

Austin Health Orthopaedic Clinic holds weekly multidisciplinary meetings to discuss and plan the treatment of patients with Orthopaedic and Fracture conditions.

Department of Health clinical urgency categories for specialist clinics

Urgent: A referral is urgent if the patient has a condition that has major functional impairment and/or moderate risk of permanent damage to an organ/bone/tissue/system if not seen within 30 days. For urgent referrals please contact Orthopaedic Registrar to discuss – most urgent patients will be seen within 2 weeks. For emergency cases please send the patient to the Emergency department.

Semi Urgent: Semi Urgent: Referrals should be categories as Semi Urgent that has the potential to deteriorate within 30-90 days.

Routine: Referral will be triaged by the Orthopaedic Liaison Nurse and Director of Orthopaedic Surgery. Appointments will be booked accordingly.

Exclusions

Condition / Symptom	GP Management	Minimum Required Referral Information	Expected Triage Outcome	Expected number of Specialist Appointments
Osteoarthritis Knee (also SONK- Spontaneous Osteonecrosis of Knee)	<ul style="list-style-type: none"> Medications (paracetamol, glucosamine, chondroitin sulphate, fish oil, NSAIDS if appropriate) Physiotherapy Hydrotherapy Activity modification Walking aids Injections (steroid/viscosupplement) Orthotics (e.g. lateral heel wedge for varus/ medial knee pain) Weight loss if applicable 	<p>History</p> <ul style="list-style-type: none"> -Walking Distance, night pain?, difficulty with stairs?, ADLs affected? -Treatment and responses to date <p>Examination Findings</p> <p>Significant deformity or instability?</p> <p>Investigation (report with referral)</p> <p>-X-rays-Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total)</p> <p>Ultrasound is <i>not</i> indicated MRI <i>not required</i> if XRs show OA</p> <p>Instruct patient to bring films to the Specialist Clinic appointment.</p>	<p>Urgent: N/A</p> <p>Routine: Refer if maximal non-operative treatment (at least 3 modalities for at least 3 months) has failed</p> <p>Usually the patient will be assessed first in the OAHKS clinic (specialist physiotherapists) This allows patients to be seen more rapidly, non-operative management further expanded optimised, and then patients are triaged to surgeons appropriately</p>	As required

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Rheumatoid Arthritis Knee	<ul style="list-style-type: none"> • Patient referred to a Rheumatologist as appropriate 	<p>History -Walking Distance, night pain?, difficulty with stairs?, ADLs affected? -Treatment and responses to date</p> <p>Examination Findings Significant deformity or instability?</p> <p>Investigation (report with referral) -X-rays-Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total)</p> <p>Ultrasound is <i>not</i> indicated MRI <i>not required</i> if XRs show 2° OA</p> <p>Instruct patient to bring films to the Specialist Clinic appointment.</p>	<p>Urgent: N/A</p> <p>Routine: Refer if patient referred to rheumatologist and non-operative measures have failed</p>	As required
Total Knee Replacement (TKR) existing With -Pain -Loosening -Other Concern	<ul style="list-style-type: none"> • Refer all patients after appropriate history, examination and investigations performed for <i>urgent</i> assessment • If an acutely septic prosthetic joint is suspected the patient should be sent to the Emergency Department <i>without</i> antibiotics (unless discussed with, and approved by, orthopaedic unit) 	<p>History -In a previously well-functioning joint replacement there is -New pain (esp 'start-up' pain) -New limp -New sounds</p> <p>Examination Findings Significant deformity or instability?</p> <p>Investigation (report with referral) -X-rays-Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total)</p> <p>-significant change in fixation/ position/ loosening/lucencies?</p> <p>Ultrasound and MRI are <i>not</i> indicated</p> <p>Instruct patient to bring films to the Specialist Clinic appointment.</p>	<p>Urgent: All patients with new symptoms or XR changes</p> <p>Routine: Refer for routine review as required if no particular concerns</p>	As required

