is at least two of hand therapy, orthotics/splinting, ergonomic modifications, local steroid injection or oral steroids, alone or in combination), has not been trialled.

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Stenosing Tenosynovitis (trigger finger and De Quervain's)

Evaluation
Standard history and examination

Management

- Consider injection with steroids

Basal Thumb Arthritis

Evaluation
Standard history and examination
X-rays (AP & lateral):

Management

- Anti inflammatories
- Activity modification
- Consider steroid injection
- Splinting/Physiotherapy

Additional comments:
Please include the essential demographic details and clinical information in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Ganglia

Evaluation
Standard history and examination

Management
Consider aspiration (18g needle) and multiple puncture

Painful / stiff wrists

Evaluation

- Standard history and examination
- X-ray (AP & lateral wrist):
- FBE, ESR & CRP if inflammation suspected

Management

- Anti inflammatories
- Trial of wrist splint
- Physiotherapy

Additional comments:
Please include the essential demographic details and clinical information in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Back
Progressive lower back pain

DHHS Statewide Referral Criteria apply for this condition.

Direct to an emergency department for:

- Clinical signs of spinal nerve root or spinal cord compression associated with rapidly progressive neurological signs or symptoms or suspected cauda equina syndrome
- Present or suspected ruptured abdominal aortic aneurysm
- Suspected spinal infection
- Recent spinal trauma or fracture associated with neurological deficits.

Immediately contact the neurosurgery registrar to arrange an urgent neurosurgery assessment for:

- New diagnosis of spinal tumour with neurological deficits.

Criteria for referral to public hospital service

- Severe or progressive low back pain with either:
  - persistent or increasing radicular symptoms despite at least three months of treatment that has included physical therapy, medications (analgesia or corticosteroid injections) and psychological treatment (where required)
  - progressive neurological deficit(s) for example, lower limb weakness such as foot drop, abnormal lower limb tone
  - worsening neurogenic claudication (reduced walking distance or time)
  - signs of serious pathology.

Information to be included in the referral

Information that **must** be provided

- Reason for referral and expectation, or outcome, anticipated by the patient, or their carer, and the referring clinician from the referral to the health service
- Pain history: onset, location, nature of pain and duration
- If referral relates to injury, detail date, mechanism and severity
- How symptoms are impacting on daily activities including impact on work, study, school or carer role and level of sleep disturbance

- Comprehensive past medical history including any history of:
  - previous malignancy
  - known abdominal aortic aneurysm
  - injectable drug use
  - previous long-standing steroid use
  - recent serious illness
  - recent significant infection
  - recent significant trauma
- Details of previous medical and non-medical management including the course of treatments and outcome of treatments
- If progressive neurological deficit, detail duration of neurological signs and symptoms, include affected side
- If neurogenic claudication, radicular symptoms (sciatica) or suspected serious pathology, MRI scans or CT imaging (including date and details of the diagnostic imaging practice).

Provide if available:

- Details of any previous spinal surgery, including when and where procedures were performed
- Statement about the patient's interest in having surgical treatment if that is a possible intervention
- Any recent relevant imaging or investigation results
- Full blood examination
- Inflammatory marker results (erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP))
- Liver function tests
- Glomerular filtration rate (GRF).

Additional comments

The Summary and referral information lists the information that should be included in a referral request.

There are other statewide referral criteria that could also be considered for Inflammatory arthritis, Ankylosing spondylitis (inflammatory back pain), Persistent or chronic secondary musculoskeletal pain and the Health Independence Program chronic pain service.

Where the referral relates to worsening neurogenic claudication referral to a health service that offers neurosurgery or spinal surgery services should be considered.

After an initial specialist assessment patients may be transferred to another health service to receive ongoing care or treatment.

MRI scans or CT imaging are not required in the absence of serious pathology and x-rays are not required unless a vertebral fracture is suspected.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for:

- Low back pain that is not progressive
- Low back pain where at least three months of treatment that has included physical therapy, medications (analgesia or corticosteroid injections) and psychological treatment (where required) has not been trialled
- Referrals based on incidental findings found on imaging without clinical significance.

