



Orthopaedic Clinic

A Medical Director Referral form can be downloaded from the following webpage:

http://www.svhm.org.au/gp/outpatient_information.htm



[A printable Referral form is available here](#)

[A printable version of these Orthopaedic Referral guidelines is available here](#)

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PRIORITY: Please note that priority will be determined on the basis of the information provided in the referral and according to the Clinic’s Referral Triage process.

Definitions

EMERGENCY

Proceed to Emergency Department

Please contact the senior clinician for medical advice
24hrs Direct Line 9288 4356 Fax 9288 4368

URGENT

Phone Orthopaedic Registrar via the hospital switch

9288 2211 for all concerns. Referral triaged as urgent to be booked within **2 weeks**

ROUTINE

Next available appointment. All non-urgent referrals will be triaged by an orthopaedic consultant and appointments booked accordingly

Unless otherwise stated on individual referral guidelines

Please note: Children under 16 years of age are not seen by St. Vincent’s Clinics.



Mandatory Referral Content

Demographic:

- Date of birth
- Contact details (including mobile phone)
- Referring GP details
- Interpreter requirements

Clinical:

- Reason for referral
- Duration of symptoms
- Management to date and response to treatment
- Relevant pathology and imaging reports (please refer to specific guidelines)
- Past medical history
- Current medications (and medication history if relevant)

Preferred Referral Content

- Functional status
- Psychosocial history
- Dietary status
- Family history
- Usual GP



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Fractures of the Upper Limb

[BACK](#)

Acute fractures will be assessed by the Fracture Clinic within 2 weeks

Initial Work Up and Management

- X-ray Out of Plaster (AP and Lateral and Axillary views – proximal Humerus) and instruct patient to bring films to Specialist Clinic appointment. Please also request 'Scaphoid Views' if a Scaphoid fracture is suspected
- If fracture is reduced or manipulated, any check-X-rays should be reviewed by the Doctor requesting the imaging prior to referral
- Immobilise fractured limb in a sling, shoulder-immobiliser or plaster cast as appropriate

When to Refer

URGENT

- Refer URGENTLY to Orthopaedic **Fracture Clinic** for acute fractures (fractures < 3 weeks old) assessed as requiring further or specialist management
- Phone Orthopaedic Registrar on call on 9288 2211 if displaced (> 5mm) fracture OR concerns

Hand Fractures

[BACK](#)

Acute fractures will be assessed by the Fracture Clinic within 2 weeks

Initial Work Up and Management

- X-ray of hand AP and lateral views and additional check X-ray post manipulation if applicable
- Immobilise in a suitable splint or thumb-spica cast as appropriate

When to Refer

EMERGENCY

- Refer patient directly to the Emergency Department if open or displaced fracture

URGENT

- Otherwise please Refer URGENTLY to Hand Surgery Clinic +/- phone Plastics Registrar via the hospital switch on 9288 2211 if concerned

Fractures of the Lower Limb

[BACK](#)

Acute fractures will be assessed by the Fracture Clinic within 2 weeks

Initial Work Up and GP Management

- X-ray out of plaster (AP and lateral views) and instruct patient to bring films to Specialist Clinic appointment. Please also request 'skyline views' of the knee if indicated
- Please note, any check-X-rays post immobilisation should be reviewed by the Doctor requesting the imaging prior to referral
- Immobilise fractured limb in an appropriate plaster cast and instruct patient to remain non-weight-bearing using crutches

When to Refer

URGENT

- Refer URGENTLY to Orthopaedic **Fracture Clinic** for acute fractures (fractures < 3 weeks old) assessed as requiring further or specialist management
- Phone Orthopaedic Registrar on call on 9288 2211 if displaced (> 5mm) fracture OR concerns

Foot/Ankle Arthritis, Pain and Deformity

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Initial Pre-Referral Work Up

- Weight-bearing X-rays of feet and ankles and instruct patient to bring films to Specialist Clinic appointment
- Clinical history and examination
- Check tibialis posterior

GP Management

- Medications: Analgesia, NSAIDs
- Physiotherapy
- Walking aids
- Comfortable or modified footwear +/- Orthotics
- Advice regarding low heeled, wide forefoot shoes with soft leather uppers
- Podiatry referral
- Weight loss if applicable
- Steroid injection if appropriate

When to Refer

URGENT

Suspected infection OR tumour:

- Call St. Vincent's on 9288 2211 and ask Orthopaedic Registrar to be paged if concerned

ROUTINE

- Functional impairment despite best conservative management

Heel pain

[BACK](#)

Initial Pre-Referral Work Up

- Clinical history and examination
- Weight-bearing X-ray (AP and lateral foot) and instruct patient to bring films to Specialist Clinic appointment

NB: X-rays allow exclusion of some diagnoses; Plantar spur on an X-ray does NOT imply plantar fasciitis

