Orthopaedic (Ankles & Feet) Referral Guideline

Austin Health Orthopaedic Unit 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					
For all emergency cases that require immediate review, or pose an immediate risk to life or limb, please dial 000 or send the patient to the Emergency Department.					
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 the 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 categorised as semi-urgent if the patient has the potential to deteriorate within 30-90 days.					
Routine: Referrals will be triaged by the Orthopaedic Liaison Nurse and Director of Orthopaedic Surgery. Appointments will be booked accordingly.					
Exclusions:					
Condition / Symptom	**GP Management**	**Investigations Required Prior to Referral**	**Expected Triage Outcome**	**Expected Specialist Intervention Outcome**	**Expected number of Specialist Appointments**
• **Hallux Valgus** • **Bunions** • **Hallux Rigidus** • **Other Toe Deformities**	• Medications (paracetamol, NSAIDs if appropriate) • Physiotherapy • Hydrotherapy • Walking aids • Referral to Podiatrist • Orthotics & footwear modifications	**History** **Examination Findings** **Investigation** (report with referral) **X-rays:** AP. Oblique & lateral weight bearing of *foot* **Patients must bring the films or the links for any online imaging**	**Urgent:** N/A **Routine:** Refer if maximal non-operative treatment (at least 2 modalities or at least 3 months) has failed. The patient may first be assessed, imaging updated and treatment maximised at our specialist foot and ankle physiotherapist clinic.	• Initial Outpatient Appointment • Review appointments to establish diagnosis & treatment • Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) • Discharge back to referrer for ongoing conservative management	**As required**
Talar Dome Injury/OCD/Other Talar Injuries	• Acute injuries (<12 weeks) should be referred for urgent assessment • Displaced OCD should be referred for urgent assessment	**History** **Examination Findings** **Investigation** (report with referral) **X-rays:** AP, mortise & lateral weight bearing of *ankle*	**Urgent if:** • Acute (<12 weeks) • Displaced OCD fragment **Routine:** Refer if maximal non-operative treatment (at least 3	• Initial Outpatient Appointment • Review appointments to establish diagnosis & treatment • Consent for Surgery (if surgery is required + Preadmission	**As required**

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	• Undisplaced Chronic Talar Dome OCD can be managed as early OA (see below)	**Patients must bring the films or the links for any online imaging**	modalities for at least 3 months) has failed for undisplaced/chronic The patient may first be assessed, imaging updated, and treatment maximised at our specialist foot and ankle physiotherapist clinic	appointment +/- Anaesthesia preadmission) • Discharge back to referrer for ongoing conservative management	
Osteoarthritis: • **Ankle** • **Hindfoot** • **Midfoot**	• Medications (paracetamol, glucosamine, chondroitin sulphate, fish oil, NSAIDs if appropriate) • Physiotherapy • Activity modification • Walking aids • Referral to Podiatrist • Consider steroid injection • Orthotics & footwear modifications • 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 *ankle* and/or AP, Oblique & lateral weight bearing or *foot* **Patients must bring the films or the links for any online imaging**	**Urgent:** N/A **Routine:** Refer if maximal non-operative treatment (at least 3 modalities for at least 3 months) has failed The patient may first be assessed, imaging updated and treatment maximised at our specialist foot and ankle physiotherapist clinic	• Initial Outpatient Appointment • Review appointments to establish diagnosis & treatment • Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) • Discharge back to referrer for ongoing conservative management	**As required**
Rheumatoid Arthritis • **Ankle** • **Hindfoot** • **Midfoot**	• Patient referred to a Rheumatologist as appropriate	**History** **-**Walking distance, night pain?, difficulty with stairs?, ADLs affected? -Treatment and responses to date **Examination Findings**	**Urgent:** N/A **Routine:** Refer if patient referred to Rheumatologist and non-operative measures have failed.	• Initial Outpatient Appointment • Review appointments to establish diagnosis & treatment • Consent for Surgery (if surgery is required + Preadmission appointment +/-	**As required**

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		Investigation (report with referral) **X-rays:** AP, mortise & lateral weight bearing of *ankle* and/or AP, Oblique & lateral weight bearing of *foot* **Patients must bring the films or the links for any online imaging**	The patient may first be assessed, imaging updated and treatment maximised at our specialist foot and ankle physiotherapist clinic	Anaesthesia preadmission) • Discharge back to referrer for ongoing conservative management	
Flatfoot	• Physiotherapy • Referral to Talbot Orthotists for consideration of bracing/orthotics (including medial arch support insole)	**History** **Examination Findings** Rigid Flatfoot deformity (no correction when standing on toes) **Investigation** (report with referral) **X-rays:** AP, Oblique & lateral weight bearing of *foot* **Patients must bring the films or the links for any online imaging**	**Urgent:** N/A **Routine:** Refer if maximal non-operative treatment (at least 2 modalities for at least 3 months) has failed The patient may first be assessed, imaging updated and treatment maximised at our specialist foot and ankle physiotherapist clinic	• Initial Outpatient Appointment • Review appointments to establish diagnosis & treatment • Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) • Discharge back to referrer for ongoing conservative management	**As required**
ATFL/CFL Injury	• 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	**History** -Instability symptoms, severe ongoing pain after 6 weeks, walking distance, night pain, stairs, ADLs **Examination Findings** **Investigation** (report with referral) **X-rays:** AP, mortise & lateral weightbearing of *ankle and* AP, Oblique & lateral weight bearing of *foot*	**Urgent:** N/A (Acute tear ATFL/CFL on ultrasound is **NOT** an indication for surgery or urgent referral) **Routine:** Refer if maximal non-operative treatment (at least 3 modalities for at least 3 months) has failed The patient may first be assessed, imaging	• Initial Outpatient Appointment • Review appointments to establish diagnosis & treatment • Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) • Discharge back to referrer for ongoing	**As required**

