

# BALLARAT HEALTH SERVICES

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## GP REFERRAL GUIDELINES – ORTHOPAEDICS

These guidelines have been developed to assist General Practitioners referring orthopaedic patients into clinics based at Ballarat Health Services.

# GP Referral Guidelines – Orthopaedics

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## Specialist Clinics

Ballarat Health Services offers both MBS-billed Clinics (Medicare Benefits Schedule) which are federally funded, as well as VACS-funded Clinics (Victorian Ambulatory Classification and Funding System) which are under state funding.

## Referral process

Please refer all patients to:

Mr David Mitchell, Director of Orthopaedics  
Ballarat Health Service  
PO Box 577  
Ballarat West  
Fax - 03 5320 4822

You may nominate another surgeon who works within the Orthopaedic Department at BHS; however patients will be triaged according to a clinic based on the surgeon's skill set; length of the surgeon's waiting list for surgery and outpatient referrals, and the specific needs indicated in your referral.

## Public Clinics – VACS-funded Clinics

- Public clinics in most instances are staffed by Staff Specialists, Visiting Medical Officers, Fellows and Registrars
- Public patients do not have the choice of Specialist
- Waiting times may vary, patients waiting for an appointment in the public clinics usually have a longer waiting period
- There is no charge payable for public patients provided that they are a Medicare Eligible patient.

## MBS-billed Clinics - Orthopaedic Assessment Clinic

- MBS-bulk billed clinics are staffed by Specialists, Fellows and Registrars.
- A component of clinical education is also incorporated into these Clinics
- It is a requirement of MBS-billed Clinics that referrals are made to a NAMED Specialist
- Patients cannot chose which surgeon they see
- There is no charge to the patient if they are Medicare Eligible, as the patient will be bulk billed
- Revenue from bulk billed clinics assists in improving and expanding patient services within the hospital.

**Private Clinics in Orthopaedics are not run at BHS, but through the surgeon's private practice.**

For further information on Clinics please go to the BHS GP ACCESS Website - <http://gp.bhs.org.au/node/93>

# GP Referral Guidelines – Orthopaedics

Orthopaedic Consultants	Orthopaedic Clinic / Appointment Information	Fracture Clinic	Referral Form
Mr. David Mitchell Mr. John Nelson Mr. Shaun English Mr. John Dillon Dr. George Bousounis Mr. Matthias Russ	<b>Ballarat Base Hospital</b> Drummond Street North, Ballarat <u>Telephone: 03 5320 6800</u> <u>Fax: 03 5320 4882</u> For more information on individual Clinics: <a href="http://gp.bhs.org.au/node/93">http://gp.bhs.org.au/node/93</a>	<b>Ballarat Base Hospital</b> 2 West Drummond Street North, Ballarat Phone: 03 5320 4502 <b>Clinic Days:</b> Monday - Friday	Referring Doctors are asked to provide referrals, using the BHS Outpatients & Emergency Department SMART Referral template. This can be found in your Medical Software, however you can download it at <a href="http://www.grampiansml.com.au/cb_pages/templates.php">http://www.grampiansml.com.au/cb_pages/templates.php</a>  A unique feature of this template is an in-built list of the Ballarat Health Services Outpatient (Specialist Clinics), in the form of a drop down box, and which will facilitate selection and addressing of each referral to the relevant clinic, either an MBS (Bulk-Billed) or a VACS - Public funded Clinic.  <b>Please note:</b> Incomplete referrals will be returned to the referrer prior to being triaged for the clinic.
Conditions Seen		Conditions Not Seen	
<ul style="list-style-type: none"> <li>Fractures: Upper and Lower Limb</li> <li>Wrist &amp; Hand Conditions: Fractures. Stenosing Tenovaginitis. Ganglia, Dupuytren's and Carpal Tunnel will be seen but may also be referred to General Surgery or Plastic Surgery Clinic</li> <li>Shoulder Conditions: Osteoarthritis, Rotator Cuff, Instability/Dislocation &amp; Pain/Stiffness</li> <li>Elbow Conditions: Tendinitis, Painful/Stiff/Locking</li> <li>Osteoarthritis: Hip and Knee</li> <li>Previous Arthroplasty Hip and Knee - Loosening, Wear and Infection</li> <li>Locked/Unstable Knee</li> <li>Ankle &amp; Foot: Pain and Deformity, Achilles Tendon, Heel Pain, Flat Foot, Sprains and Instability</li> <li>Other: Tumours Nerve Entrapment Syndrome, Bone or Joint Infections, Bursitis, and Removal of Prosthesis</li> </ul>		<b>Cervical Radiculopathy, and Cervical Spinal Canal Stenosis (refer to a Neurosurgeon or Melbourne Spinal Unit),</b> <b>Low Back Pain with grade 2 Spondylolisthesis (refer to a Spinal Surgeon e.g. RMH, Austin or the Alfred).</b>  <b>Please Note:</b> Appointments will be declined if there is insufficient information in the referral, or the described condition cannot be aided by an orthopaedic surgeon.	
Triage Categories: Appointment Waiting Times			
EMERGENCY	IMMEDIATE	URGENT	ROUTINE
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Call the Emergency Department <b>GP Hotline on 03 5320 4801</b> to discuss with the Senior ED Consultant.  Urgent cases must be discussed with the Orthopaedic Surgery Registrar on-call on <b>03 5320 4000</b> to obtain appropriate prioritisation and then a referral letter should be faxed to <b>03 5320 4882</b>	Patient has a serious condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life.  <b>Target – to be seen within 14 working days</b> of referral receipt	Patient has a serious condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life, if not managed promptly.  <b>Target – to be seen within 30 working days</b> of referral receipt.	Patient's condition is unlikely to deteriorate quickly, or to have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month.  <b>Target – to be seen when appointment available.</b>