GP Management

- Physiotherapy
- Orthotics
- Podiatry
- Silicone heel pad
- Medication – NSAIDs, analgesia as appropriate
- Consider steroid injections for plantar fasciitis

When to Refer

ROUTINE

- Refer to Orthopaedic Clinic if conservative treatment fails

Flatfoot

[BACK](#)

Initial Pre-Referral Work Up

- Weight-bearing X-ray and instruct patient to bring films to Specialist Clinic appointment
- Examination to check flatfoot for flexible (non-treated) or rigid (pathological) flatfoot

NB: Painless flatfoot requires no treatment

GP Management

- Physiotherapy
- Podiatry
- Orthotics and arch supports in footwear

When to Refer

ROUTINE

- Refer to Orthopaedic Clinic for surgical management if conservative treatment fails

Ankle Sprains and Instability

[BACK](#)

Initial Pre-Referral Work Up

- Clinical history and examination

GP Management

- Medications: analgesia, NSAIDs as appropriate
- RICE (Rest, Ice, Compression, Elevation) therapy for acute sprains
- An ankle-brace or supportive bandage for ALL acute and chronic sprains
- Physiotherapy

When to Refer

ROUTINE

- Refer to Orthopaedic Clinic for surgical management if conservative treatment fails
 - If patient's quality of life is suffering
 - Severe pain
 - Pain interfering with activities of daily living
 - Pain causing sleep disturbance

Knee Osteoarthritis

[BACK](#)

Initial Pre-Referral Work Up

- Weight-bearing X-rays of both knees (lateral, skyline and AP weight-bearing views)
- Clinical history and examination - Key points:
 - Walking distance
 - Rest pain and disturbance of sleep
 - Use of walking aids
 - Treatment including NSAIDs and analgesics
 - General medical conditions and medication
 - Examination for tenderness, swelling, range of movement and deformity
 - Effusion present: please differentiate as this will assist us with prioritisation of the referral

GP Management

- Medication: Anti-inflammatory medication and Analgesia as appropriate
- Physiotherapy
- Activity modification
- Weight reduction if required
- Walking aids as appropriate

When to Refer

EMERGENCY	URGENT	ROUTINE
<ul style="list-style-type: none"> - Suspected infection should be referred IMMEDIATELY. - Contact the hospital switch on 9288 2211 do not commence antibiotics 	<ul style="list-style-type: none"> - Pain in previous knee arthroplasty 	<ul style="list-style-type: none"> - Refer to Orthopaedic Clinic for surgical management if unresponsive to therapy <ul style="list-style-type: none"> • If patient's quality of life is suffering • Severe pain • Pain interfering with activities of daily living • Pain causing sleep disturbance • Disability

Previous Knee Arthroplasty – Loosening, Wear or Infection

[BACK](#)

Initial Pre-Referral Work Up

- Clinical history and examination - Key points:
 - New pain
 - Limp
 - Grating
 - Translucency on x-ray
- Investigations:
 - Weight bearing X-rays (AP and lateral both knees) and instruct patient to bring films to Specialist Clinic appointment
 - FBC, ESR and CRP to exclude infection

When to Refer

EMERGENCY

- Suspected infection should be referred IMMEDIATELY.
- Contact the hospital switch on 9288 2211 **do not commence antibiotics**

URGENT

- Pain in previous knee arthroplasty

ROUTINE

- Refer to Orthopaedic Clinic if patient is experiencing:
 - significant pain
 - disability
 - sleep disturbance
 - unresponsive to therapy AND
 - patient is a surgical candidate

Locked Knee/Knee Instability

[BACK](#)

Initial Pre-Referral Work Up

- Clinical history and examination - Key points:
 - Check ROM
 - Confirm true 'lock'
- Investigations:
 - Weight bearing X-ray (AP and lateral views of the knee) and instruct patient to bring films to Specialist Clinic appointment
 - NO ultrasound required

GP Management

- Medication: Anti-inflammatory and Analgesia as appropriate
- Walking aids: as required
- Physiotherapy (particularly if not a true lock)

When to Refer

ROUTINE

- Refer to Orthopaedic Clinic if true locked knee: clearly notate on referral
- Refer if patient experiencing significant pain, problems relating to mobility, sleep disturbance and unresponsive to therapy over several weeks

Hip Osteoarthritis

[BACK](#)

Patient Presentation/History

- Groin pain
- Anterior or medial thigh pain
- Radiation of symptoms to the knee
- Pain on movement or weight-bearing
- Loss of range of movement on physical examination

Initial Pre-Referral Work Up

- Investigations:
 - X-ray (AP weight-bearing pelvis, oblique and lateral hip views) and instruct patient to bring films to Specialist Clinic appointment
- Clinical history and examination - Key points:
 - Walking distance
 - Rest pain and disturbance of sleep
 - Ability to put on shoes
 - Use of walking aids
 - Examination for range of movement

