

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
-Hallux Valgus -Bunions -Hallux Rigidus -Other Toe Deformities	<ul style="list-style-type: none"> Medications (paracetamol, NSAIDS if appropriate) Physiotherapy Hydrotherapy Walking aids Referral to Podiatrist Orthotics & footwear mods 	History Examination Findings Investigation (report with referral) -X-rays AP, Oblique & lateral weight bearing of <i>foot</i> Instruct patient to bring films to the Specialist Clinic appointment	Urgent: N/A Routine: Refer if maximal non-operative treatment (at least 2 modalities for at least 3 months) has failed	As required
Talar Dome Injury/ OCD/ Other Talar Injuries	<ul style="list-style-type: none"> ACUTE injuries (<12 weeks) should be referred for urgent assessment Displaced OCD should be referred for urgent assessment Undisplaced Chronic Talar Dome OCD can be managed as early OA (see above) 	History -Locking? Examination Findings Investigation (report with referral) -X-rays -AP, mortise & lateral weight bearing of <i>ankle</i> Instruct patient to bring films to the Specialist Clinic appointment.	Urgent if: -Acute (<12 weeks) or -Displaced OCD fragment Routine: Refer if maximal non-operative treatment (at least 3 modalities for at least 3 months) has failed for Undisplaced/Chronic	As required

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Condition / Symptom	GP Management	Minimum Required Referral Information	Expected Triage Outcome	Expected number of Specialist Appointments
Osteoarthritis -Ankle -Hindfoot -Midfoot	<ul style="list-style-type: none"> Medications (paracetamol, glucosamine, chondroitin sulphate, fish oil, NSAIDS if appropriate) Physiotherapy Activity modification Walking aids Referral to Podiatrist Consider steroid injection Orthotics & footwear mods Weight loss if applicable 	History -Walking Distance, night pain?, difficulty with stairs?, ADLs affected? -Treatment and responses to date Examination Findings Investigation (report with referral) -X-rays -AP, mortise & lateral weight bearing of <i>ankle</i> and/or AP, Oblique & lateral weight bearing of <i>foot</i> Instruct patient to bring films to the Specialist Clinic appointment.	Urgent: N/A Routine: Refer if maximal non-operative treatment (at least 3 modalities for at least 3 months) has failed	As required
Rheumatoid Arthritis -Ankle -Hindfoot -Midfoot	<ul style="list-style-type: none"> Patient referred to a Rheumatologist as appropriate 	History -Walking Distance, night pain?, difficulty with stairs?, ADLs affected? -Treatment and responses to date Examination Findings Investigation (report with referral) -X-rays -AP, mortise & lateral weight bearing of <i>ankle</i> and/or AP, Oblique & lateral weight bearing of <i>foot</i> Instruct patient to bring films to the Specialist Clinic appointment.	Urgent: N/A Routine: Refer if patient referred to rheumatologist and non-operative measures have failed	As required

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Flatfoot	<ul style="list-style-type: none"> • Physiotherapy • Referral to Talbot Orthotists for consideration of bracing/ orthotics (including medial arch support insole) 	<p>History</p> <p>Examination Findings Rigid Flatfoot deformity (no correction when standing on toes)</p> <p>Investigation (report with referral) -X-rays-AP, Oblique & lateral weight bearing of <i>foot</i></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 2 modalities for at least 3 months) has failed</p>	As required
ATFL/ CFL Injury	<ul style="list-style-type: none"> • Medications (paracetamol, NSAIDS if appropriate) • Acute treatment with RICE • Physiotherapy for recovery from acute, or for chronic (mobilisation, strength, wobbleboard) for 8-12 weeks • Orthotics (ankle brace) or supportive bandaging 	<p>History -Instability symptoms, severe ongoing pain after 6 weeks, walking distance, night pain, stairs, ADLs</p> <p>Examination Findings</p> <p>Investigation (report with referral) -X-rays-AP, mortise & lateral weight bearing of <i>ankle</i> and AP, Oblique & lateral weight bearing of <i>foot</i> -Ultrasound/MRI report if done</p> <p>Instruct patient to bring films to the Specialist Clinic appointment.</p>	<p>Urgent: N/A (Acute tear ATFL/ CFL on ultrasound is not an indication for surgery or urgent referral)</p> <p>Routine: Refer if maximal non-operative treatment (at least 3 modalities for at least 3 months) has failed</p>	As required