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Neck:
Neck pain without arm pain
Neck pain with arm pain without Neurology

Evaluation

Standard history and examination including key points:

- Duration of symptoms
- Presence of neurological symptoms and signs
- Functional impairment
- Time off work
- Weight loss, loss of appetite and lethargy
- Fever and sweats
- Treatment to date
- Previous spinal surgery
- Previous malignant disease
- General medical condition and medication

Investigations if symptoms persist:

- X-ray (AP & lateral cervical spine)
- CT scan/MRI

Please note: Medicare now provides a rebate for MRI cervical spine for cervical radiculopathy or trauma in patients over 16 years of age when requested by a General Practitioner.

- FBE, ESR, & CRP if inflammation is suspected
- Biochemistry

Consider according to clinical suspicion:

- Calcium and phosphate
- Protein electrophoresis
- Immunoglobulins
- PSA
- Rheumatoid serology

Management

- Physiotherapy
- Activity modification
- Analgesics and NSAIDs (see ACC guidelines booklet)

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Neck:
Neck pain and radicular arm pain with neurological deficit

Direct to the Emergency Department for:

- Cervical myelopathy

Please call the Admitting Officer on 1800 ALFRED **(1800 253 733)**

Immediately contact the Orthopaedic Surgical Registrar to arrange an urgent Orthopaedic assessment for:

- Acute neck pain with radicular muscle power deficit
- Acute neck pain with radicular sensory deficit only refer Urgent or Routine depending on severity.

Evaluation

Standard history and examination including key points:

- Duration of symptoms
- Presence of neurological symptoms and signs
- Functional impairment
- Time off work
- Weight loss, loss of appetite and lethargy
- Fever and sweats
- Treatment to date
- Previous spinal surgery
- Previous malignant disease
- General medical condition and medication

Investigations if symptoms persist:

- X-ray (AP & lateral cervical spine)
- CT scan/MRI

Please note: Medicare now provides a rebate for MRI cervical spine for cervical radiculopathy or trauma in patients over 16 years of age when requested by a General Practitioner.

- FBE, ESR, & CRP if inflammation is suspected
- Biochemistry

Consider according to clinical suspicion:

- Calcium and phosphate
- Protein electrophoresis
- Immunoglobulins
- PSA
- Rheumatoid serology

Neck Pain Secondary to Neoplastic Disease or Infection
Neck Pain with Myelopathy

Direct to the Emergency Department

Please call the Admitting Officer on 1800 ALFRED **(1800 253 733)**

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Osteoarthritis of the hip

DH Statewide Referral Criteria apply for this condition.

Refer for emergency assessment:

Not applicable as a diagnosis of osteoarthritis of the hip is based on persistent symptoms.

Criteria for referral to public hospital specialist clinic services:

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).

Information to be included in the referral

Information that **must** be provided

- 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.

Provide if available:

- Results from most recent hip and knee questionnaire, or similar symptom burden questionnaire
- Current and complete medication history (including non-prescription medicines, herbs and supplements and recreational or injectable drugs)
- Statement about the patient's interest in having surgical treatment if that is a possible intervention
- If the person identifies as an Aboriginal and Torres Strait Islander
- If the person is part of a vulnerable population
- Details of any previous joint surgery.

Additional comments

The Summary and referral information lists the information that should be included in a referral request.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

MRI scans are not required if osteoarthritis is shown on x-ray.

There are other statewide referral criteria that include reference to hip pain:

- Inflammatory arthritis
- Other hip conditions

Vulnerable populations include:

- people from culturally and linguistically diverse backgrounds
- older Australians
- carers of people with chronic conditions
- people experiencing socio-economic disadvantage
- people living in remote, or rural and regional locations
- people with a disability
- people with mental illness
- people who are, or have been, incarcerated.

Vulnerable patient groups also include terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Referral to a public hospital is not appropriate for

- 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.

