

# Orthopaedic Wrist and Hand 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 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 to the Emergency Department.					
<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>Wrist Osteoarthritis</b> <b>Hand Osteoarthritis</b> <b>Carpal Collapse</b>	<ul style="list-style-type: none"> <li>Medications (paracetamol, glucosamine, chondroitin sulphate, fish oil, NSAIDs if appropriate)</li> <li>Physiotherapy</li> <li>Hand therapy</li> <li>Corticosteroid injection of affected joint(s)</li> <li>Orthotics (esp. bracing)</li> </ul>	<b>History</b> -Symptoms, ADLs affected? -Treatment and responses to date  <b>Examination Findings</b>  <b>Investigation</b> (report with referral) <b>X-Rays:</b> <i>Wrist and Hand XRs</i> – AP and lateral  <i>Scaphoid Views</i> – as necessary  <b>Patient must bring the films or the links for any online imaging</b>	<b>Urgent:</b> N/A  <b>Routine:</b> Refer if maximal non-operative treatment (at least 2 modalities for at least 3 months) has failed	<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>Inflammatory Arthritis (Rheumatoid, Other) of:</b>  <ul style="list-style-type: none"> <li><b>Wrist</b></li> </ul>	<ul style="list-style-type: none"> <li>Patient referred to a Rheumatologist as appropriate</li> </ul>	<b>History</b> -Loss of function? ADLs affected? -Treatment and responses to date  <b>Examination Findings</b> Peripheral stigmata	<b>Urgent:</b> N/A  <b>Routine:</b> Refer if patient referred to rheumatologist and	<ul style="list-style-type: none"> <li>Initial Outpatient Appointment</li> <li>Review appointments to establish diagnosis &amp; treatment</li> </ul>	<b>As required</b>

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<ul style="list-style-type: none"> <li><b>Carpus</b></li> <li><b>Fingers</b></li> </ul>		<p><b>Investigation</b> (report with referral)  <b>X-Rays:</b> <u>Wrist and Hand XRs</u> – AP and lateral</p> <p><u>and</u></p> <p><b>Bloods:</b> FBE, ESR, CRP, RF, ANA, ANCA</p> <p><b>Patient must bring the films or the links for any online imaging</b></p>	non-operative measures have failed	<ul style="list-style-type: none"> <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>Carpal Tunnel Syndrome</b>	<ul style="list-style-type: none"> <li>Refer for urgent assessment if <i>wasting</i> is present</li> </ul>	<p><b>History</b>                      -Symptoms, ADLs affected?                      -Treatment and responses to date</p> <p><b>Examination Findings</b></p> <p><b>Investigation</b> (report with referral)  <b>Nerve Conduction Study/EMG:</b>                      Consider for clarification of diagnosis</p> <p><b>Patient must bring the films or the links for any online imaging</b></p>	<p><b>Urgent:</b> If <i>wasting</i> is present</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>	<b>As required</b>
<b>Dupuytren's Contracture</b>	No specific management	<p><b>History</b>                      ADLs</p> <p><b>Examination Findings</b>                      Measurement of joint deformities</p> <p><b>Investigation</b>                      None required</p>	<p><b>Urgent:</b> N/A</p> <p><b>Routine:</b> Refer if the deformities are:</p> <ul style="list-style-type: none"> <li>Causing patient concerns</li> <li>Affected ADLs (Activities of Daily Living)</li> </ul>	<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>	<b>As required</b>

