

ORTHOPEDIC REFERRAL GUIDELINES

The following guidelines may be used as a guide to assist Primary Care Providers in the referral process and do not represent standards of medical care.

Acute low back pain

- Do neurological exam and spine x-ray.
- Conservative therapy; physical therapy, educate and decrease sitting and activity; low back exercise program and NSAIDs.
- Refer for acute severe sciatic symptoms if no improvement after 3-4 weeks of conservative therapy.
- If the case is uncomplicated by severe sciatica or clear clinical neurologic dysfunction, the initial treatment recommendations by the primary physician should consist of bed rest at home in contour position, frequent heat to the affected area, medications which should primarily consist of pain medication and if the patient can travel relatively comfortable, a referral to physical therapy for hot packs, ultrasound and possible traction. The patient should be followed every 2-3 weeks and treatment should be continued until significant improvement is achieved.

Chronic low back pain

- Do neurological exam and spine x-ray.
- Refer for acute severe sciatic symptoms if no improvement after 3-4 weeks of conservative therapy.
- Physical therapy for acute flare-ups.
- Refer if no response to 6-8 weeks of conservative therapy, and the patient is open to surgery.
- MRI after orthopedic evaluation essentially a pre-op study.
- If chronic nerve dysfunction is present, consider a neurologic referral first for electromyographic studies (EMG). Always have these patients obtain any old x-rays, records, tests and operative reports when you first see them and initiate treatment. An attempt should be made to treat the patient with chronic low back pain for 4-6 weeks before referring to orthopedics. A patient should be referred at any time if it is felt that the patient is a definite surgical candidate.

Acute cervical pain

- Do neurological exam and spine x-ray.
- Refer for acute severe symptoms if no improvement after 3-4 weeks of conservative therapy.
- Without overt neurologic dysfunction, treatment would consist of anti-inflammatory medications as well as pain medication, cervical collar, heat to the affected area, rest in the supine position and physical therapy of hot packs, ultrasound and possible traction.
- In the patient with recurrent cervical pain, a cervical pillow should be recommended. If after 2 re-visits and the patient is not improving, the patient

should have an EMG study if unilateral radiculitis persists and then be referred to orthopedics.

Chronic cervical pain

- Similar to treatment for chronic low back pain.
- Physical therapy consisting of hot packs, ultrasound and traction should be reserved for flare-ups.
- Treat for 4-6 weeks prior to referral and obtain old x-rays, records and operative reports.
- NSAIDs and home cervical traction may be of help.

Hip and knee arthritis

- Generally a primary care problem.
- X-rays to evaluate the degree of degeneration.
- Initial treatment should consist of:
 - Rest to the affected area
 - Possible use of a cane
 - Anti-inflammatory medications
 - Pain medication
- Conservative management includes cane or crutches, physical therapy, NSAIDs, occasional (1-2 per year) steroid injections.
- Physical therapy should be reserved primarily to teach patients active motion exercises and quad sitting exercises for problem knees.
- Chronic arthritis problems should be followed for several months by the primary physicians and should be referred to orthopedics if they are not improving and if the x-rays show significant degenerative changes.
- Weight reduction is important in obese patients as they are not surgical candidates.
- In acute flare-ups of chronic arthritic problems, patients should be rechecked after the initial visit within 10-14 days. If the patient is not improving, s/he should be referred to orthopedics at that time. Many of these patients will benefit from cortisone injection with immobilization.
- Refer if x-ray shows marked progressive degeneration, or no improvement of an acute flare-up after 2-3 weeks of conservative treatment.

Shoulder bursitis

The hallmark of this problem is the absence of injury and pain in the deltoid area, particularly with abduction of the arm away from the body.

- X-rays are helpful to assess for calcium deposits.
- initial treatment should consist of:
 - Heat to the affected shoulder
 - Physical therapy for Codman exercises, hot packs and ultrasound
 - Rest of the involved shoulder
 - Anti-inflammatory medications
- Recheck in 2 weeks and if not improving, refer to orthopedics.

