

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 Hip	<ul style="list-style-type: none"> Medications (paracetamol, glucosamine, chondroitin sulphate, fish oil, NSAIDS if appropriate) Physiotherapy Hydrotherapy Activity modification Walking aids Orthotics 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>Investigation (report with referral)</p> <p>-X-rays-</p> <p>AP Pelvis ('Charnley View') & Lat Hip</p> <p>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:</p> <p>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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Inflammatory Arthritis of Hip (Rheumatoid, Other)	<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 Peripheral Stigmata</p> <p>Investigation (report with referral) -X-rays- AP Pelvis ('Charnley View') & Lat Hip -Bloods FBE, ESR, CRP, RF, ANA, ANCA</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>	<p>As required</p>
Total Hip Replacement (THR) 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</p> <p>Investigation (report with referral) -X-rays AP Pelvis ('Charnley View') & Lat Hip -Bloods FBE, ESR, CRP</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>	<p>As required</p>

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Hip FAI (Femoroacetabular Impingement)	<ul style="list-style-type: none"> • Medications (paracetamol, glucosamine, chondroitin sulphate, fish oil, NSAIDS if appropriate) • Physiotherapy • Hydrotherapy • Activity modification • Walking aids • Weight loss if applicable 	<p>History Pain on deep flexion, sitting, driving ADLs affected?</p> <p>Examination Findings Positive FABER Test (Flexion-Abduction-External Rotation) Positive FADIR Test (Flexion-Adduction-Internal Rotation)</p> <p>Investigation (report with referral) -X-rays- AP Pelvis ('Charnley View'), Faux Profile, 45 degree Dunn, 90 degree Dunn (4 views)</p> <p>-MRI if possible/ available</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>As required</p>
Developmental (previously 'congenital') Dysplasia of the Hip (DDH/ CDH)	<ul style="list-style-type: none"> • If Arthritis, then treat as per Osteoarthritis of Hip <p>Otherwise:</p> <ul style="list-style-type: none"> • Medications (paracetamol, NSAIDS if appropriate) • Physiotherapy • Hydrotherapy • Activity modification • Walking aids • Orthotics (incl. shoe or heel raises for leg length discrepancy) • Weight loss if applicable 	<p>History -Walking Distance, night pain?, difficulty with stairs?, ADLs affected? -Treatment and responses to date</p> <p>Examination Findings</p> <p>Investigation (report with referral) -X-rays- AP Pelvis ('Charnley View') & Lat Hip</p> <p>MRI if performed</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>As required</p>

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Trochanteric Bursitis/ Pain Syndrome/ Gluteal Pathology	<ul style="list-style-type: none"> • Medications (paracetamol, NSAIDS if appropriate) • Physiotherapy (esp. Isometric Loading, eccentric gluteal retraining to desensitise gluteal muscle/tendon unit) • Hydrotherapy • Injections (Radiologically-guided Trochanteric Bursa) • Walking aids (esp. stick or crutch in <i>opposite</i> hand) • Weight loss if applicable • Treat any hip or back OA 	<p>History -Walking Distance, night pain?, difficulty with stairs?, ADLs affected? Can't sleep on affected side?- Treatment and responses to date</p> <p>Examination Findings Significant limp?</p> <p>Investigation (report with referral) -X-rays- AP Pelvis ('Charnley View') & Lat Hip and -Ultrasound or MRI hip</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>	As required
Other Hip Tendon Pathology (non gluteal)	<ul style="list-style-type: none"> • If acute hamstring avulsion refer for urgent assessment • Medications (paracetamol, NSAIDS if appropriate) • Physiotherapy • Hydrotherapy • Injections (Radiologically-guided) • Walking aids • Weight loss if applicable • Orthotics • Treat any hip or back OA 	<p>History Site of pain, exacerbating factors Treatment and responses to date</p> <p>Examination Findings</p> <p>Investigation (report with referral) -X-rays- AP Pelvis ('Charnley View') & Lat Hip and -Ultrasound or MRI hip</p> <p>Instruct patient to bring films to the Specialist Clinic appointment</p>	<p>Urgent: If Hamstring avulsion</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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Condition / Symptom	GP Management	Minimum Required Referral Information	Expected Triage Outcome	Expected number of Specialist Appointments
Undifferentiated Hip 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 (below)</p> <p>Examination Findings -Exclude Red Flag Signs</p> <p>Investigation (report with referral) -X-rays- AP Pelvis ('Charnley View') & Lat Hip</p> <p>Consider MRI if XRs normal</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 of Hip Thigh	<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 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 -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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<p>Suspected Infection</p> <p>of</p> <p>Hip</p> <p>Thigh</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 (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</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>
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