Orthopaedic Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinics for patients who require assessment and management of orthopaedic conditions. Patients will be triaged according to specific clinical requirements:

- Orthopaedic Clinic: orthopaedic conditions for the upper and lower extremity
- Fracture Clinic: orthopaedic fractures, dislocations and soft tissue injuries
- Virtual Fracture Clinic: remote management of simple fractures, dislocations and soft tissue injuries
- Osteoarthritis Hip and Knee Physiotherapy Clinic (OAHKS): initial assessment of hip and knee OA
- Physiotherapy Lead Orthopaedic Clinic: orthopaedic injuries and conditions that could achieve improved function without surgical intervention

Conditions not seen by Orthopaedic Specialists at Western Health:

- Spinal conditions / pain - see Neurosurgery Clinic referral guidelines
- Bone and soft tissue tumours– refer urgently to St Vincent's Hospital OR Royal Melbourne Hospital
- Acute, simple sprains and strains - refer to community physiotherapy
- Paget's Disease – refer to Metabolic Bone Disorder clinic
- Gout - see Rheumatology referral guidelines
- Musculoskeletal pain that has not trialed 3 months of conservative management (physiotherapy, activity modification, orthotics, weight loss, mood enhancement, medication)

Orthopaedic Surgery Alarm Symptoms:

The following conditions should be referred immediately to the **Emergency Department:**

- Acutely septic prosthetic joint
- Suspected acute bone infection
- Septic arthritis
- Pathological fractures
- Fractures associated with abnormal neurology
- Fractures that are unstable, require reduction (manipulation) or urgent operative management
- Open fractures / fractures with associated wounds
- Joint dislocations
- Acute tendon ruptures (patella tendon, quadriceps tendon)
- Signs of compartment syndrome or neurovascular compromise
- Foot drop
- Cauda equina

Contact the Orthopaedic Registrar on call for any urgent queries on 03 8345 6666 (via switch).

Date: December 2024
Review Date: December 2027

Access & Referral Priority Orthopaedic Surgery:

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

LOWER LIMB:

URGENT **Appointment timeframe 30 days.**	ROUTINE **Appointment timeframe greater than 30 days, depending on clinical need.**
Recent fractures to the lower limb	
Hip and Pelvis: • Slipped capital femoral epiphysis • Perthes' Disease • Avascular necrosis of the Head of Femur	**Hip and Pelvis:** • Inflammatory arthritis, with confirmed joint surface destruction on X-ray • Other hip pain that has failed conservative management: OA (confirmed on x-ray), tendinopathy, bursitis, labral tear, chondral lesion at hip, hip dysplasia, femoro-acetabular impingement (FAI), osteitis pubis
Knee: • Meniscus injury with reports of true locked knee • Patellar or quadriceps tendon rupture • Pre-patellar or infrapatellar bursitis with signs of infection that has failed antibiotic therapy • Intra-articular loose body – with evidence of locking • Acute, multi-ligament knee injury	**Knee** • Meniscus injury in person aged <55 yrs • Ligamentous injury • Confirmed chondral injury knee • Recurrent patellar dislocations despite physiotherapy management • Spontaneous osteonecrosis of the knee • Intra-articular loose body (no reports of locking) • Other knee pain that has failed conservative management e.g. OA, patellar tendinopathy, recurrent bursitis with no signs of infection • Patella dislocation / instability
Ankle and Foot • Achilles rupture • Syndesmosis ankle injuries • Lisfranc injury • Foot deformity with ulceration (diabetic patient) • Osteochondral lesion of the talus	**Ankle and Foot** Pain that has failed conservative management: • OA • Tendinopathy • Pain/instability hindfoot • Pain/deformity forefoot incl.hallux valgus &bunions • Heel pain • Metatarsalgia or Morton's neuroma • Charcot joint • Dislocation peroneal tendons

UPPER LIMB:

URGENT Appointment timeframe 30 days.	ROUTINE Appointment timeframe greater than 30 days, depending on clinical need.
Recent fractures to the upper limb	
Shoulder: • Acute glenohumeral joint dislocation (primary) • Gd III – VI acromio-claviculiar joint injuries • Rotator cuff full thickness tear (MRI or U/S) <55y/o	**Shoulder** • Gleno-humeral instability (recurrent) • Rotator cuff full thickness tear (U/S) >55y/o • US reported rotator cuff partial thickness tear • Rotator cuff calcific tendinopathy • Bursitis, impingement, rotator cuff tendinopathy • Adhesive capsulitis • Superior labrum tear from anterior to posterior (SLAP) lesions
Elbow: • Olecranon bursitis with signs of infection that is not responding to antibiotics • Acute elbow dislocation • Rupture of distal biceps tendon •	**Elbow** • Medial or lateral epicondylitis of the elbow that has failed conservative management. • U/S reported tear at common flexor or common extensor origin of the elbow • Recurrent olecranon bursitis with no signs of infection that has failed non-surgical management • Ulnar nerve compression
Wrist • Scapholunate dissociation • Scaphoid avascular necrosis • Scaphoid collapse	**Wrist** • Arthritis • Ganglion

