

# Orthopaedic (Elbow and Forearm) 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.					
<b>Urgent:</b> A referral is urgent if the patient has a condition that has major functioning 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.					
<b>Semi-Urgent:</b> Referrals should be categorised as semi-urgent if the patient has the potential to deteriorate within 30-90 days.					
<b>Routine:</b> Referral 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
<b>Elbow Osteoarthritis</b>	<ul style="list-style-type: none"> <li>Medications (paracetamol, glucosamine, chondroitin sulphate, fish oil, NSAIDs if appropriate)</li> <li>Physiotherapy</li> <li>Injections</li> <li>Orthotics (esp. elbow braces)</li> </ul>	<p><b>History</b> -Symptoms, severity -Treatment and responses to date</p> <p><b>Examination Findings</b></p> <p><b>Investigation</b> (report with referral) <b>X-Rays:</b> AP &amp; lateral elbow +/- radial head views</p> <p><b>Patient must bring the films or imaging for any online imaging</b></p>	<p><b>Urgent:</b> N/A</p> <p><b>Routine:</b> Refer if maximal non-operative treatment (at least 3 modalities for at least 3 months) has failed</p>	<ul style="list-style-type: none"> <li>Initial Outpatient Appointment</li> <li>Review appointments to establish diagnosis &amp; treatment</li> <li>Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission)</li> <li>Discharge back to referrer for ongoing conservative management</li> </ul>	<b>As required</b>
<b>Elbow Rheumatoid Arthritis</b>	<ul style="list-style-type: none"> <li>Patient referred to a Rheumatologist as appropriate</li> </ul>	<p><b>History</b></p> <p><b>Examination Findings</b></p> <p><b>Investigation</b> (report with referral)</p>	<p><b>Urgent:</b> N/A</p> <p><b>Routine:</b> Refer if patient referred to rheumatologist and non-operative</p>	<ul style="list-style-type: none"> <li>Initial Outpatient Appointment</li> <li>Review appointments to establish diagnosis &amp; treatment</li> <li>Consent for Surgery (if surgery is required + Preadmission)</li> </ul>	<b>As required</b>

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		<p><b>X-Rays:</b> AP &amp; lateral elbow +/- radial head views</p> <p><b>Patient must bring the films or imaging for any online imaging</b></p>	measures have failed	<p>appointment +/- Anaesthesia preadmission)</p> <ul style="list-style-type: none"> <li>Discharge back to referrer for ongoing conservative management</li> </ul>	
<b>Distal Biceps Rupture</b>	<ul style="list-style-type: none"> <li>Urgent referral to clinic</li> </ul>	<p><b>History</b></p> <p><b>Examination Findings</b> -Proximal biceps migration/position -Weak supination</p> <p><b>Investigation</b> (report with referral) <b>Ultrasound:</b> shows DISTAL rupture</p> <p><b>Patient must bring the films or imaging for any online imaging</b></p>	<p><b>Urgent:</b> Patients will be directed to the ASTI (Acute Soft Tissue Injury) Clinic and see within a week</p> <p><b>Routine:</b> N/A</p>	<ul style="list-style-type: none"> <li>Initial Outpatient Appointment</li> <li>Review appointments to establish diagnosis &amp; treatment</li> <li>Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission)</li> <li>Discharge back to referrer for ongoing conservative management</li> </ul>	<b>As required</b>
<b>Proximal (Long Head) Biceps Rupture</b>	<ul style="list-style-type: none"> <li>Manage as with Chronic Rotator Cuff/Subacromial Impingement</li> </ul>	<p><b><u>Note these are usually degenerative and surgery is very rarely required</u></b></p> <p><b>History</b> Usually other shoulder symptoms</p> <p><b>Examination Findings</b> 'Popeye' deformity biceps (more distal and ball-like)</p> <p><b>Investigation</b> (report with referral) <b>XR and Ultrasound:</b> as with Rotator Cuff/Impingement</p>	<p><b>Urgent:</b> N/A</p> <p><b>Routine:</b> as with Chronic Rotator Cuff/Subacromial Impingement</p>	<ul style="list-style-type: none"> <li>Initial Outpatient Appointment</li> <li>Review appointments to establish diagnosis &amp; treatment</li> <li>Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission)</li> <li>Discharge back to referrer for ongoing conservative management</li> </ul>	<b>As required</b>