Additional information:

All referrals for hip and knee osteoarthritis attend the Osteoarthritis Hip and Knee Service (OAHKS), which is staffed by physiotherapists.
OAHKS information

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Other hip conditions

DH Statewide Referral Criteria apply for this condition

Direct to an emergency department for:

- Acutely septic prosthetic joint
- Joint dislocation
- Suspected acute bone infection
- Suspected fracture, or fracture requiring manipulation or operation.

Criteria for referral to public hospital specialist clinic services

- 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.

Information to be included in the referral

Information that **must** be provided

- 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.

Provide if available:

- Results from most recent hip and knee questionnaire, or similar symptom burden questionnaire
- Recent HbA1c results if patient has diabetes
- History of smoking
- Current and complete medication history (including non-prescription medicines, herbs and supplements and recreational or injectable drugs)
- Statement about the patient's interest in having surgical treatment if that is a possible intervention
- If the person identifies as an Aboriginal and Torres Strait Islander
- If the person is part of a vulnerable population.

Additional comments

The Summary and referral information lists the information that should be included in a referral request.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

There are other statewide referral criteria that include reference to hip pain:

- Inflammatory arthritis
- Osteoarthritis of the hip

Vulnerable populations include:

- people from culturally and linguistically diverse backgrounds
- older Australians
- carers of people with chronic conditions
- people experiencing socio-economic disadvantage
- people living in remote, or rural and regional locations
- people with a disability
- people with mental illness
- people who are, or have been, incarcerated.

Vulnerable patient groups also include terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Referral to a public hospital is not appropriate for

Not applicable.

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Osteoarthritis of the knee

DH Statewide Referral Criteria apply for this condition

Refer for emergency assessment:

Not applicable as a diagnosis of osteoarthritis of the knee is based on persistent symptoms.

Criteria for referral to public hospital specialist clinic services

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).

Information to be included in the referral

Information that **must** be provided

- 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

Provide if available:

- Details of any previous joint surgery
- Results from most recent hip and knee questionnaire, or similar symptom burden questionnaire
- Current and complete medication history (including non-prescription medicines, herbs and supplements and recreational or injectable drugs)
- Statement about the patient's interest in having surgical treatment if that is a possible intervention
- If the person identifies as an Aboriginal and Torres Strait Islander
- If the person is part of a vulnerable population

Additional comments

The Summary and referral information lists the information that should be included in a referral request.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Ultrasound imaging is not indicated, and MRI scans are not required if osteoarthritis is shown on x-ray.

There are other statewide referral criteria that include reference to knee pain:

- Inflammatory arthritis
- Other knee conditions

Vulnerable populations include:

- people from culturally and linguistically diverse backgrounds
- older Australians
- carers of people with chronic conditions
- people experiencing socio-economic disadvantage
- people living in remote, or rural and regional locations
- people with a disability
- people with mental illness
- people who are, or have been, incarcerated.

Vulnerable patient groups also include terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Referral to a public hospital is not appropriate for

- Osteoarthritis of the knee where at least three months of treatment that included targeted education, physiotherapy and weight loss (where appropriate) has not been trialled.

Additional information:

All referrals for hip and knee osteoarthritis attend the Osteoarthritis Hip and Knee Service (OAHKS), which is staffed by physiotherapists.
OAHKS information

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Other knee conditions

DH Statewide Referral Criteria apply for this condition

Direct to an emergency department for:

- Acutely septic prosthetic joint
- Joint dislocation
- Knee extensor mechanism rupture
- Locked knee where the joint cannot be moved at all
- Open injury with possible tendon or joint involvement
- Patients with acutely painful, hot, swollen joint especially if febrile
- Suspected acute bone infection
- Suspected fracture, or fracture requiring manipulation or operation.

Criteria for referral to public hospital specialist clinic services

- Existing total knee replacement with new pain, loosening or other concern
- Suspected malignancy of the knee, leg or calf
- Other chronic knee conditions including:
    - anterior knee pain
    - chronic anterior cruciate ligament (ACL) tear
    - knee ligamentous injury or instability
    - loose body, unstable osteochrondral fragment, osteochrondritis dissecans (OCD)
    - meniscal injury or pathology with intermittent mechanical symptoms (locking, clicking, catching)
    - recurrent patellar dislocation
    - spontaneous osteonecrosis of the knee.