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		Ultrasound/MRI report if done **Patients must bring the films or the links for any online imaging**	updated and treatment maximised at our specialist foot and ankle physiotherapist clinic	conservative management	
AITFL Injury (Syndesmotic Injury) *Note different to ATFL Injury (see above)*	• All patients with this injury (AITFL not ATFL) should be referred for urgent assessment AITFL – AnteroInferior Tibiofibular Ligament ATFL – Anterior Talofibular Ligament	**History** -Acute injury **Examination Findings** **Investigation** (report with referral) **X-rays:** AP, mortise & lateral weight bearing of *ankle* **Ultrasound/MRI** report if done **Patients must bring the films or the links for any online imaging**	**Urgent:** All Refer to ED if acute rupture suspected **Routine:** N/A	• Initial Outpatient Appointment • Review appointments to establish diagnosis & treatment • Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) • Discharge back to referrer for ongoing conservative management	**As required**
Achilles Tendinitis/ Tendinopathy/ Haglund/s Deformity	• Medications (Paracetamol, NSAIDs) • Avoidance of triggering events • Physiotherapy • Referral to Talbot Orthotics for consideration of bracing/orthotics (including heel raise)/stretching exercises	**<u>Note surgery is extremely rarely required</u>** **History** **Examination Findings** **Investigation** (report with referral) **X-rays:** AP, mortise & lateral weight bearing of *foot* to exclude sinister causes of pain **Patients must bring the films or the links for any online imaging**	**Urgent:** Refer to ED if acute rupture suspected **Routine:** Refer if maximal non-operative (at least 3 modalities for at least 3 months, particularly heel raise and stretching exercises) has failed. The patient may first be assessed, imaging updated and treatment maximised at our specialist foot and	• Initial Outpatient Appointment • Review appointments to establish diagnosis & treatment • Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) • Discharge back to referrer for ongoing conservative management	**As required**

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Department of Health clinical urgency categories for specialist clinics					
			ankle physiotherapist clinic		
Heel Pain **Heel Spur** **Plantar Fasciitis**	• 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)	**<u>Note surgery is extremely rarely required</u>** **History** Pain in heel, worst first thing in morning, pain after rest **Examination Findings** **Investigation** (report with referral) **X-rays:** AP, oblique & lateral weight bearing of *foot* to exclude sinister cause of pain (the presence of *a plantar spur does not infer a diagnosis of plantar fasciitis).* **Ultrasound:** No use in diagnosis **Patients must bring the films or the links for any online imaging**	**Urgent:** N/A **Routine:** Refer if maximal non-operative treatment (at least 3 modalities for at least 3 months, particularly heel raise and stretching exercises) has failed	• Initial Outpatient Appointment • Review appointments to establish diagnosis & treatment • Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) • Discharge back to referrer for ongoing conservative management	**As required**

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Morton's Neuroma	• 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)	**History** Pain in heel, worst first thing in morning, pain after rest **Examination Findings** Mulder's click **Investigation** Only to exclude differentials Diagnosis is usually clinical **Patients must bring the films or the links for any online imaging**	**Urgent:** N/A **Routine:** Refer if maximal non-operative treatment (at least 2 modalities for at least 3 months) has failed The patient may first be assessed, imaging updated and treatment maximised at our specialist foot and ankle physiotherapist clinic	• Initial Outpatient Appointment • Review appointments to establish diagnosis & treatment • Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) • Discharge back to referrer for ongoing conservative management	**As required**
Undifferentiated Foot +/or Ankle Pain/Other	• Consider other diagnoses in these guidelines • Consider referred pain • If you suspect malignancy or infection, please see appropriate specific condition management	**History** Exclude red flag symptoms **Examination Findings** Exclude red flag signs **Investigation** (report with referral) **X-rays:** AP, oblique & lateral weight bearing of *foot* **Patients must bring the films or the links for any online imaging**	**Urgent:** If suspected malignancy or infection **Routine:** If you are *unable to establish a diagnosis* and the patient has *significant symptoms*	• Initial Outpatient Appointment • Review appointments to establish diagnosis & treatment • Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) • Discharge back to referrer for ongoing conservative management	**As required**
Suspected Malignancy	• Urgent refer all patients with red flag symptoms, signs or investigations suspicious for malignancy	**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)	**Urgent:** All **Routine:** N/A	• Initial Outpatient Appointment • Review appointments to establish diagnosis & treatment • Consent for Surgery (if surgery is required + Preadmission	**As required**

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		Examination Findings Red flag symptoms **Investigation** (report with referral) Suspicious imaging or blood tests **Patients must bring the films or the links for any online imaging**		appointment +/- Anaesthesia preadmission) • Discharge back to referrer for ongoing conservative management	
Suspected Infection	• Refer to ED immediately all patients with suspected *septic arthritis* (history of hours, swollen joint, very limited ROM). Do NOT start antibiotics unless discuss 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	**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) **Examination Findings** Red flag signs **Investigation** (report with referral) Suspicious imaging or blood tests **Patients must bring the films or the links for any online imaging**	**ED:** If septic joint or unwell **Urgent:** All others **Routine:** N/A	• Initial Outpatient Appointment • Review appointments to establish diagnosis & treatment • Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) • Discharge back to referrer for ongoing conservative management	**As required**