When to Refer

ROUTINE

- Refer to Orthopaedic Clinic for consideration of surgical management if patient experiencing significant pain, problems relating to mobility, sleep disturbance and unresponsive to therapy over several weeks
- Patients who are not candidates for surgery will be assessed in the Arthritis Clinic

Please NOTE:

Patients unfit for surgery may be assessed in the Multi-disciplinary Arthritis (OWL) Clinic whilst awaiting optimisation of co-morbidities in preparation for surgery

Previous Hip Arthroplasty – Infection, Wear or Loose Prosthesis

[BACK](#)

Initial Pre-Referral Work Up

- Clinical history and examination - Key points:
 - New pain
 - Limp or affected gait
 - Translucency on x-ray
- Investigations:
 - Weight bearing X-ray (AP pelvis and lateral hip views) and instruct patient to bring films to Specialist Clinic appointment
 - FBC ESR and CRP to exclude infection

When to Refer

The majority of the management of patients with osteoarthritis of the hip can be undertaken in primary care. However, referral to a specialist consultant is advised in the following circumstances.

EMERGENCY

- Suspected infection should be referred **IMMEDIATELY do not commence antibiotics**
- Contact the Senior Clinician on 9288 4356 for advice; OR page the Orthopaedic Registrar via the hospital switch on 9288 2211

URGENT

- Pain in previous hip arthroplasty. Please contact the Orthopaedic Registrar for all urgent concerns via the hospital switch on 9288 2211

ROUTINE

- Refer to Orthopaedic Clinic if patient is experiencing:
 - significant pain
 - disability
 - sleep disturbance
 - unresponsive to therapy AND
 - patient is a surgical candidate
 - symptoms rapidly deteriorate and are causing severe disability

Rotator Cuff – Tendinitis and Tears and AC Joint Problems

[BACK](#)

Initial Pre-Referral Work Up

- Clinical history and examination including neurological examination
- X-rays (AP, 30° caudal AP, lateral, axillarylateral views) and instruct patient to bring X-rays to Specialist Clinic appointment
- U/S scan (tears: Please instruct patient to bring the ultrasound REPORT)

GP Management

- Anti inflammatory medication
- Physiotherapy
- Consider cortisone injection

When to Refer

URGENT

- Refer urgently to Orthopaedic Clinic if evidence of weakness suggestive of an acute tear, that fails to respond well to 6 weeks of physiotherapy OR confirmed subscapularis tear and patient <70 years. If concerned phone the hospital switch on 9288 2211 and request Orthopaedic Registrar on call

ROUTINE

- Refer if patient fails to respond to treatment after 6 months UNLESS evidence of weakness suggestive of an acute tear that fails to respond well after 6 weeks of physiotherapy OR confirmed subscapularis tear and patient <70 years
- For patients experiencing rotator cuff or AC joint problems: refer to Orthopaedic Clinic after 6 months if symptoms persist

Instability or Recurrent Dislocation of Shoulder

[BACK](#)

Initial Pre-Referral Work Up

- Standard history and examination particularly neurological examination
- X-rays (AP & lateral & axillary lateral views) and instruct patient to bring films to Specialist Clinic appointment

GP Management

- Provide advice to avoid dislocation
- Shoulder rehabilitation program (Physiotherapy)

NB: All patients over age 30 with primary dislocation need rotator cuff assessment to exclude tears

When to Refer

URGENT

- Refer to Orthopaedic Clinic if patient has tear post dislocation phone Orthopaedic Registrar on call on 9288 2211 if concerned

ROUTINE

- Refer to Orthopaedic Clinic if patient experiencing recurrent instability and/or pain and has functional impairment and not responding to the rehabilitation program after 3 months

Shoulder Osteoarthritis

BACK

Initial Pre-Referral Work Up

- X-ray (Shoulder AP, 30° Caudal AP, Lateral and Axillary Lateral views) and instruct patient to bring films to Specialist Clinic appointment

GP Management

- Advise patient regarding Activity modification
- Physiotherapy

When to Refer

ROUTINE

- Refer to Orthopaedic Clinic if patient experiencing
 - significant pain
 - disability
 - sleep disturbance
 - unresponsive to therapy after 6 months AND
 - Patient is a candidate for joint replacement surgery (arthroplasty)
- Please note non-surgical candidates may be assessed and managed in the arthritis clinic until fit for surgery or improved
- **If pain does not warrant joint replacement, please refer to the Rheumatology Clinic**

Pain/Stiffness in Shoulder including Adhesive Capsulitis (Frozen Shoulder)