Information to be included in the referral

Information that **must** be provided

- 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

Provide if available:

- Results from most recent hip and knee questionnaire, or similar symptom burden questionnaire
- Current and complete medication history (including non-prescription medicines, herbs and supplements and recreational or injectable drugs)
- MRI where there is ligament damage
- Recent HbA1c results if patient has diabetes
- History of smoking
- Statement about the patient's interest in having surgical treatment if that is a possible intervention
- If the person identifies as an Aboriginal and Torres Strait Islander
- If the person is part of a vulnerable population.

Additional comments

The Summary and referral information lists the information that should be included in a referral request.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Ultrasound imaging is not indicated.

There are other statewide referral criteria that include reference to knee pain:

- Inflammatory arthritis
- Other knee conditions

Vulnerable populations include:

- people from culturally and linguistically diverse backgrounds
- older Australians

- carers of people with chronic conditions
- people experiencing socio-economic disadvantage
- people living in remote, or rural and regional locations
- people with a disability
- people with mental illness
- people who are, or have been, incarcerated.

Vulnerable patient groups also include terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Referral to a public hospital is not appropriate for

Recurrent patellar dislocation where non-surgical treatment modalities have not been trialled.

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Ankles and Feet:

Arthritis

Evaluation

- Standard history and examination
- X-ray (AP and lateral ankle/foot including weight bearing/standing views)

Management

- Analgesics/anti inflammatories
- Physiotherapy
- Activity modification
- Walking aids
- Consider steroid injection

Refer if functional impairment despite conservative treatment.

Pain and Deformity in Forefoot (Including Bunions)

Evaluation

- Standard history and examination
- X-ray (AP and lateral foot including weight bearing/standing views)
- Check Tibialis Posterior

Management

- Modification footwear
- Orthoses
- Consider steroid injections for intermetatarsal bursa/ neuroma

Refer if conservative treatment fails.

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Pain and Instability in Hind Foot

Evaluation

- Standard history and examination
- X-ray (AP and lateral foot including weight bearing/standing views)

Management

- Check Tibialis Posterior
- Modification footwear
- Orthoses
- Physiotherapy

Refer if conservative treatment fails

Achilles Tendon Pathology

Evaluation

- Standard history and examination
- X-ray (AP and lateral ankle/foot including weight bearing/standing views)

Management

- Physiotherapy
- Avoid steroid injections
- Heel cups/raise

Refer if conservative treatment fails.

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Heel Pain

Evaluation

- Standard history and examination
- X-ray (AP and lateral ankle/foot including weight bearing/standing views)
- NB: X-rays allow exclusion of some diagnoses
- **NOTE:** Plantar spur on an X-ray does not imply plantar fasciitis

Management

- Physiotherapy
- Steroid injections for plantar fasciitis
- Heel cups/raise

Refer if conservative treatment fails.

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Miscellaneous:

Bone and/or Joint Infection

Immediately contact the Orthopaedic Surgical Registrar on call to arrange an urgent Orthopaedic assessment on 03 9076 2000

Evaluation

Standard history and examination

- FBE
- ESR
- CRP

Management

- Do not commence antibiotics

Bone and Soft Tissue Tumours

Refer Urgently to St Vincent's Hospital for further management

Evaluation

- Standard history and examination

Management

- Do not needle biopsy

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Bursitis
Pre-patella Bursitis, Trochanteric Bursitis & Olecranon Bursitis

Evaluation

- Standard history and examination
- Acute/inflammatory, consider aspirating for diagnosis. Will either be traumatic, gouty or infected
- FBE
- ESR
- CRP

Management

- If acute consider aspirating for relief of symptoms
- If chronic consider steroid injection

Refer if non responsive to treatment.

