

Orthopaedic Knee (and Anatomical 'Leg' (below knee)) 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 Orthopaedic Registrar to discuss – most urgent patients will be seen within 2 weeks.					
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	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
Osteoarthritis Knee (also SONK-Spontaneous Osteonecrosis of Knee)	<ul style="list-style-type: none"> Medications (paracetamol, glucosamine, chondroitin sulphate, fish oil, NSAIDs if appropriate) Physiotherapy Hydrotherapy Activity modification Walking aids Injections (steroid/viscosupplement) Orthotics (e.g. lateral heel wedge for varus/medial knee pain) Weight loss if applicable 	History -Walking distance, night pain?, difficulty with stairs?, ADLs affected? -Treatment and responses to date Examination Findings Significant deformity or instability? Investigation (report with referral) X-rays: Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total) Ultrasound is <i>not</i> indicated MRI/CT <i>not required</i> if XRs show OA	Urgent: N/A Routine: Refer if maximal non-operative treatment (at least 3 modalities for at least 3 months) has failed. 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,	<ul style="list-style-type: none"> 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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		<p>Patient must bring the films or the links for any on-line imaging</p>	and then patients are triaged to surgeons appropriately.		
<p>Rheumatoid Arthritis Knee</p>	<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 Significant deformity or instability?</p> <p>Investigation (report with referral) X-Rays: Weightbearing PA. Rosenberg (notch), lateral and skyline views (4 views total)</p> <p>Ultrasound is <i>not</i> indicated MRI <i>not required</i> if XRs show 2° OA</p> <p>Patient must bring the films or the links for any online imaging</p>	<p>Urgent: N/A</p> <p>Routine: Refer if patient referred to rheumatologist and non-operative measures have failed</p>	<ul style="list-style-type: none"> • 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 	<p>As required</p>
<p>Total Knee Replacement (TKR) existing</p> <p>With</p> <p>-Pain -Loosening -Other Concern</p>	<ul style="list-style-type: none"> • Refer all patients after appropriate history, examination and investigations performed for urgent assessment • If an acutely septic prosthetic joint is suspected the patient should be sent to the 	<p>History -In a previously well-functioning joint replacement there is new pain (esp 'start-up' pain) or new limp, sounds or other concerns</p> <p>Examination Findings Significant deformity or instability?</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>	<ul style="list-style-type: none"> • Initial Outpatient Appointment • Review appointments to establish diagnosis & treatment • Consent for Surgery (if surgery is required + Preadmission appointment +/- 	<p>As required</p>

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	Emergency Department without antibiotics (unless discussed with, and approved by, orthopaedic unit)	<p>Investigation (report with referral)</p> <p>X-Rays: Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total) - significant change in fixation/position/loosening/lucencies/wear?</p> <p>Ultrasound and MRI are <i>not</i> indicated.</p> <p>Patient must bring the films or the links for any online imaging</p>		Anaesthesia preadmission) <ul style="list-style-type: none"> Discharge back to referrer for ongoing conservative management 	
ACL Tear (Acute or Chronic)	<ul style="list-style-type: none"> If acute injury, refer for urgent assessment If chronic injury, but significant instability or other symptoms, refer for urgent assessment If chronic injury, age >40 and associated with arthritic changes in the knee, manage initially as per osteoarthritis 	<p>History</p> <p>-Acute injury? Instability? Other knee pathology</p> <p>Examination Findings</p> <p>Investigation (report with referral)</p> <p>X-rays: Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total)</p> <p>MRI if possible/available</p> <p>Patient must bring the films or links for any online imaging</p>	<p>Urgent:</p> <p>-Acute injuries</p> <p>-Patients <40 years old</p> <p>-Significant instability (these patients will be seen within 4 weeks in our ASTI (Acute Soft Tissue Injury) Clinic)</p> <p>Routine: Refer patients over 40 years old with OA after maximal non-operative treatment (at least 3 modalities for at least 3 months) has failed. These patients will likely be managed as per our OA pathway</p>	<ul style="list-style-type: none"> 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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Other Knee Ligamentous Injury or Instability (Acute)	<ul style="list-style-type: none"> If Grade 3 (complete) tear, refer for urgent assessment Otherwise try: <ul style="list-style-type: none"> -RICE -Bracing -Physiotherapy -Pain management 	<p>History -Acute injury? Instability? Other knee pathology</p> <p>Examination Findings (report with referral)</p> <p>X-rays: Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total)</p> <p>MRI if possible/available</p> <p>Patient must bring the films or the links for any online imaging</p>	<p>Urgent: -Acute Grade 3 (complete) injuries. These patients will be seen within 4 weeks in our ASTI (Acute Soft Tissue Injury) Clinic</p> <p>Routine: Refer patients with Grade 1 or 2 tears who after 6 weeks of bracing has residual pain or instability</p>	<ul style="list-style-type: none"> 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
Meniscal Injury (Acute)	<ul style="list-style-type: none"> All patients with acute meniscal injury in the absence of osteoarthritis on XR should be referred for urgent assessment 	<p>History -Acute injury? Locking?</p> <p>Examination Findings (report with referral)</p> <p>X-rays: Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total)</p> <p>MRI if possible/available</p> <p>Patient must bring the films or the links for any online imaging</p>	<p>Urgent: Acute injuries in absence of OA. These patients will be seen within 4 weeks in our ASTI (Acute Soft Tissue Injury) Clinic</p> <p>Routine: If part of degenerative process – see osteoarthritis</p>	<ul style="list-style-type: none"> 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
Meniscal Pathology (chronic/degenerative)	<ul style="list-style-type: none"> As per osteoarthritis Medications (paracetamol, glucosamine, chondroitin) 	<p>History -Mechanical symptoms? (Locking/clicking/catching) -Walking distance, night pain?, difficult with stairs?, ADLs affected?</p>	<p>Urgent: N/A</p> <p>Routine: Refer if maximal non-operative treatment (at least 3 modalities</p>	<ul style="list-style-type: none"> Initial Outpatient Appointment Review appointments to establish diagnosis & treatment 	As required