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ACL Tear (Acute or Chronic)	<ul style="list-style-type: none"> If acute injury refer for urgent assessment If chronic injury but significant instability or other symptoms refer for urgent assessment If chronic injury, Age > 40 and associated with arthritic changes in the knee, manage initially as per osteoarthritis 	<p>History -Acute injury? Instability? Other knee pathology</p> <p>Examination Findings</p> <p>Investigation (report with referral) -X-rays- <i>Weightbearing</i> PA, Rosenberg (notch), lateral and skyline views (4 views total)</p> <p>-MRI if possible/ available</p> <p>Instruct patient to bring films to the Specialist Clinic appointment.</p>	<p>Urgent: Acute Injuries Patients <40yo Significant Instability These patients will be seen within 4 weeks in our ASTI (Acute Soft Tissue Injury) Clinic</p> <p>Routine: Refer Patients over 40yo with OA after maximal non-operative treatment (at least 3 modalities for at least 3 months) has failed</p>	As required
Other Knee Ligamentous Injury or Instability (Acute)	<ul style="list-style-type: none"> If Grade 3 (complete) tear refer for urgent assessment Otherwise try: RICE Bracing Physiotherapy Pain management 	<p>History -Acute injury? Instability? Other knee pathology</p> <p>Examination Findings</p> <p>Investigation (report with referral) -X-rays- <i>Weightbearing</i> PA, Rosenberg (notch), lateral and skyline views (4 views total)</p> <p>-MRI if possible/ available</p> <p>Instruct patient to bring films to the Specialist Clinic appointment.</p>	<p>Urgent: Acute Grade 3 (complete) Injuries These patients will be seen within 4 weeks in our ASTI (Acute Soft Tissue Injury) Clinic</p> <p>Routine: Refer Patients with Grade 1 or 2 tear who after 6 weeks of bracing has residual pain or instability</p>	As required

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Meniscal Injury (Acute)	<ul style="list-style-type: none"> All patients with <i>acute</i> meniscal injury in the <i>absence of osteoarthritis</i> on XR should be referred for urgent assessment 	<p>History -Acute injury? Locking?</p> <p>Examination Findings</p> <p>Investigation (report with referral) -X-rays- <i>Weightbearing</i> PA, Rosenberg (notch), lateral and skyline views (4 views total)</p> <p>-MRI if possible/ available</p> <p>Instruct patient to bring films to the Specialist Clinic appointment.</p>	<p>Urgent: Acute injuries in absence of OA These patients will be seen within 4 weeks in our ASTI (Acute Soft Tissue Injury) Clinic</p> <p>Routine: If part of degenerative process- see osteoarthritis</p>	As required
Meniscal Pathology (chronic/ Degenerative)	<ul style="list-style-type: none"> As per osteoarthritis: Medications (paracetamol, glucosamine, chondroitin sulphate, fish oil, NSAIDS if appropriate) Physiotherapy Hydrotherapy Activity modification Walking aids Injections (steroid/viscosupplement) Orthotics (e.g. lateral heel wedge for varus/ medial knee pain) Weight loss if applicable 	<p>History -Mechanical Symptoms? (Locking/Clicking/Catching) -Walking Distance, night pain?, difficulty with stairs?, ADLs affected? -Treatment and responses to date</p> <p>Examination Findings Significant deformity or instability?</p> <p>Investigation (report with referral) -X-rays-<i>Weightbearing</i> PA, Rosenberg (notch), lateral and skyline views (4 views total)</p> <p>Ultrasound is <i>not</i> indicated MRI <i>not required</i> if XRs show OA</p> <p>Instruct patient to bring films to the Specialist Clinic appointment.</p>	<p>Urgent: N/A</p> <p>Routine: Refer if maximal non-operative treatment (at least 3 modalities for at least 3 months) has failed Or Significant mechanical symptoms (locking/ clicking/catching)</p> <p>These patients may be assessed first in the OAHKS clinic (specialist physiotherapists) This allows patients to be seen more rapidly, non-operative management further expanded optimised, and then patients are triaged to surgeons appropriately</p>	As required

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CMP Chondromalacia Patellae	<ul style="list-style-type: none"> As per osteoarthritis: Medications (paracetamol, glucosamine, chondroitin sulphate, fish oil, NSAIDS if appropriate) Physiotherapy Hydrotherapy Activity modification Walking aids Injections (steroid/viscosupplement) Orthotics or Braces Weight loss if applicable 	<p>History</p> <ul style="list-style-type: none"> -Mechanical Symptoms? (Locking/Clicking/Catching) -Walking Distance, night pain?, difficulty with stairs?, ADLs affected? -Treatment and responses to date <p>Examination Findings</p> <p>Significant deformity or instability?</p> <p>Investigation (report with referral)</p> <p>-X-rays-Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total)</p> <p>Ultrasound is <i>not</i> indicated MRI <i>results if available</i></p> <p>Instruct patient to bring films to the Specialist Clinic appointment.</p>	<p>Urgent: N/A</p> <p>Routine:</p> <p>Refer if maximal non-operative treatment (at least 3 modalities for at least 3 months) has failed</p> <p>These patients may be assessed first in the OAHKS clinic (specialist physiotherapists)</p> <p>This allows patients to be seen more rapidly, non-operative management further expanded optimised, and then patients are triaged to surgeons appropriately</p>	As required
Patellar Dislocation or Maltracking	<ul style="list-style-type: none"> Medications (paracetamol, NSAIDS if appropriate) Physiotherapy (esp. VMO) Orthotics or Braces (patella-medialising) 	<p>History</p> <ul style="list-style-type: none"> -first or recurrent? -recurrent dislocations significantly impacting on work/life? -Locking after dislocation? <p>Examination Findings</p> <p>Investigation (report with referral)</p> <p>-X-rays-Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total)</p> <p>Ultrasound is <i>not</i> indicated MRI <i>results if available</i> We will order the CT or MRI if needed</p> <p>Instruct patient to bring films to the Specialist Clinic appointment.</p>	<p>Urgent:</p> <p>If locked knee</p> <p>If new loose body on XR or MRI after a dislocation</p> <p>Routine:</p> <p>Refer if maximal non-operative treatment (at least 2 modalities for at least 3 months) has failed</p>	As required