# GP Referral Guidelines – Orthopaedics

Condition or Symptoms	History, Examination and Investigations	Suggested GP Management	When To Refer
<b>ACUTE TRAUMA (FRACTURES)</b>			
<p><b>Fracture(s) of the Upper Limb</b></p> <p>Acute fractures will be assessed by the Fracture Clinic within 2 weeks.</p>	<ul style="list-style-type: none"> <li>X-ray out of plaster (AP and Lateral and Axillary views - proximal Humerus) and instruct patient to bring films to Specialist Clinic appointment if not taken at Ballarat Radiology or Lake Imaging</li> <li>Please also request Scaphoid Views if Scaphoid fracture is suspected.</li> <li>If fracture is reduced or manipulated, any check x-rays should be reviewed by the Doctor requesting the imaging prior to the referral.</li> </ul>	<ul style="list-style-type: none"> <li>Immobilise fractured limb in a sling, shoulder-immobiliser or plaster cast as appropriate.</li> </ul>	<p>▲▲▲ <b>IMMEDIATE</b></p> <p>Refer <b>URGENTLY</b> to Fracture Clinic for acute fractures (fractures &lt; 2 weeks old) assessed as requiring further or specialist management. Fax referrals to : 03 5320 4882</p>
<p><b>Hand Fracture(s)</b></p> <p>Acute fractures can be assessed by the Fracture Clinic in 1 week.</p>	<ul style="list-style-type: none"> <li>X-ray of hand AP and lateral views and additional check X-ray post manipulation if applicable.</li> </ul>	<ul style="list-style-type: none"> <li>Immobilise in a suitable splint or thumb-spica cast as appropriate.</li> </ul>	<p>▲▲▲ <b>IMMEDIATE</b></p> <p>Acute fractures will be assessed by the Fracture Clinic within 1 week. Fax referrals to : 03 5320 4882</p>
<p><b>Elbow fracture</b></p> <p>Elbow injuries in children will be seen next working day</p>	<ul style="list-style-type: none"> <li>Plain X-ray of elbow.</li> </ul>	<ul style="list-style-type: none"> <li>Immobilise in a suitable splint or cast.</li> </ul>	<p>▲▲▲▲ <b>EMERGENCY</b></p> <p>Phone the Orthopaedic Registrar on-call on 53 204 000 and/or send to BHS Emergency Department. To access the Senior ED Consultant call <b>03 5320 4801</b></p>
<p><b>Fracture(s) of the Lower Limb</b></p> <p>Acute fractures will be assessed by the Fracture Clinic within 1 week.</p>	<ul style="list-style-type: none"> <li>X-ray out of plaster (AP and lateral views) and instruct patient to bring films to Fracture Clinic appointment if not taken at Ballarat Radiology or Lake Imaging. Please request Sky-line views of the knee if indicated.</li> </ul> <p><b>Please note</b>, any check X-rays post immobilisation should be reviewed by the Doctor requesting the imaging prior to referral.</p>	<ul style="list-style-type: none"> <li>Immobilise fractured limb in an appropriate plaster cast and instruct patient to remain non-weight bearing using crutches.</li> </ul>	<p>▲▲▲ <b>IMMEDIATE</b></p> <p>Acute fractures will be assessed by the Fracture Clinic within 1 week. Fax referrals to : 03 5320 4882</p>