Carpal tunnel syndrome

- Initial treatment is conservative - splints for driving and sleeping. Anti-inflammatory medications.
- If no improvement after 6 weeks of therapy, refer for orthopedic consult.
- X-rays not required unless symptoms of degenerative joint disease is present.
- EMG for diabetics, otherwise probably unnecessary.

Tennis elbow

- Initial treatment should consist of physical therapy of heat packs and ultrasound, the use of a wrist brace to relieve the wrist extensors and anti-inflammatory medication.
- Lifting activities should be avoided.
- Liberal use of heat at home may also be beneficial, but occasionally these patients will claim that ice helps more.
- Recheck in 2 weeks and refer to orthopedics if little improvement and symptoms are severe. Primary purpose of the referral is for cortisone injection to the area of pain.

Knee injuries

- If immediate marked swelling or aspiration reveals blood, obtain urgent referral to orthopedics or on call orthopedist. Obtain x-rays.
- Examine for ligament disruption.
- If fracture or ligament disruption is not suspected, use ice and elevation for 48 hours followed by heat, ace bandage and knee splint.
- Refer to orthopedics if no improvement in 7-10 days.
- X-ray prior to referral.
- All pediatric injuries should be referred to orthopedics within a few days even if x-rays are negative.
- Fractures about or within the knee, no matter how small warrant immediate referral. There may be evidence of ligament disruption.
- Any history of immediate, rapid swelling within the knee joint requires immediate referral to orthopedics or contact with the on call orthopedist if the injury is acute and severe. This represents a hemarthrosis and only occurs with fractures or severe ligament disruption.

More commonly, the patient will have an effusion which takes approximately 18-24 hours to develop. Initial treatment in these cases would involve the use of ice packs for the first 48 hours with elevation. After 48 hours, heat can be applied. An ace bandage may be helpful to relieve the swelling and if the patient is in fairly severe pain, a knee immobilizer may also be helpful. Depending on the level of discomfort, the patient should be kept non-weight bearing with crutches. Orthopedic referral should be made within 7-10 days. Patients with any joint instability should be referred to orthopedics immediately.

Ankle sprains

- Initial treatment should consist of ice for 48 hours with elevation. Elevation cannot be over emphasized. An ace bandage should be provided to help control swelling, and crutches should be used if appropriate. Splinting is not generally useful. Pain medications may be helpful. The patient should be

seen 1 week after injury and be referred to orthopedics if progress is poor. Severe, acute sprains should be referred to orthopedics for casting. X-rays should be taken to rule out fractures. If you are having difficulty delineating a fracture from an epiphyseal plate in the pediatric population, comparison views of the opposite ankle should be taken.

Clavicular fractures

- Clavicular fractures are virtually impossible to reduce or control. Initial treatment should consist of a clavicle harness plus a sling, depending on the level of discomfort. Ice to the area of injury for the first 48 hours. The patient should be encouraged to sleep partially sitting up with pillows behind the involved shoulder to prevent from rolling over onto that shoulder at night. Pain medications are very important because these injuries are quite painful. These fractures are frequently associated with a significant bump in the area of injury. This will initially remain, but often diminish significantly with remodeling over the next 6-12 months. Patients and parents need reassurance that these fractures virtually always heal without complication after 10-14 days of discomfort and 6-8 weeks with a deformed bump. These can usually be treated by primary care with x-rays at 6 weeks and return to full activity by 10-12 weeks.

Sprains in general

- The general rule is elevation with ice packs for the first 48 hours followed by heat or warm soaks. Recheck the involved joint in 1 week and refer at that time if not significantly improved. Immobilize severe sprains. Before referral, x-rays are required to rule out fractures.

Rib fractures

- Rib fractures are not orthopedic problems. Rib belts do not help with pain. Ice and analgesics for 72 hours may be beneficial and can be used beyond 72 hours if necessary.