

## Orthopaedic Knee (and Anatomical 'Leg' (below knee)) Referra

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
	<ul> <li>Medications (paracetamol, glucosamine, chondroitin sulphate, fish oil, NSAIDS</li> </ul>	History -Walking Distance, night pain?, difficulty with stairs?, ADLs affected? -Treatment and responses to date	Urgent: N/A	As required
	if appropriate)	·	Routine:	
	<ul> <li>Physiotherapy</li> </ul>	Examination Findings	Refer if maximal non-operative	
Osteoarthritis Knee	<ul> <li>Hydrotherapy</li> </ul>	Significant deformity or instability?	treatment (at least 3 modalities	
	<ul> <li>Activity modification</li> </ul>		for at least 3 months) has failed	
(also SONK-	<ul> <li>Walking aids</li> </ul>	<b>Investigation</b> (report with referral)		
Spontaneous	<ul> <li>Injections</li> </ul>	<b>-X-rays-</b> Weightbearing PA,	Usually the patient will be	
Osteonecrosis of	(steroid/viscosupplement)	Rosenberg (notch), lateral and	assessed first in the OAHKS clinic	
Knee)	<ul> <li>Orthotics (e.g. lateral heel</li> </ul>	skyline views (4 views total)	(specialist physiotherapists)	
	wedge for varus/ medial		This allows patients to be seen	
	knee pain)	Ultrasound is <i>not</i> indicated	more rapidly, non-operative	
	Weight loss if applicable	MRI not required if XRs show OA	management further expanded	
			optimised, and then patients are	
		Instruct patient to bring films to	triaged to surgeons appropriately	
		the Specialist Clinic appointment.		



			History		As required
	•	Patient referred to a Rheumatologist as appropriate	-Walking Distance, night pain?, difficulty with stairs?, ADLs affected? -Treatment and responses to date	Urgent: N/A	7.5 . 5 . 6
Rheumatoid Arthritis Knee			<b>Examination Findings</b> Significant deformity or instability?	Routine: Refer if patient referred to rheumatologist and non-operative measures have failed	
			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 2° OA		
			Instruct patient to bring films to the Specialist Clinic appointment.		
	•	Refer all patients after appropriate history, examination and investigations performed	History -In a previously well-functioning joint replacement there is -New pain (esp 'start-up' pain)	Urgent: All patients with new symptoms or XR changes	As required
Total Knee Replacement (TKR) existing		for <i>urgent</i> assessment If an acutely septic prosthetic joint is suspected the patient	-New limp -New sounds  Examination Findings	Routine: Refer for routine review as required if no particular concerns	
With -Pain		should be sent to the Emergency Department without antibiotics (unless	Significant deformity or instability?  Investigation (report with referral)	required if no particular concerns	
-Loosening -Other Concern		discussed with, and approved by, orthopaedic unit	-X-rays-Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total)		
			-significant change in fixation/ position/ loosening/lucencies?		
			Ultrasound and MRI are <i>not</i> indicated		
			Instruct patient to bring films to the Specialist Clinic appointment.		



Department of Heal	th	clinical urgency categoric	es for specialist clinics		
ACL Tear (Acute or Chronic)	•	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	History -Acute injury? Instability? Other knee pathology  Examination Findings  Investigation (report with referral) -X-rays- Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total)  -MRI if possible/ available  Instruct patient to bring films to the Specialist Clinic appointment.	Urgent: Acute Injuries Patients <40yo Significant Instability These patients will be seen within 4 weeks in our ASTI (Acute Soft Tissue Injury) Clinic  Routine: Refer Patients over 40yo with OA after maximal non-operative treatment (at least 3 modalities for at least 3 months) has failed	As required
Other Knee Ligamentous Injury or Instability (Acute)	•	If Grade 3 (complete) tear refer for urgent assessment Otherwise try: RICE Bracing Physiotherapy Pain management	History -Acute injury? Instability? Other knee pathology  Examination Findings  Investigation (report with referral) -X-rays- Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total)  -MRI if possible/ available  Instruct patient to bring films to the Specialist Clinic appointment.	Urgent: Acute Grade 3 (complete) Injuries These patients will be seen within 4 weeks in our ASTI (Acute Soft Tissue Injury) Clinic  Routine: Refer Patients with Grade 1 or 2 tear who after 6 weeks of bracing has residual pain or instability	As required