# GP Referral Guidelines – Orthopaedics

Condition or Symptoms	History, Examination and Investigations	Suggested GP Management	When To Refer
<b>SHOULDER</b>			
<b>Shoulder Osteoarthritis</b>	<p><b>Investigations</b></p> <p>X-ray (shoulder AP, 30° caudal AP, lateral and axillary lateral views) and instruct patient to bring films to Specialist Clinic appointment if not taken at Ballarat Radiology or Lake Imaging</p>	<ul style="list-style-type: none"> <li>Advise patient of activity modification;</li> <li>Pain medication;</li> <li>Physiotherapy / hydrotherapy.</li> </ul>	<p>▲ <b>ROUTINE</b></p> <p>Refer if non responsive to treatment.</p>
<b>Rotator Cuff – Tendinitis and Tears, and Acromio-Clavicular Joint Problems</b>	<p><b>History and Examination:</b> Clinical, including neurological examination.</p> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>X-ray (AP, 30° caudal AP, lateral and axillary lateral views) and instruct patient to bring films to Specialist Clinic appointment if not taken at Ballarat Radiology or Lake Imaging</li> <li>US scan (tear: please instruct patient to bring in US Report if not taken at Ballarat Radiology or Lake Imaging</li> <li>Consider FBR, ESR &amp; CRP.</li> </ul>	<ul style="list-style-type: none"> <li>Anti-inflammatory medication if appropriate;</li> <li>Pain medication;</li> <li>Physiotherapy;</li> <li>Consider cortisone injection.</li> </ul>	<p>▲ ▲ ▲ <b>IMMEDIATE</b></p> <p>Refer <b>URGENTLY</b> to Orthopaedic Clinic if following trauma:</p> <ul style="list-style-type: none"> <li>Young patient with large full thickness tear after trauma</li> <li>Evidence of acute tear that fails to respond well to 6 weeks of physiotherapy; OR</li> <li>Confirmed Supraspinatus tear and patient &lt;70 years of age;</li> </ul> <p>Evidence of weakness and history of trauma suggestive of an acute rotator cuff lesion is more urgent.</p> <ul style="list-style-type: none"> <li>If unable to work.</li> </ul> <p>▲ ▲ <b>URGENT</b></p> <p>Refer if all GP management tried and patient still able to work.</p> <p>▲ <b>ROUTINE</b></p> <p>If patient with chronic tear fails to respond to treatment and patient is in pain but continuing to function O.K.</p> <p><b>Please note:</b> 50% of patients over the age of 70 years will have an asymptomatic tear. Elderly patients with little pain or disability can be managed by GP</p>