Apophysitis (e.g. Osgood Schlatters)

Evaluation

- Standard history and examination
- Consider X-rays:

Management

- Activity modification, reassurance

Refer if does not settle.

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Miscellaneous:

Symptomatic Prostheses (including joint replacements), Rods, Plates, Screws or Pins

If infection suspected, contact Orthopaedic registrar IMMEDIATELY on 9076 2000, particularly if there are symptoms of septic arthritis (do not commence antibiotics).

New or increasing pain in a previously well-functioning arthroplasty should be referred fairly urgently.

Evaluation

- Pain
- Prominent metal
- Ulceration
- X-ray—translucency or lysis around implant

Management

- Most metal implants are not removed.
- Consider referral if painful or risk refracture.
- Consider removal if under 40 years.
- Refer back to original provider if possible.

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Fractures

Direct to the Emergency Department for:

- Unstable fractures with gross deformity
- Displaced and/or angulated fractures
- Open fractures
- Fractures with abnormal neurology
- Fractures requiring reduction

Please call the Admitting Officer on 1800 ALFRED **(1800 253 733)** and phone the Orthopaedic Surgery Registrar on call on 9076 2000

Evaluation

Orthopaedic clinic review within 1-3 days:

- Grossly swollen or comminuted fractures, including those requiring a POP to be split on day of application or at first POP check
- Fractures involving joint surfaces

Urgent cases must be discussed with the Orthopaedic Surgery Registrar on call to obtain appropriate prioritisation and then a referral letter faxed to 9076 6938.

Orthopaedic clinic review within 5-7 days:

- Any fractures that have not had a definitive diagnosis made eg scaphoid, radial head, distal fibula

Urgent cases must be discussed with the Orthopaedic Surgery Registrar on call to obtain appropriate prioritisation and then a referral letter faxed to 9076 6938.

Orthopaedic clinic review within 7-10 days:

- Undisplaced fractures
- Fractures that have been reduced satisfactorily

Urgent cases must be discussed with the Orthopaedic Surgery Registrar on call to obtain appropriate prioritisation and then a referral letter faxed to 9076 6938.

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Soft Tissue Injuries

Direct to the Emergency Department for:

- Suspected grossly unstable joint
- Knee dislocation
- Injury to more than one knee ligament
- Acute traumatic tendon ruptures:
  - Biceps
  - Achilles
  - Quadriceps
  - Rotator cuff in younger patients with significant trauma that may be associated with upper limb fractures

Phone the Orthopaedic Surgery Registrar on call on 9076 2000 and/or the Admitting Officer on 1800 ALFRED **(1800 253 733)** send to The Alfred Emergency & Trauma Centre.

Orthopaedic clinic review within 1-3 days:
Any soft tissue injury that may require early specialised intervention (bracing/early surgery):

- Unstable ligament injuries:
  - ⇒ Lateral collateral ankle ligament tear
  - ⇒ Medial collateral knee ligament tear
  - ⇒ Acromioclavicular joint
  - ⇒ Gamekeeper's thumb
- Locked knee (inability to fully extend) - jammed bucket handle tear of meniscus
- Shoulder dislocation age <25 years (first occurrence)
- Scaphoid-lunate dissociations

Urgent cases must be discussed with the Orthopaedic Surgery Registrar on call to obtain appropriate prioritisation and then a referral letter faxed to 9076 6938.

Orthopaedic clinic review within 5-7 days:
Any soft tissue injury that requires a decision regarding early mobilization:

⇒ Cruciate ligament ruptures
⇒ All other shoulder dislocations
⇒ Elbow dislocations

Urgent cases must be discussed with the Orthopaedic Surgery Registrar on call to obtain appropriate prioritisation and then a referral letter faxed to 9076 6938.

Orthopaedic clinic review within 7-10 days:
Any soft tissue injury that is treated by immobilization:

⇒ Patella dislocation
⇒ Other immobilized ligamentous injuries (grade 2 or 3)

Urgent cases must be discussed with the Orthopaedic Surgery Registrar on call to obtain appropriate prioritisation and then a referral letter faxed to 9076 6938.

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