

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** 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
<b>Wrist Osteoarthritis</b> <b>Hand Osteoarthritis</b> <b>Carpal Collapse</b>	<ul style="list-style-type: none"> <li>Medications (paracetamol, glucosamine, chondroitin sulphate, fish oil, NSAIDS if appropriate)</li> <li>Physiotherapy</li> <li>Hand Therapy</li> <li>Corticosteroid Injection of affected joint(s)</li> <li>Orthotics (esp. bracing)</li> </ul>	<p><b>History</b></p> <ul style="list-style-type: none"> <li>-Symptoms, ADLs affected?</li> <li>-Treatment and responses to date</li> </ul> <p><b>Examination Findings</b></p> <p><b>Investigation</b> (report with referral)</p> <p><b>-X-rays-</b></p> <p><u>Wrist and Hand XRs-</u></p> <p>AP and Lateral</p> <p><u>Scaphoid Views</u></p> <p>As necessary</p> <p><b>Instruct patient to bring films to the Specialist Clinic appointment.</b></p>	<p><b>Urgent: N/A</b></p> <p><b>Routine:</b></p> <p>Refer if maximal non-operative treatment (at least 2 modalities for at least 3 months) has failed</p>	<p><b>As required:</b></p>

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<p><b>Inflammatory Arthritis (Rheumatoid, Other) Of Wrist Carpus Fingers</b></p>	<ul style="list-style-type: none"> <li>• Patient referred to a Rheumatologist as appropriate</li> </ul>	<p><b>History</b>            -Loss of function? ADLs affected? Grip?            -Treatment and responses to date</p> <p><b>Examination Findings</b>            Peripheral Stigmata</p> <p><b>Investigation</b> (report with referral)  <b>-X-rays-</b>  <i>Wrist and Hand XRs-</i>            AP and Lateral  <i>and</i></p> <p><b>-Bloods</b>            FBE, ESR, CRP, RF, ANA, ANCA</p> <p><b>Instruct patient to bring films to the Specialist Clinic appointment.</b></p>	<p><b>Urgent: N/A</b></p> <p><b>Routine:</b>            Refer if patient referred to rheumatologist and non-operative measures have failed</p>	<p><b>As required:</b></p>
<p><b>Carpal Tunnel Syndrome</b></p>	<p>Refer for Urgent Assessment if <i>wasting</i> is present</p> <p>Otherwise:</p> <ul style="list-style-type: none"> <li>• Medications (paracetamol, NSAIDS if appropriate)</li> <li>• Physiotherapy</li> <li>• Hand Therapy</li> <li>• Injections (consider radiologically-guided)</li> <li>• Orthotics (esp. braces)</li> </ul>	<p><b>History</b>            -Symptoms, ADLs affected?            -Treatment and responses to date</p> <p><b>Examination Findings</b></p> <p><b>Investigation</b> (report with referral)  <b>-Nerve Conduction Study/ EMG</b>            Consider for clarification of diagnosis</p> <p><b>Instruct patient to bring films to the Specialist Clinic appointment.</b></p>	<p><b>Urgent: If <i>wasting</i> is present</b></p> <p><b>Routine:</b>            Refer if maximal non-operative treatment (at least 2 modalities for at least 3 months) has failed</p>	<p><b>As required:</b></p>

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<b>Dupuytren's Contracture</b>	No Specific Management	<b>History</b> -ADLs  <b>Examination Findings</b> -measurement of joint deformities  <b>Investigation</b> None Required	<b>Urgent: N/A</b>  <b>Routine:</b> Refer if the deformities are: <ul style="list-style-type: none"> <li>• Causing patient concerns</li> <li>• affecting ADLs (Activities of Daily Living)</li> <li>• Age &lt;40yo</li> <li>• Radial Sided (i.e. thumb, index, middle fingers involved)</li> </ul> Ectopic Disease	<b>As required:</b>
<b>Trigger Finger</b>	<ul style="list-style-type: none"> <li>• Cortisone Injection in tendon <i>sheath</i> (Consider radiologically-guided)</li> </ul>	<b>History</b> -ADLs  <b>Examination Findings</b>  <b>Investigation</b> None Required	<b>Urgent: N/A</b>  <b>Routine:</b> Refer if the deformities are: <ul style="list-style-type: none"> <li>• Causing patient concerns</li> <li>• affecting ADLs (Activities of Daily Living)</li> </ul>	<b>As required:</b>