## GP Referral Guidelines – Orthopaedics

Condition or Symptoms	History, Examination and Investigations	Suggested GP Management	When To Refer
<b>SHOULDER</b>			
<b>Instability or Recurrent Dislocation of Shoulder</b>	<p><b>History and Examination:</b> Clinical, including neurological examination.</p> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>X-rays (AP Shoulder, lateral and axillary views) and instruct patient to bring films to Specialist Clinic appointment if not taken at Ballarat Radiology or Lake Imaging</li> </ul>	<ul style="list-style-type: none"> <li>Provide advice to avoid dislocation;</li> <li>Shoulder rehabilitation program (Physiotherapy);</li> <li>Advice on how to get shoulder back into alignment without the use of drugs: for example lie patient supine on bench with arm hanging down. This positioning will assist with realignment of the shoulder.</li> </ul>	<p>▲ ▲ ▲ <b>IMMEDIATE</b> Refer URGENTLY to Orthopaedic Clinic if patient is &lt;25 with first dislocation &gt;25 with dislocation and Rotator Cuff tear</p> <p>▲ <b>ROUTINE</b> Refer to Orthopaedic Clinic if patient experiencing recurring instability and/or pain, has functional impairment and not responding to a rehabilitation program after 3 months.</p>
<b>Pain/Stiffness in Shoulder including Frozen Shoulder (Adhesive Capsulitis)</b>	<p><b>History and Examination:</b> Clinical, including neurological examination.</p> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>X-ray to exclude other causes such as malignancy or calcifying tendinitis and instruct patient to bring films to Specialist Clinic appointment if not taken at Ballarat Radiology or Lake Imaging</li> <li>Consider FBE &amp; ESR.</li> </ul>	<ul style="list-style-type: none"> <li>Physiotherapy;</li> <li>Anti-inflammatory medication;</li> <li>Hydrodilatation (x-ray department CT guided procedure).</li> </ul>	<p>▲ <b>ROUTINE</b> Refer after 6 months if not responding to treatment.</p>

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Condition or Symptoms	History, Examination and Investigations	Suggested GP Management	When To Refer
<b>ELBOW</b>			
<b>Tennis / Golfer's Elbow (Tendinitis)</b>	<p><b>History and Examination:</b> Clinical</p> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>Plain X-ray - patient to bring to films to Specialist Clinic appointment if not taken at Ballarat Radiology or Lake Imaging</li> </ul>	<ul style="list-style-type: none"> <li>Physiotherapy;</li> <li>Anti-inflammatory medication if appropriate;</li> <li>Modify activity – avoid aggressive activity;</li> <li>Tennis elbow brace;</li> <li>Consider ultrasound-guided, or blind autologous blood injection</li> </ul>	<p>▲▲ <b>URGENT</b> Refer to If unable to work/unsafe to work</p> <p>▲ <b>ROUTINE</b> Refer if non responsive to treatment.</p>
<b>Painful, Stiff or Locking Elbow</b>	<p><b>History and Examination:</b> Clinical</p> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>Consider FBE, ESR and CRP if inflammation suspected;</li> <li>Plain x-rays.</li> </ul>	<ul style="list-style-type: none"> <li>Physiotherapy;</li> <li>Anti-inflammatory medication if appropriate;</li> </ul>	<p>▲▲ <b>URGENT</b> Refer if not responding to treatment or loose bodies seen on X ray.</p> <p>▲ <b>ROUTINE</b> Refer if osteoarthritis present without loose bodies.</p>
<b>WRIST AND HAND</b>			
<b>De Quervain's Tenovaginitis and Trigger Finger</b>	<p><b>History and Examination:</b> Clinical</p>	<ul style="list-style-type: none"> <li>Consider injection with steroids.</li> </ul>	<p>▲ <b>ROUTINE</b> Refer if functional impairment or, if unresponsive to treatment after one injection.</p>
<b>Ganglia</b>	<p><b>History and Examination:</b> Clinical</p> <ul style="list-style-type: none"> <li>Consider aspiration (18g needle) and multiple puncture.</li> </ul>	<ul style="list-style-type: none"> <li>Consider aspiration (18g needle) and injection of steroid.</li> </ul>	<p>▲ <b>ROUTINE</b> Refer for symptomatic ganglia. Cosmesis alone usually is not a reason for referral.</p>
<b>Carpal Tunnel</b>	<p><b>History and Examination:</b> Clinical</p> <ul style="list-style-type: none"> <li>Nerve conduction studies.</li> </ul>	<ul style="list-style-type: none"> <li>Physiotherapy;</li> <li>Consider injection with steroids;</li> <li>Splinting;</li> <li>Hand therapist (OT).</li> </ul>	<p>▲ <b>IMMEDIATE</b> If acute, severe weakness of abductor hallucis brevis, or associated with pregnancy.</p> <p><b>ROUTINE</b> For all other presentations.</p>