	All patients with acute	History		As required
	meniscal injury in the absence of osteoarthritis	-Acute injury? Locking?	Urgent:	
	on XR should be referred	Examination Findings	Acute injuries in absence of OA	
	for urgent assessment	Lamination i manigs	These patients will be seen	
	Tot argent assessment	Investigation (report with referral)	within 4 weeks in our ASTI	
Meniscal Injury		-X-rays- Weightbearing PA,	(Acute Soft Tissue Injury) Clinic	
(Acute)		Rosenberg (notch), lateral and	` ''	
		skyline views (4 views total)	Routine:	
			If part of degenerative process-	
		-MRI if possible/ available	see osteoarthritis	
		Instruct patient to bring films to		
		the Specialist Clinic appointment.		
		History		As required
	<ul> <li>As per osteoarthritis:</li> </ul>	-Mechanical Symptoms?	Urgent: N/A	
	<ul> <li>Medications (paracetamol,</li> </ul>	(Locking/Clicking/Catching)		
	glucosamine, chondroitin	-Walking Distance, night pain?,	Bankings	
	sulphate, fish oil, NSAIDS	difficulty with stairs?, ADLs affected? -Treatment and responses to date	Routine: Refer if maximal non-operative	
Meniscal Pathology	<ul><li>if appropriate)</li><li>Physiotherapy</li></ul>	-Treatment and responses to date	treatment (at least 3 modalities	
(chronic/	Hydrotherapy	Examination Findings	for at least 3 months) has failed	
Degenerative)	Activity modification	Significant deformity or instability?	Or	
<b>5</b> • • • • • • • • • • • • • • • • • • •	Walking aids	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	Significant mechanical symptoms	
	Injections	Investigation (report with referral)	(locking/ clicking/catching)	
	(steroid/viscosupplement)	<b>-X-rays-</b> Weightbearing PA,		
	<ul> <li>Orthotics (e.g. lateral heel</li> </ul>	Rosenberg (notch), lateral and	These patients may be assessed	
	wedge for varus/ medial	skyline views (4 views total)	first in the OAHKS clinic	
	knee pain)	THE SECOND SECON	(specialist physiotherapists)	
	Weight loss if applicable	Ultrasound is <i>not</i> indicated	This allows patients to be seen	
		MRI not required if XRs show OA	more rapidly, non-operative management further expanded	
		Instruct patient to bring films to	optimised, and then patients are	
		the Specialist Clinic appointment.	triaged to surgeons appropriately	
		I Specialist chine appointment	anaged to sargeons appropriately	



Department of Heal	lth c	clinical urgency categoric	es for specialist clinics		
CMP Chondromalacia Patellae		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 Significant deformity or instability?  Investigation (report with referral) -X-rays-Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total)  Ultrasound is not indicated MRI results if available Instruct patient to bring films to the Specialist Clinic appointment.	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, non-operative management further expanded optimised, and then patients are triaged to surgeons appropriately	As required
Patellar Dislocation or Maltracking	•	Medications (paracetamol, NSAIDS if appropriate) Physiotherapy (esp. VMO) Orthotics or Braces (patella-medialising)	History -first or recurrent? -recurrent dislocations significantly impacting on work/life? -Locking after dislocation?  Examination Findings  Investigation (report with referral) -X-rays-Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total)  Ultrasound is not indicated MRI results if available We will order the CT or MRI if needed  Instruct patient to bring films to the Specialist Clinic appointment.	Urgent: If locked knee If new loose body on XR or MRI after a dislocation  Routine: Refer if maximal non-operative treatment (at least 2 modalities for at least 3 months) has failed	As required