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			<ul style="list-style-type: none"> <li>Age &lt;40 years old</li> <li>Radial sided (i.e. thumb, index, middle fingers involved)</li> </ul> <p>Ectopic disease</p>	<p>Anaesthesia preadmission)</p> <ul style="list-style-type: none"> <li>Discharge back to referrer for ongoing conservative management</li> </ul>	
<b>Trigger Finger</b>	<ul style="list-style-type: none"> <li>Cortisone injection in tendon <i>sheath</i> (Consider radiologically guided)</li> </ul>	<p><b>History</b> ADLs</p> <p><b>Examination Findings</b></p> <p><b>Investigation</b> None required</p>	<p><b>Urgent:</b> N/A</p> <p><b>Routine:</b> Refer if the deformities are:</p> <ul style="list-style-type: none"> <li>Causing patient concerns</li> <li>Affecting ADLs (Activities of Daily Living)</li> </ul>	<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>
<p><b>Scaphoid Non-Union</b></p> <p><b>Avascular Necrosis Scaphoid</b></p>	<p><u>Refer all</u> and treat symptoms</p> <ul style="list-style-type: none"> <li>Medications (paracetamol, NSAIDs if appropriate)</li> <li>Physiotherapy</li> <li>Hand therapy</li> <li>Orthotics (esp. bracing)</li> </ul>	<p><b>History</b> -Symptoms, ADLs affected? -Treatment and responses to date</p> <p><b>Examination Findings</b></p> <p><b>Investigation</b> (report with referral) <b>X-Rays:</b> <u>Wrist and Hand XRs</u> – AP and lateral</p> <p>And</p> <p><u>Scaphoid Views</u></p>	<p><b>Urgent:</b> N/A</p> <p><b>Routine:</b> Refer if presence on XR of:</p> <ul style="list-style-type: none"> <li>Non-union of scaphoid</li> <li>Avascular Necrosis scaphoid</li> <li>Sclerosis scaphoid</li> <li>Advanced collapse or osteoarthritis of scaphoid/wrist</li> </ul>	<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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		<b>Patient must bring the films or the links for any online imaging</b>			
<b>Kienbock's Disease (Avascular Necrosis Lunate)</b>	<p><i>Refer all</i> and treat symptoms</p> <ul style="list-style-type: none"> <li>Medications (paracetamol, NSAIDs if appropriate)</li> <li>Physiotherapy</li> <li>Hand therapy</li> <li>Orthotics (esp. bracing)</li> </ul>	<p><b>History</b> -Symptoms, ADLs affected? -Treatment and responses to date</p> <p><b>Examination Findings</b></p> <p><b>Investigation</b> (report with referral) <b>X-Rays:</b> <i>Wrist and Hand XRs</i> – AP and lateral</p> <p><b>Patient must bring the films or the links for any online imaging</b></p>	<p><b>Urgent:</b> N/A</p> <p><b>Routine:</b> Refer if presence on XR of any:</p> <ul style="list-style-type: none"> <li>Avascular Necrosis Lunate</li> <li>Sclerosis Lunatye</li> <li>Advanced collapse or osteoarthritis of wrist</li> </ul>	<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>Undifferentiated Pain/Other of:</b> <ul style="list-style-type: none"> <li><b>Wrist</b></li> <li><b>Hand</b></li> <li><b>Finger</b></li> </ul>	<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 (below)</p> <p><b>Examination Findings</b> Exclude red flag signs</p> <p><b>Investigation</b> (report with referral) <b>X-Rays:</b> <i>Wrist and Hand XRs</i> – AP and lateral</p> <p>Consider <b>MRI</b> if <i>XRs normal</i></p> <p><b>Patient must bring the films or the links 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>	<b>As required</b>

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<p><b>Suspected Malignancy of:</b></p> <ul style="list-style-type: none"> <li>• <b>Wrist</b></li> <li>• <b>Hand</b></li> <li>• <b>Finger</b></li> </ul>	<ul style="list-style-type: none"> <li>• Urgently 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 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><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 the links for any online imaging</b></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> <li>• Discharge back to referrer for ongoing conservative management</li> </ul>	<p><b>As required</b></p>
<p><b>Suspected Infection of:</b></p> <ul style="list-style-type: none"> <li>• <b>Wrist</b></li> <li>• <b>Hand</b></li> <li>• <b>Finger</b></li> </ul>	<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 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</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, ESR, CRP)</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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	clinic with red flag symptoms, signs or investigations suspicious of infection	<b>Patient must bring the films or the links for any online imaging</b>			