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	sulphate, fish oil, NSAIDs if appropriate) <ul style="list-style-type: none"> Physiotherapy Hydrotherapy Activity modification Walking aids Injections (steroid/viscosupplement) Orthotics (e.g. lateral heel wedge for varus/medial knee pain) Weight loss if applicable 	-Treatment and responses to date Examination Findings Significant deformity or instability? Investigation (report with referral) X-rays: Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total) Ultrasound is <i>not</i> indicated MRI <i>not required</i> if XRs show OA Patient must bring the films or the links for any online imaging	for at least 3 months) has failed Or Significant mechanical symptoms (locking/clicking/catching) These patients may 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.	<ul style="list-style-type: none"> Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) Discharge back to referrer for ongoing conservative management 	
CMP Chondromalacia Patellae	<ul style="list-style-type: none"> As per osteoarthritis Medications (paracetamol, glucosamine, chondroitin sulphate, fish oil, NSAIDs if appropriate) Physiotherapy Hydrotherapy Activity modification Walking aids Injections (steroid/viscosupplement) Orthotics or braces Weight loss if applicable 	History -Mechanical symptoms? (Locking/clicking/catching) -Walking distance, night pain?, difficulty with stairs? ADLs affected? -Treatment and responses to date Examination Findings Investigation (report with referral) X-rays: Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total)	Urgent: N/A Routine: Refer if maximal non-operative treatment (at least 3 modalities for at least 3 months) has failed These patients may be assessed first in the OAHKS clinic (specialist physiotherapists). This allows patients to be seen more rapidly,	<ul style="list-style-type: none"> 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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		<p>Ultrasound is <i>not</i> indicated MRI results <i>if available</i></p> <p>Patient must bring the films or the links for any online imaging</p>	<p>non-operative management further expanded optimised, and then patients are triaged to surgeons appropriately</p>		
<p>Patellar Dislocation or Maltracking</p>	<ul style="list-style-type: none"> Medications (paracetamol, NSAIDs if appropriate) Physiotherapy (esp. VMO) Orthotics or braces (patella-medialising) 	<p>History -First or recurrent treatment? -Recurrent dislocations significantly impacting on work/life? -Locking after dislocation?</p> <p>Examination Findings</p> <p>Investigation (report with referral) X-rays: Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total)</p> <p>Ultrasound is <i>not</i> indicated MRI results <i>if available</i> We will order the CT or MRI if needed</p> <p>Patient must bring the films or the links for any online imaging</p>	<p>Urgent: If locked knee / If new loose body on XR or MRI after a dislocation</p> <p>Routine: Refer if maximal non-operative treatment (at least 2 modalities for at least 3 months) has failed</p>	<ul style="list-style-type: none"> 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 	<p>As required</p>
<p>Loose Body</p> <p>Unstable Osteochondral Fragment</p>	<ul style="list-style-type: none"> Refer if locking or significant symptoms 	<p>History -Mechanical symptoms? (Locking/clicking/catching)</p> <p>Examination Findings</p> <p>Investigation (report with</p>	<p>Urgent: If locked knee</p> <p>If acute injury and new OCD</p> <p>Routine: If chronic and intermittent</p>	<ul style="list-style-type: none"> Initial Outpatient Appointment Review appointments to establish diagnosis & treatment Consent for Surgery (if surgery is required 	<p>As required</p>

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Osteochondritis Dissecans (OCD)		referral) X-rays: Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total) Ultrasound is <i>not</i> indicated MRI results <i>if available</i> Patient must bring the films or the links for any online imaging	locking or symptomatic OCD	+ Preadmission appointment +/- Anaesthesia preadmission) • Discharge back to referrer for ongoing conservative management	
Undifferentiated Knee 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 	History -Exclude red flag symptoms (below) Examination Findings -Exclude red flag symptoms Investigation (report with referral) X-rays: Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total) Consider MRI <i>if XRs normal</i> Ultrasound is usually <i>not</i> indicated Patient must bring the films or the links for any online imaging	Urgent: If suspected malignancy or infection Routine: If you are <i>unable to establish a diagnosis</i> and the patient has <i>significant symptoms</i>	<ul style="list-style-type: none"> 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 of Knee/Leg/Calf	<ul style="list-style-type: none"> Urgent refer all patients with red flag symptoms, signs or investigations suspicious of malignancy 	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	Urgent: All Routine: N/A	<ul style="list-style-type: none"> Initial Outpatient Appointment Review appointments to establish diagnosis & treatment Consent for Surgery (if surgery is required 	As required

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		night; past or present history of malignancy 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		+ Preadmission appointment +/- Anaesthesia preadmission) • Discharge back to referrer for ongoing conservative management	
Suspected Infection of Knee/Leg/Calf	<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/chill/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 (FBE, ESR, CRP) Patients must bring the films or the links for any online imaging	ED: If septic joint or unwell Urgent: All others Routine: N/A	<ul style="list-style-type: none"> 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