BACK

Initial Pre-Referral Work Up

- Standard history and examination including neurological examination
- X-rays to exclude other causes such as malignancy or calcifying tendinitis and instruct patient to bring films to Specialist Clinic appointment
- Consider FBE & ESR

GP Management

- Anti inflammatory medication
- Physiotherapy
- Consider cortisone injection/hydro dilatation

When to Refer

ROUTINE

- Refer after 6 months if not responding to treatment

Tennis/Golfer's Elbow

BACK

Initial Pre-Referral Work Up

- Clinical history and examination

GP Management

- Anti inflammatory medication
- Modify activity (e.g. patient with tennis elbow to use wrist in supination as much as possible)
- Physiotherapy
- Consider cortisone injection

When to Refer

ROUTINE

- Refer if not responding to treatment after 12 months

Painful, Stiff or Locking Elbow

[BACK](#)

Initial Pre-Referral Work Up

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

GP Management

- Anti inflammatory medication
- Physiotherapy

When to Refer

ROUTINE

- Refer if loose bodies visualized on X-ray
- Refer after 6 months if not responding to treatment

Tumours

[BACK](#)

Initial Pre-Referral Work Up

- Standard history and examination
- X-ray (AP and lateral views) and instruct patient to bring films to Specialist Clinic appointment

When to Refer

URGENT

- Refer Urgently to Orthopaedic Clinic: phone Orthopaedic Registrar on call on 9288 2211 if concerned

Nerve Entrapment Syndromes

[BACK](#)

Initial Pre-Referral Work Up

- Standard history and examination
- Nerve conduction studies which can be performed at St. Vincent's: Phone 9288 4149, Fax 9288 4780

When to Refer

URGENT

- If patient presents with muscle wasting or if syndrome is associated with pregnancy
- Patient may also be referred to Plastic Surgery (Hand Surgery) or Neurosurgery Clinics

Bone or Joint Infection

[BACK](#)

Initial Pre-Referral Work Up

- Standard history and examination
- FBE, ESR and CRP
- Do not commence antibiotics

When to Refer

EMERGENCY

- Suspected infection should be referred IMMEDIATELY
- Contact the Orthopaedic Registrar via the hospital switch on 9288 2211 **do not commence antibiotics**

Bursitis

[BACK](#)

Initial Pre-Referral Work Up

- Clinical history and examination
- Acute/inflammatory, consider aspirating for diagnosis; relief of symptoms
- FBE, ESR and CRP
- Activity modification
- Consider X-rays
- If chronic, consider steroid injection

When to Refer

- Refer if non responsive to treatment

Removal of Prostheses – Screws, Pins, Plates

[BACK](#)

Most metal implants are not removed. If patient requests removal of fixation or prosthesis, in absence of infection or loosening of prosthesis, referral considered routine.

When to Refer

ROUTINE

- Consider referral if painful or risk re-fracture. Consider removal if under 40 years

Back Pain and Sciatica

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NOT SEEN BY ORTHOPAEDIC CLINIC

Check for 'Red Flags' and refer to Neurosurgery Clinic Guidelines

[Open Neurosurgery clinic referral guidelines](#)



Important Contact Information

[BACK](#)

Clinics Management Team

Melissa Stanley

Clinics Business Manager
Telephone: 03 9288 3484

Nursing Team Leader
Telephone: 03 9288 3770

Gina Grima

Clerical Team Leader
Telephone: 03 9288 3775

Specialty/Unit

Breast/Dept. of Surgery

Cardiology

Colorectal Surgery

Dermatology

Endocrinology

ENT

Gastroenterology

General Medicine

Haematology

Hepatobiliary Surgery

Infectious Diseases

Nephrology

Neurology

Neurosurgery

Orthopaedics

Plastics

Respiratory

Rheumatology

Urology

Vascular Surgery

Head of Clinic

Mr Patrick Hayes

Dr David Prior

Mr Michael Johnston

Dr Rob Kelly

Dr Warrick Inder

Mr Tim Baker

Dr Andrew Taylor

Dr V. Grill

Dr Robin Filshie

Mr Simon Banting

Dr John Daffy

Dr Hilton Gock

Dr Mark Cook

Mr Chris Thien

Ms Anita Boecksteiner

Mr Tim Bennett

Dr Matthew Conron

Dr Evange Romas

Dr Cathy Temelcos

Mr Mark Lovelock

Lead Nurse

Carmel Miller

Genevieve Law

Carmel Miller

Leonie Hill

Chris Uren

Kylie Powell

Carmel Miller

Genevieve Law

Chris Uren

Kylie Powell

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Rosa Briffa

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GP Liaison Unit

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Contact details

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All general enquiries: 03 9288 3475

For urgent referrals and clinical enquiries contact the Lead Nurse:

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St Vincent's

Continuing the Mission of the Sisters of Charity