# GP Referral Guidelines – Orthopaedics

Condition or Symptoms	History, Examination and Investigations	Suggested GP Management	When To Refer
<b>HIPS</b>			
<b>Osteoarthritis of the Hip</b>	<p><b>History</b> Clinical</p> <p><b>Key Points:</b></p> <ul style="list-style-type: none"> <li>▪ New pain, or pain at rest;</li> <li>▪ Reduced Range of Movement &amp;/or fixed deformity;</li> <li>▪ Walking distance;</li> <li>▪ Sleep disturbance;</li> <li>▪ Inability to attend to ADLs (Activities of Daily Living) i.e. putting on shoes;</li> <li>▪ Use of aids for mobilisation;</li> <li>▪ Limp or affected gait.</li> </ul> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>▪ Charnley, AP Pelvis, lateral X-rays.</li> <li>▪ Weight bearing AP pelvis if clinically much worse than X-ray appearance.</li> </ul>	<ul style="list-style-type: none"> <li>▪ To keep an arthritic joint functioning, the patient needs to be strong, supple and slim. Decreasing activity often INCREASES knee pain and disability. Physiotherapy, and/or Dietitian referral may be required to assist patient.</li> <li>▪ Walking aids – e.g. walking pole or stick allows patient to walk. A shoe wedge on the OUTER side of the heel for bowlegs will help. A medial wedge and orthotic will help valgus arthritis. An elastic knee brace helps confidence.</li> <li>▪ Medications: Panadol-Osteo, and Glucosamine are safe. Anti-inflammatories may assist</li> <li>▪ Hydrotherapy.</li> </ul>	<p>▲ ▲ <b>URGENT</b> If serious pain, disability, sleep disturbance and unresponsive to therapy, and patient is a suitable candidate for surgery refer to Orthopaedic Outpatients Clinic</p> <p>▲ <b>ROUTINE</b> Requiring treatment but sleeping and working satisfactorily.</p>



# GP Referral Guidelines – Orthopaedics

Condition or Symptoms	History, Examination and Investigations	Suggested GP Management	When To Refer
<b>HIPS</b>			
<p><b>Previous Hip Arthroplasty – Loosening, Wear or Infection</b></p>	<p><b>History and Examination:</b> Clinical</p> <p><b>Key Points:</b></p> <ul style="list-style-type: none"> <li>▪ New pain or pain at rest;</li> <li>▪ Limp or affected gait;</li> <li>▪ Translucency on X-ray</li> </ul> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>▪ Weight bearing X-ray (AP pelvis and lateral hip views) and instruct patient to bring to Specialist Clinic appointment if not taken at Ballarat Radiology or Lake Imaging</li> <li>▪ FBE, ESR and CRP to exclude infection.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Analgesics;</li> <li>▪ Anti-inflammatories;</li> <li>▪ Activity modification;</li> <li>▪ Use of walking stick.</li> </ul> <p>▪ <b>Refer early if weight bearing pain.</b></p> <p><b>DO NOT COMMENCE ANTIBIOTICS.</b></p>	<p>▲▲▲▲ <b>EMERGENCY</b></p> <p>Suspected infection should be referred <b>IMMEDIATELY</b> to the Emergency Department</p> <p><b>DO NOT COMMENCE ANTIBIOTICS.</b></p> <p>Call GP Hotline on <b>03 5320 4801</b> to access the Senior ED Consultant.</p> <p>▲▲▲ <b>IMMEDIATE</b></p> <p>Refer urgently to Orthopaedic Clinic if thigh pain worsens with activity &amp; osteolysis present of X-ray.</p> <p>Phone Orthopaedic Registrar on-call via Switchboard on <b>03 5320 4000</b> if concerned.</p> <p>▲▲ <b>URGENT</b></p> <p>Refer to Orthopaedic Clinic if patient is experiencing:</p> <ul style="list-style-type: none"> <li>Significant pain;</li> <li>Disability;</li> <li>Sleep disturbance;</li> <li>Unresponsive to therapy thigh pain present; AND</li> </ul> <p>Patient is a surgical candidate.</p>