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<p><b>Scaphoid Non-Union</b></p> <p><b>Avascular Necrosis Scaphoid</b></p>	<p><i>Refer all,</i> and treat symptoms</p> <ul style="list-style-type: none"> <li>• Medications (paracetamol, NSAIDS if appropriate)</li> <li>• Physiotherapy</li> <li>• Hand Therapy</li> <li>• Orthotics (esp. bracing)</li> </ul>	<p><b>History</b> -Symptoms, ADLs affected? -Treatment and responses to date</p> <p><b>Examination Findings</b></p> <p><b>Investigation</b> (report with referral) <b>-X-rays-</b> <u>Wrist and Hand XRs-</u> AP and Lateral and <u>Scaphoid Views</u></p> <p><b>Instruct patient to bring films to the Specialist Clinic appointment.</b></p>	<p><b>Urgent: N/A</b></p> <p><b>Routine:</b> Refer if presence on XR of any of -Non-Union of Scaphoid -Avascular Necrosis scaphoid -Sclerosis Scaphoid -Advanced collapse or osteoarthritis of Scaphoid/ wrist</p>	<p><b>As required:</b></p>
<p><b>Kienbock's Disease</b></p> <p><b>(Avascular Necrosis Lunate)</b></p>	<p><i>Refer all,</i> and treat symptoms</p> <ul style="list-style-type: none"> <li>• Medications (paracetamol, NSAIDS if appropriate)</li> <li>• Physiotherapy</li> <li>• Hand Therapy</li> <li>• Orthotics (esp. bracing)</li> </ul>	<p><b>History</b> -Symptoms, ADLs affected? -Treatment and responses to date</p> <p><b>Examination Findings</b></p> <p><b>Investigation</b> (report with referral) <b>-X-rays-</b> <u>Wrist and Hand XRs-</u> AP and Lateral</p> <p><b>Instruct patient to bring films to the Specialist Clinic appointment.</b></p>	<p><b>Urgent: N/A</b></p> <p><b>Routine:</b> Refer if presence on XR of any of -Avascular Necrosis Lunate -Sclerosis Lunatye -Advanced collapse or osteoarthritis of wrist</p>	<p><b>As required:</b></p>

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Condition / Symptom	GP Management	Minimum Required Referral Information	Expected Triage Outcome	Expected number of Specialist Appointments
<b>Undifferentiated Pain/ Other of</b>  <b>Wrist</b>  <b>Hand</b>  <b>Finger</b>	<ul style="list-style-type: none"> <li>Consider other diagnoses in these guidelines</li> <li>Consider referred pain</li> <li>If you suspect malignancy or infection please see appropriate specific condition management</li> </ul>	<b>History</b> -Exclude Red Flag Symptoms (below)  <b>Examination Findings</b> -Exclude Red Flag Signs  <b>Investigation</b> (report with referral) <b>-X-rays-</b> <u>Wrist and Hand XRs-</u> AP and Lateral  Consider <b>MRI</b> if XRs normal  <b>Instruct patient to bring films to the Specialist Clinic appointment.</b>	<b>Urgent: If suspected malignancy or infection</b>  <b>Routine:</b> If you are <i>unable to establish a diagnosis</i> and the patient has <i>significant symptoms</i>	As required:
<b>Suspected Malignancy of</b>  <b>Wrist</b>  <b>Hand</b>  <b>Finger</b>	<ul style="list-style-type: none"> <li>Urgently refer all patients with red flag symptoms, signs or investigations suspicious for malignancy</li> </ul>	<b>History</b> -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)  <b>Examination Findings</b> -Red Flag Signs  <b>Investigation</b> (report with referral) Suspicious Imaging or Blood Tests  <b>Instruct patient to bring films to the Specialist Clinic appointment.</b>	<b>Urgent: All</b>  <b>Routine: N/A</b>	As required:

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<p><b>Suspected Infection</b></p> <p><b>of</b></p> <p><b>Wrist</b></p> <p><b>Hand</b></p> <p><b>Finger</b></p>	<ul style="list-style-type: none"> <li>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</li> <li>Refer to ED immediately all patients with fever/chills/rigors/sweats, or otherwise unwell</li> <li>Urgently refer other patients to clinic with red flag symptoms, signs or investigations suspicious for infection</li> </ul>	<p><b>History</b></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><b>Examination Findings</b></p> <p>-Red Flag Signs</p> <p><b>Investigation</b> (report with referral) Suspicious Imaging or Blood Tests FBE, ESR, CRP</p> <p><b>Instruct patient to bring films to the Specialist Clinic appointment.</b></p>	<p><b>ED- if septic joint or unwell</b></p> <p><b>Urgent: All others</b></p> <p><b>Routine: N/A</b></p>	<p><b>As required:</b></p>
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