St. Vincent’s Clinics
Referral Guidelines
March 2009

Orthopaedic Clinic

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

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.
Fractures of the Upper Limb

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

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

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

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

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

Initial Pre-Referral Work Up
- Weight-bearing X-ray and instruct patient to bring films to Specialist Clinic appointment

**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

**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

**URGENT**
- Pain in previous knee arthroplasty

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

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# Knee Osteoarthritis

**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**

**ROUTINE**
- Refer to Orthopaedic Clinic for surgical management if unresponsive to therapy
  - If patient’s quality of life is suffering
  - Severe pain
  - Pain interfering with activities of daily living
  - Pain causing sleep disturbance
  - Disability

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*St. Vincent's Clinics Referral Guidelines March 2009*
## Previous Knee Arthroplasty – Loosening, Wear or Infection

### 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
<table>
<thead>
<tr>
<th>EMERGENCY</th>
<th>URGENT</th>
<th>ROUTINE</th>
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</table>
| Suspected infection should be referred IMMEDIATELY. | Pain in previous knee arthroplasty | 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

#### 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
- 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

**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**

**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

**Initial Pre-Referral Work Up**
- Clinical history and examination including neurological examination
- X-rays (AP, 30° caudal AP, lateral, axillary lateral 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**

<table>
<thead>
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<th>URGENT</th>
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<tr>
<td>- 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 &lt;70 years. If concerned phone the hospital switch on 9288 2211 and request Orthopaedic Registrar on call.</td>
<td>- 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 &lt;70 years.</td>
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<tr>
<td></td>
<td>- For patients experiencing rotator cuff or AC joint problems: refer to Orthopaedic Clinic after 6 months if symptoms persist.</td>
</tr>
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## Instability or Recurrent Dislocation of Shoulder

**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

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

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

**When to Refer**

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<td>- Refer to Orthopaedic Clinic if patient has tear post dislocation phone Orthopaedic Registrar on call on 9288 2211 if concerned.</td>
<td>- 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.</td>
</tr>
</tbody>
</table>
# Shoulder Osteoarthritis

## 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)

## 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

## 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

**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

**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

**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

**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

**Initial Pre-Referral Work Up**
- Clinical history and examination
- Acute/inflammatory, consider aspirating for diagnosis; relief of symptoms
- FBE, ESR and CRP

**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

**BACK**
**NOT SEEN BY ORTHOPAEDIC CLINIC**

Check for ‘Red Flags’ and refer to Neurosurgery Clinic Guidelines

Open Neurosurgery clinic referral guidelines
Important Contact Information

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 Temelicos  
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  
Genevieve Law  
Chris Uren  
Leonie Hill  
Chris Uren  
Rosa Briffa  
Kylie Powell  
Rosa Briffa  
Rosa Briffa  
Kylie Powell  
Kylie Powell

GP Liaison Unit

Dr David Isaac  
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GP Liaison Unit Coordinator  
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Paul Williamson  
GP Liaison/Chronic Disease Management  
Telephone: 03 9288 2986  
Facsimile: 03 9288 3205  
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Contact details

GP Line: 03 9288 2898  
Facsimile: 03 9288 3489  
All general enquiries: 03 9288 3475

For urgent referrals and clinical enquiries contact the Lead Nurse:

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Rosa Briffa  
Telephone: 03 9288 3772

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Telephone: 03 9288 3773

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Telephone: 03 9288 3769

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Telephone: 03 9288 3774

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35 Victoria Parade  
Fitzroy VIC 3065