OTHER:

URGENT Appointment timeframe 30 days.	ROUTINE Appointment timeframe greater than 30 days, depending on clinical need.
• Suspicion of osteomyelitis or septic joint • Previous joint replacement or open reduction and internal fixation with signs of infection • Previous joint replacement or open reduction and internal fixation with signs of infection within past 12 months with sudden increase in symptoms • Concerns regarding progress/healing of fracture that occurred within past 3 months	• Previous joint replacement or open reduction and internal fixation performed >12 months ago with sudden increase in symptoms • Chronic compartment syndrome • Presence of complex cyst

Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to specialist clinics, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

Fractures	Key Information Points:	Clinical Investigations:
Fracture of the upper limb, lower limb & pelvis requiring specialist assessment	• Clinical history, including injury date and mechanism of injury • Details of fracture and neurovascular status • Details of treatment to date, immobilisation type and weight bearing status • Past medical and surgical history • Current medications	• X-ray of affected joint • Any other relevant diagnostic imaging • Report and details of radiology provider to be included in referral
Hip and Knee	**Key Information Points:**	**Clinical Investigations:**
Hip or knee osteoarthritis	• Clinical history and examination findings, • Details of treatment to date and response, impact on function, work and carer duties • Medical and surgical history • Current medication	• X-ray of the affected joint including weight bearing views - Hip – AP pelvis & lateral hip - Knee: four views; weight bearing AP, notch, lateral, and skyline views • Completed hip and knee questionnaire • Report and details of radiology provider to be included in referral
Avascular necrosis of the hip Developmental dysplasia of the hip Moderate-severe hip pain	• Clinical history and examination findings • History of activity modification & impact on function and work • Details of conservative strategies tried and response • Current medications including anti-inflammatory and analgesics • Medical and surgical history	• X-ray: AP view of pelvis and affected hip, lateral view affected hip including weight bearing /standing views • Report and details of radiology provider to be included in referral • If infection or inflammation, provide FBE, ESR & CRP • Recent HbA1c results if diabetic
Previous total hip or knee replacement with new pain, loosening or other concern* *Refer back to original provider if possible	• Clinical history and, examination findings. • current medications including anti-inflammatory and analgesic use • Previous surgical management details including surgeon/location • Details of mechanical symptoms e.g. locking, instability / clicking • Response to Conservative strategies	• X-ray of the affected joint: - Hip – AP pelvis & lateral hip, view of pelvis and hip, lateral - Knee: weight bearing AP and lateral views • Report and details of radiology provider to be included in referral • If infection or inflammation, provide FBE, ESR & CRP • Recent HbA1c results if diabetic

Hip and Knee	Key Information Points:	Clinical Investigations:
Knee / patella pain	• Clinical history and examination findings • Details of mechanical symptoms e.g. locking, instability or giving way • Current medications including anti-inflammatory and analgesic use • Response to conservative strategies	• X-ray of the affected knee: four views; weight bearing AP, notch, lateral and skyline views • Report and details of radiology provider to be included in referral • If infection or inflammation provide FBE, ESR & CRP • Recent HbA1c results if diabetic
Meniscal tear with mechanical symptoms Knee ligamentous injury or instability Loose body, unstable osteochondral fragment Spontaneous osteonecrosis of the knee	• Clinical history and examination findings • Current medications including anti-inflammatory and analgesic use • Details of mechanical symptoms e.g. locking, instability/giving way • Response to conservative strategies	• X-ray of the affect knee: four views; weight bearing AP, notch, lateral and skyline views • MRI desirable if available *-> Please note, Medicare rebates apply for MRI Knee 16 - 49y/o (acute trauma with possible meniscal tear or ACL tear). See here for further details.* • Report and details of radiology provider to be included in referral
Patella Dislocation	• Clinical history and examination findings • Number of dislocations, movement restriction & ability to straight leg raise • Response to conservative strategies	• X-ray of the affect knee: four views; weight bearing AP, notch, lateral and skyline views • MRI desirable if available • Report and details of radiology provider to be included in referral
Ankle and Foot	**Key Information Points:**	**Clinical Investigations:**
Ankle & foot pain* - Arthritis - Hindfoot pain/instability - Forefoot pain/deformity (incl. bunions) - Achilles tendon/heel pain - Morton's neuroma	• Clinical history and examination findings • Details of mechanical symptoms e.g. locking, instability / giving way • Medications including anti-inflammatory and analgesic use • Response to conservative strategies Consider cortisone injection for intermetatarsal bursa/neuroma	• X-ray: AP and lateral ankle/foot incl. weight bearing / standing views • Report and details of radiology provider to be included in referral • If infection or inflammation, provide FBE, ESR & CRP • Recent HbA1c results if diabetic