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		<p><b>Ultrasound:</b> shows rupture LONG HEAD only</p> <p><b>Patient must bring the films or imaging for any online imaging</b></p>			
<p><b>Ulnar Nerve Compression</b></p>	<ul style="list-style-type: none"> <li>• Medications (paracetamol, NSAIDs if appropriate)</li> <li>• Physiotherapy</li> <li>• Avoid triggering events</li> <li>• Orthotics (esp. night splints)</li> </ul>	<p><b>History</b></p> <p><b>Examination Findings</b> Assess cervical spine and ulnar nerve</p> <p><b>Investigation</b> (report with referral)</p> <p><b>XR:</b> AP and lateral elbow</p> <p><b>Nerve Conduction Study/EMG +/- Cx Spine CT/MRI to look at C7/8</b></p> <p><b>Patient must bring the films or imaging for any online imaging</b></p>	<p><b>Urgent:</b> N/A</p> <p><b>Routine:</b> Refer if patient has <i>wasting</i></p> <p><u>Or</u></p> <p>Patient has no wasting but <i>significant symptoms</i> and <i>failed</i> maximal non-operative treatment</p>	<ul style="list-style-type: none"> <li>• Initial Outpatient Appointment</li> <li>• Review appointments to establish diagnosis &amp; treatment</li> <li>• Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission)</li> <li>• Discharge back to referrer for ongoing conservative management</li> </ul>	<p><b>As required</b></p>
<p><b>Stiff of Locking Elbow</b></p>	<ul style="list-style-type: none"> <li>• Medications (paracetamol, NSAIDs if appropriate)</li> <li>• Physiotherapy</li> <li>• Avoid triggering events</li> <li>• Corticosteroid injection (with great care)</li> </ul>	<p><b>History</b></p> <p><b>Examination Findings</b></p> <p><b>Investigation</b> (report with referral)</p> <p><b>XR:</b> AP and lateral elbow</p> <p><b>Patient must bring the films or imaging for any online imaging</b></p>	<p><b>Urgent:</b> N/A</p> <p><b>Routine:</b> Refer is maximal non-operative treatment (at least 2 modalities for at least 3 months) has failed</p> <p><u>or</u></p> <p>Clear loose body on XR</p>	<ul style="list-style-type: none"> <li>• Initial Outpatient Appointment</li> <li>• Review appointments to establish diagnosis &amp; treatment</li> <li>• Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission)</li> <li>• Discharge back to referrer for ongoing conservative management</li> </ul>	<p><b>As required</b></p>

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<p><b>Epicondylitis</b></p> <p><b>-Lateral (Tennis Elbow)</b></p> <p><b>-Medial (Golfer's Elbow)</b></p>	<ul style="list-style-type: none"> <li>• Medications (paracetamol, NSAIDs if appropriate)</li> <li>• Topical creams/NSAIDs</li> <li>• Physiotherapy</li> <li>• Brace</li> <li>• Avoid triggering events</li> <li>• Activity modification</li> <li>• Corticosteroid injection (with great care)</li> <li>• Consider Platelet Rich Plasma (PRP) injection</li> </ul>	<p><b><u>Note Epicondylitis rarely requires surgery</u></b></p> <p><b>History</b></p> <p><b>Examination Findings</b></p> <p><b>Investigation</b> (report with referral)</p> <p><b>XR:</b> AP and lateral elbow <b>and ultrasound</b></p> <p><b>Patient must bring the films or imaging for any online imaging</b></p>	<p><b>Urgent:</b> N/A</p> <p><b>Routine:</b> Refer if maximal non-operative treatment (at least 2 modalities for at least 3 months) has failed</p>	<ul style="list-style-type: none"> <li>• Initial Outpatient Appointment</li> <li>• Review appointments to establish diagnosis &amp; treatment</li> <li>• Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission)</li> <li>• Discharge back to referrer for ongoing conservative management</li> </ul>	<p><b>As required</b></p>
<p><b>Undifferentiated Elbow/Forearm Pain/Other</b></p>	<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>	<p><b>History</b> Exclude red flag symptoms</p> <p><b>Examination Findings</b> Exclude red flag signs</p> <p><b>Investigation</b> (report with referral)</p> <p><b>X-Rays:</b> AP and lateral elbow (+/- forearm)</p> <p><b>Patient must bring the films or imaging for any online imaging</b></p>	<p><b>Urgent:</b> If suspected malignancy or infection</p> <p><b>Routine:</b> If you are <i>unable to establish a diagnosis</i> and the patient has <i>significant symptoms</i></p>	<ul style="list-style-type: none"> <li>• Initial Outpatient Appointment</li> <li>• Review appointments to establish diagnosis &amp; treatment</li> <li>• Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission)</li> <li>• Discharge back to referrer for ongoing conservative management</li> </ul>	<p><b>As required</b></p>
<p><b>Suspected Malignancy</b></p>	<ul style="list-style-type: none"> <li>• Urgent refer all patients with red flag symptoms, signs or investigations suspicious for malignancy</li> </ul>	<p><b>History</b> Red flag symptoms (loss of weight, appetite or energy; relatively short history (6 weeks rather than 6 months); pain that is unrelenting/unremitting/at</p>	<p><b>Urgent:</b> All</p> <p><b>Routine:</b> N/A</p>	<ul style="list-style-type: none"> <li>• Initial Outpatient Appointment</li> <li>• Review appointments to establish diagnosis &amp; treatment</li> <li>• Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission)</li> </ul>	<p><b>As required</b></p>

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		<p>night; past or present history of malignancy elsewhere)</p> <p><b>Examination Findings</b> Red flag signs</p> <p><b>Investigation</b> (report with referral) Suspicious imaging or blood tests</p> <p><b>Patient must bring the films or imaging for any online imaging</b></p>		<ul style="list-style-type: none"> <li>Discharge back to referrer for ongoing conservative management</li> </ul>	
<p><b>Suspected Infection</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 the 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> 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><b>Examination Findings</b> Red flag signs</p> <p><b>Investigation</b> (report with referral) Suspicious imaging or blood tests (FBE, CRP, ESR)</p> <p><b>Patient must bring the films or imaging for any online imaging</b></p>	<p><b>ED:</b> If septic joint or unwell</p> <p><b>Urgent:</b> All others</p> <p><b>Routine:</b> N/A</p>	<ul style="list-style-type: none"> <li>Initial Outpatient Appointment</li> <li>Review appointments to establish diagnosis &amp; treatment</li> <li>Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission)</li> <li>Discharge back to referrer for ongoing conservative management</li> </ul>	<p><b>As required</b></p>

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