# GP Referral Guidelines – Orthopaedics

Condition or Symptoms	History, Examination and Investigations	Suggested GP Management	When To Refer
<b>KNEES</b>			
<p><b>Previous Knee Arthroplasty – Loosening, Wear or Infection</b></p>	<p><b>History and Examination:</b> Clinical</p> <p>Key points:</p> <ul style="list-style-type: none"> <li>▪ New pain;</li> <li>▪ Limp;</li> <li>▪ Grating;</li> <li>▪ Look for translucency on x-ray.</li> </ul> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>▪ Weigh-bearing x-rays (AP, lateral, both knees) and instruct patient to bring to Specialist Clinic appointment if not taken at Ballarat Radiology or Lake Imaging</li> <li>▪ FBE, ESR and CRP to exclude infection.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>DO NOT COMMENCE ANTIBIOTICS</b></li> <li>▪ Medication: Anti-inflammatory medication and analgesia as appropriate;</li> <li>▪ Activity modification;</li> <li>▪ Walking aids as appropriate.</li> </ul> <p>Refer early if weight bearing pain present.</p>	<p>▲ ▲ ▲ ▲ <b>EMERGENCY</b></p> <p>Suspected infection should be referred <b>IMMEDIATELY – DO NOT COMMENCE ANTIBIOTICS</b></p> <p>Call GP Hotline on <b>03 5320 4801</b> to access the Senior ED Consultant.</p> <p>▲ ▲ ▲ <b>IMMEDIATE</b></p> <p>Refer urgently to Orthopaedic Clinic if pain in previous knee Arthroplasty.</p> <p>Phone Orthopaedic Registrar on-call on <b>03 5320 4801</b> if concerned.</p> <p>▲ ▲ <b>URGENT</b></p> <p>Refer to Orthopaedic Clinic if patient is experiencing:</p> <ul style="list-style-type: none"> <li>Significant pain;</li> <li>Disability;</li> <li>Sleep disturbance;</li> <li>Unresponsive to therapy; AND</li> </ul> <p>Patient is a surgical candidate.</p>
<p><b>Locked Knee / Knee Instability</b></p>	<p><b>History and Examination:</b> Clinical</p> <p>Key points:</p> <ul style="list-style-type: none"> <li>▪ Check ROM;</li> <li>▪ Confirm 'true' lock.</li> </ul> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>▪ Weight bearing X-ray (AP &amp; lateral) and instruct patient to bring to Specialist Clinic appointment if not taken at Ballarat Radiology or Lake Imaging</li> </ul>	<ul style="list-style-type: none"> <li>▪ Physiotherapy –if early or advanced osteoarthritis confirmed on x-ray;</li> <li>▪ Medication: anti inflammatory and analgesia as appropriate;</li> <li>▪ Walking aids as required;</li> <li>▪ If 10 degrees fixed flexion – refer urgently for Arthroscopy.</li> </ul>	<p>▲ ▲ ▲ <b>IMMEDIATE</b></p> <p>If truly a locked knee and if acutely unable to extend.</p> <p>▲ ▲ <b>URGENT</b></p> <p>Intermittent locking causing danger to patient.</p>