Department of Heal	th clinical urgency categori	ies for specialist clinics		
Loose Body Unstable Osteochondral fragment Osteochondritis Dissecans (OCD)	Refer if locking or significant symptoms	History -Mechanical Symptoms? (Locking/Clicking/Catching)  Examination Findings  Investigation (report with referral) -X-rays-Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total)  Ultrasound is not indicated MRI results if available  Instruct patient to bring films to the Specialist Clinic appointment.	Urgent: If locked knee  Routine: If intermittent locking  If symptomatic OCD	As required
Condition / Symptom	GP Management		Expected Triage Outcome	Expected number of Specialist Appointments
Undifferentiated Knee Pain/ Other	<ul> <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>	History -Exclude Red Flag Symptoms (below)  Examination Findings -Exclude Red Flag Signs  Investigation (report with referral) -X-rays- Weightbearing PA, Rosenberg (notch), lateral and skyline views (4 views total)  Consider MRI if XRs normal  Ultrasound is usually not indicated  Instruct patient to bring films to the Specialist Clinic appointment.	Urgent: If suspected malignancy or infection  Routine:  If you are unable to establish a diagnosis and the patient has significant symptoms	As required



Department of Heal	th c	clinical urgency categorie	es for specialist clinics		
	•	Urgently refer all patients	History	Haranta All	As required
Suspected		with red flag symptoms, signs or investigations	-Red Flag Symptoms (Loss of weight, appetite or energy;	Urgent: All	
Malignancy of		suspicious for malignancy	relatively short history of pain or	Routine: N/A	
Hanghancy of		suspicious for manginancy	lump (6 weeks rather than 6	Routille: N/A	
Knee			months); Pain that is		
Kilee			unrelenting/unremitting/at night;		
Log			past or present history of malignancy		
Leg			elsewhere)		
Calf					
Call			Examination Findings		
			-Red Flag Signs		
			Transfer (veneral with referred)		
			Investigation (report with referral) Suspicious Imaging or Blood Tests		
			Suspicious imaging of blood rests		
			Instruct patient to bring films to		
			the Specialist Clinic appointment.		
		Defends ED incomediately all	The second secon		f
		Refer to ED immediately all	History		As required
	ľ	patients with suspected	-Red Flag Symptoms	ED- if septic joint or unwell	As required
	ľ	patients with suspected septic arthritis. (history of	-Red Flag Symptoms (Fevers/sweats/chills/rigors; Loss of		As required
Suspected Infection		patients with suspected septic arthritis. (history of hours, swollen joint, very	-Red Flag Symptoms (Fevers/sweats/chills/rigors; Loss of weight, appetite or energy; relatively	ED- if septic joint or unwell Urgent: All others	As required
· ·		patients with suspected septic arthritis. (history of hours, swollen joint, very limited ROM). Do NOT start	-Red Flag Symptoms (Fevers/sweats/chills/rigors; Loss of weight, appetite or energy; relatively short history (6 weeks rather than 6	Urgent: All others	As required
Suspected Infection of		patients with suspected septic arthritis. (history of hours, swollen joint, very limited ROM). Do NOT start antibiotics unless discussed	-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		As required
of		patients with suspected septic arthritis. (history of hours, swollen joint, very limited ROM). Do NOT start antibiotics unless discussed with orthopaedic unit	-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;	Urgent: All others	As required
· ·		patients with suspected septic arthritis. (history of hours, swollen joint, very limited ROM). Do NOT start antibiotics unless discussed with orthopaedic unit Refer to ED immediately all	-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	Urgent: All others	As required
of Knee	•	patients with suspected septic arthritis. (history of hours, swollen joint, very limited ROM). Do NOT start antibiotics unless discussed with orthopaedic unit Refer to ED immediately all patients with	-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;	Urgent: All others	As required
of	•	patients with suspected septic arthritis. (history of hours, swollen joint, very limited ROM). Do NOT start antibiotics unless discussed with orthopaedic unit Refer to ED immediately all	-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	Urgent: All others	As required
of Knee Leg	•	patients with suspected septic arthritis. (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,	-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)	Urgent: All others	As required
of Knee	•	patients with suspected septic arthritis. (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	-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 (	Urgent: All others	As required
of Knee Leg	•	patients with suspected septic arthritis. (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	-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)	Urgent: All others	As required
of Knee Leg		patients with suspected septic arthritis. (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	-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	Urgent: All others	As required
of Knee Leg		patients with suspected septic arthritis. (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	-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)	Urgent: All others	As required
of Knee Leg		patients with suspected septic arthritis. (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	-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	Urgent: All others	As required
of Knee Leg		patients with suspected septic arthritis. (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	-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	Urgent: All others	As required