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<p>Loose Body</p> <p>Unstable Osteochondral fragment</p> <p>Osteochondritis Dissecans (OCD)</p>	<ul style="list-style-type: none"> Refer if locking or significant symptoms 	<p>History -Mechanical Symptoms? (Locking/Clicking/Catching)</p> <p>Examination Findings</p> <p>Investigation (report with referral) -X-rays-<i>Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total)</i></p> <p>Ultrasound is <i>not</i> indicated MRI <i>results if available</i></p> <p>Instruct patient to bring films to the Specialist Clinic appointment.</p>	<p>Urgent: If locked knee</p> <p>Routine: If intermittent locking If symptomatic OCD</p>	<p>As required</p>
Condition / Symptom	GP Management	Minimum Required Referral Information	Expected Triage Outcome	Expected number of Specialist Appointments
<p>Undifferentiated Knee Pain/ Other</p>	<ul style="list-style-type: none"> Consider other diagnoses in these guidelines Consider referred pain If you suspect malignancy or infection please see appropriate specific condition management 	<p>History -Exclude Red Flag Symptoms (below)</p> <p>Examination Findings -Exclude Red Flag Signs</p> <p>Investigation (report with referral) -X-rays- <i>Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total)</i></p> <p>Consider MRI <i>if XRs normal</i></p> <p>Ultrasound is usually <i>not</i> indicated</p> <p>Instruct patient to bring films to the Specialist Clinic appointment.</p>	<p>Urgent: If suspected malignancy or infection</p> <p>Routine: If you are <i>unable to establish a diagnosis</i> and the patient has <i>significant symptoms</i></p>	<p>As required</p>

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<p>Suspected Malignancy of</p> <p>Knee</p> <p>Leg</p> <p>Calf</p>	<ul style="list-style-type: none"> Urgently refer all patients with red flag symptoms, signs or investigations suspicious for malignancy 	<p>History</p> <p>-Red Flag Symptoms (Loss of weight, appetite or energy; relatively short history of pain or lump (6 weeks rather than 6 months); Pain that is unrelenting/unremitting/at night; past or present history of malignancy elsewhere)</p> <p>Examination Findings</p> <p>-Red Flag Signs</p> <p>Investigation (report with referral) Suspicious Imaging or Blood Tests</p> <p>Instruct patient to bring films to the Specialist Clinic appointment.</p>	<p>Urgent: All</p> <p>Routine: N/A</p>	<p>As required</p>
<p>Suspected Infection of</p> <p>Knee</p> <p>Leg</p> <p>Calf</p>	<ul style="list-style-type: none"> Refer to ED immediately all patients with suspected <i>septic arthritis</i>. (history of hours, swollen joint, very limited ROM). Do NOT start antibiotics unless discussed with orthopaedic unit Refer to ED immediately all patients with fever/chills/rigors/sweats, or otherwise unwell Urgently refer other patients to clinic with red flag symptoms, signs or investigations suspicious for infection 	<p>History</p> <p>-Red Flag Symptoms (Fever/sweats/chills/rigors; Loss of weight, appetite or energy; relatively short history (6 weeks rather than 6 months); Pain that is unrelenting/unremitting/at night; past or present history of infection elsewhere)</p> <p>Examination Findings</p> <p>-Red Flag Signs (</p> <p>Investigation (report with referral) Suspicious Imaging or Blood Tests FBE, ESR, CRP</p> <p>Instruct patient to bring films to the Specialist Clinic appointment.</p>	<p>ED- if septic joint or unwell</p> <p>Urgent: All others</p> <p>Routine: N/A</p>	<p>As required</p>