# GP Referral Guidelines – Orthopaedics

Condition or Symptoms	History, Examination and Investigations	Suggested GP Management	When To Refer
<b>FOOT AND ANKLE</b>			
<b>Arthritis / Pain and Deformity (including Bunions)</b>	<p><b>History and Examination:</b> Standard</p> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>AP/ lateral including weight-bearing x-rays of feet and ankles and instruct patient to bring to Specialist Clinic appointment if not taken at Ballarat Radiology or Lake Imaging</li> <li>Ultrasound to exclude tibialis posterior tear.</li> </ul>	<ul style="list-style-type: none"> <li>Physiotherapy;</li> <li>Medications: analgesia &amp; NSAIDs if appropriate;</li> <li>Comfortable or modified footwear;</li> <li>Orthotics;</li> <li>Walking aids;</li> <li>Consider steroid injections for intermetatarsal bursal / neuroma.</li> </ul>	<p>▲ <b>ROUTINE</b></p> <p>Refer for routine assessment if severity of symptoms warrants after three months conservative treatment.</p>
<b>Achilles Tendon Pathology</b>	<p><b>History and Examination:</b> Standard</p> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>X-ray (AP and lateral ankle/foot including weight-bearing / standing views;</li> <li>Ultrasound guided autologous blood injection;</li> <li>Ultrasound for tendonitis and bursitis.</li> </ul>	<ul style="list-style-type: none"> <li>Physiotherapy;</li> <li>Heel cups / raise.</li> <li><b>Avoid</b> steroid injections.</li> </ul>	<p>▲ <b>ROUTINE</b></p> <p>Refer for routine assessment in three months if conservative assessment fails or if patient has tender nodule.</p>
<b>Heel Pain</b>	<p><b>History and Examination:</b> Standard</p> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>Weight-bearing X-rays (AP and lateral foot).</li> </ul> <p><b>Note:</b> X-rays allow exclusion of some diagnoses. <b>Note:</b> Plantar spurs on an x-ray do <b>NOT</b> imply plantar fasciitis.</p>	<ul style="list-style-type: none"> <li>Physiotherapy;</li> <li>Orthotics;</li> <li>Podiatry;</li> <li>Silicone heel pad;</li> <li>Medications – NSAIDs, analgesia as appropriate;</li> </ul> <p>Consider steroid injection for plantar fasciitis.</p>	<p>▲ <b>ROUTINE</b></p> <p>Refer for routine assessment after failure to respond to three months of conservative treatment.</p>
<b>Flat Foot</b>	<ul style="list-style-type: none"> <li>Weight bearing X-ray and instruct patient to bring films to Specialist Clinic appointment.</li> <li>Examination to check flat-foot for flexible (non-treated) or rigid (pathological) flatfoot.</li> </ul>	<ul style="list-style-type: none"> <li>Physiotherapy;</li> <li>Podiatry;</li> <li>Orthotics and arch supports in footwear.</li> </ul>	<p>▲ <b>ROUTINE</b></p> <p>Refer to Orthopaedic Clinic for surgical management if conservative treatment fails.</p>
<b>Charcot Foot</b>	<ul style="list-style-type: none"> <li>Reason for neuropathy;</li> <li>Hot/swollen foot.</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Non weight bearing;</li> <li>Crutches or frame.</li> </ul>	<p>▲▲▲ <b>IMMEDIATE</b></p>

# GP Referral Guidelines – Orthopaedics

Condition or Symptoms	History, Examination and Investigations	Suggested GP Management	When To Refer
<b>FOOT AND ANKLE</b>			
<b>Ankle Sprains and Instability</b>	<ul style="list-style-type: none"> <li>▪ <b>History and Examination:</b> Clinical</li> </ul>	<ul style="list-style-type: none"> <li>▪ Physiotherapy;</li> <li>▪ Medications: analgesia, NSAIDs as appropriate;</li> </ul> <p>RICE (Rest, Ice, Compression, Elevation) therapy for acute sprains;</p> <p>If first time and/or recurrent sprain/s – refer to Physiotherapy for treatment.</p>	<p>▲ ▲ ▲ <b>IMMEDIATE</b> If Talar dome fracture refer urgently to Orthopaedic Outpatient Clinic.</p> <p>▲ <b>ROUTINE</b> For first time and recurrent sprain/s – refer to Physiotherapy for treatment. or refer to <b>soft tissue clinic</b>. Fax referrals to <b>5320 4119</b>. If not responsive to physiotherapy treatment, refer to Orthopaedic Clinic for ongoing surgical assessment.</p>