Shoulder	Key Information Points:	Clinical Investigations:
Non traumatic shoulder pain* - Osteoarthritis - AC joint pain - Rotator cuff pathology - Adhesive capsulitis	• Clinical history and examination findings, including shoulder joint range of movement • current medications including inflammatory and analgesic use • Response to conservative strategies	• X-ray of the affected shoulder (AP and lateral) • If available, provide report and details of radiology provider (i.e. ultrasound, MRI) • If infection or inflammation, provide FBE, ESR & CRP • Recent HbA1c results if diabetic
Shoulder instability: - Glenohumeral joint dislocation - Shoulder instability syndrome / multidirectional instability - SLAP (superior labral tear from anterior to posterior)	Refer if: • Structural pathology (i.e. acute rotator cuff tear, bony Bankart lesion, SLAP, large Hill Sachs) • At risk of further dislocation (high-impact sport or work) Include details in referral • Recurrent or ongoing instability despite 3 months of rehabilitation	• X-ray of affected shoulder (AP view of glenohumeral joint, lateral view, axillary lateral view superior-inferior view) • If available, provide report and details of radiology provider (i.e. ultrasound, MRI)
Elbow	**Key Information Points:**	**Clinical Investigations:**
Medial and lateral epicondylitis (tennis / golfers' elbow) not responding to 3 months of physiotherapy Common flexor and extensor tendon tears	• Clinical history and examination findings • Details of impact on work or carer duties • Current medications including anti-inflammatory and analgesic use • Response to conservative strategies	• Common flexor and extensor tendon tears - U/S scan • Report and details of radiology provider to be included in referral • Imaging not required for elbow epicondylitis
Ulnar nerve compression	• Clinical history, and examination findings, History of associated neurological symptoms (weakness, muscle wasting, sensory and motor changes), • Impact on ROM / function • Current medications	• Nerve conduction studies • X-ray of affected joint if appropriate or if trauma related injury • Any other relevant diagnostic imaging • Report and details of radiology provider to be included in referral
Elbow pain	• Clinical history, and examination findings: including pain, stiffness or locking • Impact on function • Response to conservative strategies	• X-ray of 2 views of affected elbow (AP and lateral) • Report and details of radiology provider to be included in referral • If infection or inflammation, provide FBE, ESR & CRP • Recent HbA1c results if diabetic

Wrist / Hand	Key Information Points:	Clinical Investigations:
Painful / stiff wrists: • Scapholunate dissociation • Scaphoid AVN • Scaphoid Collapse • Wrist pain • Ganglia	• Clinical history, including details of past trauma to wrist and examination findings, • Impact to function, work, sports, and carer duties • Conservative management • Anti-inflammatory use/response • Acute vs chronic, mechanism, • Details of any risk factors for avascular necrosis (eg: previous trauma/fracture, corticosteroid use, ETOH abuse, vascular issues)	• X-ray (AP & lateral of affected wrist) • Report and details of radiology provider to be included in referral • If referral relates to infection or inflammation, provide FBE, ESR & CRP • Recent HbA1c results if diabetic
Other Conditions	**Key Information Points:**	**Clinical Investigations:**
Bursitis (pre-patella, trochanteric, olecranon)	• Details of response and duration of conservative management including aspiration or cortisone injection	• X-ray and Ultrasound of the affected joint • Report and details of radiology provider to be included in referral • If referral relates to infection or inflammation, consider aspirating for diagnosis &provide FBE, ESR & CRP • Consider MC&S of bursal fluid
Apophysitis	• Details of response and duration of conservative management	• X-ray of two views of affected joint • Report and details of radiology provider to be included in referral
Symptomatic Prostheses including rods, plates, screws, pins, joint replacements*. Note most metal implants not removed *Refer back to original provider if possible	• Details if ongoing pain, prominent metal work, ulceration, lysis or translucency on imaging around implant • Previous surgery details including surgeon/location of surgery	• X-ray of two views of affected joint • Report and details of radiology provider to be included in referral • If referral relates to infection or inflammation, consider aspirating for diagnosis & provide FBE, ESR & CRP
Compartment Syndrome	• Clinical history, and examination findings including neurological examination • History of range of motion changes or loss of function	• Any relevant diagnostic imaging including reports & radiology provider
Osteomyelitis or suspected septic joint	• Clinical history and examination • Past history • Current medications	• X-ray of the affected joint • Report and details of radiology provider to be included in referral • FBE, ESR & CRP • Recent HbA1c results if diabetic