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AITFL Injury (Syndesmotic Injury)	<ul style="list-style-type: none"> All patients with this injury (AITFL not ATFL) should be referred for urgent assessment <p>AITFL= Anteroinferior Tibiofibular ligament) ATFL= Anterior Talofibular Ligament</p>	<p>History -Acute injury</p> <p>Examination Findings</p> <p>Investigation (report with referral) -X-rays-AP, mortise & lateral weight bearing of <i>ankle</i> -Ultrasound/MRI report if done</p> <p>Instruct patient to bring films to the Specialist Clinic appointment.</p>	<p>Urgent: All</p>	<p>As required</p>
Achilles Tendinitis/ Tendinopathy/ Haglund/s Deformity	<ul style="list-style-type: none"> Medications (Paracetamol, NSAIDS) Avoidance of Triggering events Physiotherapy Referral to Talbot Orthotics for consideration of bracing/ orthotics (including heel raise)/ stretching exercises 	<p><u>Note Surgery is extremely rarely required</u></p> <p>History</p> <p>Examination Findings</p> <p>Investigation (report with referral) -X-rays-AP, mortise & lateral weight bearing of <i>foot</i> to exclude sinister causes of pain</p> <p>Instruct patient to bring films to the Specialist Clinic appointment.</p>	<p>Urgent: Refer to ED if acute rupture suspected</p> <p>Routine: Refer if maximal non-operative treatment (at least 3 modalities for at least 3 months, particularly heel raise and stretching exercises) has failed</p>	<p>As required</p>

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<p>Heel Pain</p> <p>Heel Spur</p> <p>Plantar Fasciitis</p>	<ul style="list-style-type: none"> • Medications (Paracetamol, NSAIDS) • Physiotherapy (calf and plantar fascia stretches) • Orthotics (medial heel wedge, silicone heel pad (e.g. Viscospot), night ankle splint) • Referral to Talbot Orthotics • Corticosteroid Injection (with great care) 	<p><u>Note Surgery is extremely rarely required</u></p> <p>History Pain in heel, worst first thing in morning, pain after rest</p> <p>Examination Findings</p> <p>Investigation (report with referral) -X-rays-AP, oblique & lateral weight bearing of foot to exclude sinister causes of pain (the presence of a plantar spur does not infer a diagnosis of plantar fasciitis) -Ultrasound -No use in diagnosis</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, particularly heel raise and stretching exercises) has failed</p>	<p>As required</p>
<p>Morton's Neuroma</p>	<ul style="list-style-type: none"> • Medications (Paracetamol, NSAIDS) • Orthotics (metatarsal dome, extra wide deep toe box in shoe) • Referral to Talbot Orthotics • Corticosteroid Injection in affected intermetatarsal space (ultrasound-guided) 	<p>History Pain in heel, worst first thing in morning, pain after rest</p> <p>Examination Findings Mulder's click</p> <p>Investigation Only to exclude differentials Diagnosis is usually clinical</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 2 modalities for at least 3 months) has failed</p>	<p>As required</p>

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Undifferentiated Foot +/- or Ankle Pain/ Other	<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</p> <p>Examination Findings -Exclude Red Flag Signs</p> <p>Investigation (report with referral) -X-rays-AP, mortise & lateral weight bearing of <i>ankle</i> and/or AP, Oblique & lateral weight bearing of <i>foot</i></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>	As required
Suspected Malignancy	<ul style="list-style-type: none"> Urgently refer all patients with red flag symptoms, signs or investigations suspicious for malignancy 	<p>History -Red Flag Symptoms (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 malignancy elsewhere)</p> <p>Examination Findings -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>	As required

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Suspected Infection	<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 -Red Flag Symptoms (Fevers/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 -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>ED- if septic joint or unwell</p> <p>Urgent: All others</p> <p>Routine: N/A</p>	As required
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