# GP Referral Guidelines – Orthopaedics

Condition or Symptoms	History, Examination and Investigations	Suggested GP Management	When To Refer
<b>BACK</b>			
<p><b>Mechanical low back pain with calf pain or neurological deficits</b></p>	<p><b>History and Examination:</b> Standard</p> <p><b>Key Points:</b></p> <ul style="list-style-type: none"> <li>▪ Duration of symptoms;</li> <li>▪ Presence of neurological symptoms &amp; signs;</li> <li>▪ Functional impairment;</li> <li>▪ Time off work;</li> <li>▪ Fever &amp; sweats;</li> <li>▪ Treatment to date;</li> <li>▪ Previous spinal surgery;</li> <li>▪ Previous malignant disease;</li> <li>▪ General medical condition &amp; medication.</li> </ul> <p><b>Investigations</b> (if symptoms persist)</p> <ul style="list-style-type: none"> <li>▪ X-ray (AP &amp; lateral spine including standing views);</li> <li>▪ CT scan/MRI (NB: MRI is the preferred imaging modality for spinal conditions);</li> <li>▪ FBE, ESR &amp; CRP if infection is suspected</li> <li>▪ Biochemistry.</li> </ul> <p>▪ Please instruct patient to bring Scans/X-rays to Specialist Clinic appointment, and especially if not taken at Ballarat Radiology or Lake Imaging</p> <p><b>Consider according to clinical suspicion:</b></p> <ul style="list-style-type: none"> <li>▪ Calcium &amp; phosphate;</li> <li>▪ Protein electrophoresis;</li> <li>▪ Immunoglobulins;</li> <li>▪ PSA;</li> <li>▪ Rheumatoid serology.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <a href="#">Refer to Back Pain Screening and Patient Information Questionnaire</a></li> <li>▪ Physiotherapy;</li> <li>▪ Activity modification;</li> <li>▪ Analgesics &amp; NSAIDs.</li> </ul>	<p>▲ ▲ ▲ <b>IMMEDIATE</b> Severe sciatica, acute disc prolapse.</p> <p>▲ ▲ <b>URGENT</b> Severe spinal canal stenosis and claudication limiting function.</p> <p>▲ <b>ROUTINE</b> Other back pains should be treated by Physiotherapy. Please refer privately to a Practitioner if possible.</p> <p><b>Please note:</b> <b>Spondylolisthesis &gt;25% refer to Royal Melbourne Hospital or Austin Hospital.</b></p>

## GP Referral Guidelines – Orthopaedics

Condition or Symptoms	History, Examination and Investigations	Suggested GP Management	When To Refer
<b>MISCELLANEOUS / OTHER</b>			
<b>Bursitis</b> <ul style="list-style-type: none"> <li>- Pre-Patellar bursitis</li> <li>- Trochanteric bursitis</li> <li>- Olecranon bursitis</li> </ul>	<b>History and Examination:</b> Clinical  <b>Investigations</b> <ul style="list-style-type: none"> <li>▪ Acute/inflammatory, consider aspirating for diagnosis or relief of symptoms;</li> <li>▪ FBE, ESR and CRP;</li> <li>▪ Activity modification;</li> <li>▪ Consider X-rays;</li> <li>▪ If chronic, consider steroid injection.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Activity modification;</li> <li>▪ Consider steroid injection.</li> </ul>	<p>▲ <b>ROUTINE</b></p> <p>Refer if non responsive to treatment.</p>
<b>Removal of Prostheses – Screws, Pins, Plates</b>	<b>Investigations</b> <ul style="list-style-type: none"> <li>▪ X-ray of affected area (patient to bring copy to appointment);</li> <li>▪ Most metal implants <b>are not</b> removed. If patient requests removal of fixation or prosthesis, in absence of infection or loosening of prosthesis, referral considered routine.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Physiotherapy;</li> <li>▪ Analgesics;</li> <li>▪ If ulceration and/or pain present – activity modification.</li> </ul> <p><b>Where possible, please refer back to original provider.</b></p>	<p>▲ <b>ROUTINE</b></p> <p>Consider referral if painful or risk of re-fracture. Consider removal of prosthesis if under 40 years.</p>