# Orthopaedic Choice Referral Guidance – Upper Limb

Please include the following **MINIMUM CLINICAL DATA SET FOR ALL REFERRALS**. Referrals that do not contain this information are likely to be returned for completion:

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| BMI | Effect on function (walking etc) | Effect on sleep |
| Duration | Effect on sleep | Occupational factors |
| Severity | Previous x-ray/imaging | PMH |
| Site | Previous treatment (injections, physio, podiatry etc. with details) | DH |
| Laterality | Effect on function (WALKING ETC) | Current analgesia |

\*Covered by Prior Approval process – criteria are in ***bold italics***

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| HAND | Condition | Possible Primary Care treatments prior to referral | ESSENTIAL referral Information required from GP *plus* MINIMUM DATA SET |
| Carpal Tunnel – mild-moderate | Splint 6/52, Inject and splint 6/52. Qualifies for surgery if this done and >6 month history | Duration, symptoms (?permanent), thenar wasting?, prior treatments, relevant tests (NCS only if diagnostic doubt, blood tests only if indicated) |
| Carpal Tunnel – severe | Surgery indicated if severe – thenar wasting, permanent sensory loss etc. | As above. |
| Dupuytren’s\* | Refer only if fulfils surgical criteria\****(>25° or if <45yrs 2 joints and >10° AND functional impairment)*** | Angle of flexion at each joint and description of functional impairment |
| Trigger finger\* | Inject x 1-2 \****(If injected and >3 months history and interference with hand function, qualifies for surgery)*** | Prior treatment (injections) and effects |
| OA base of thumb | Inject | X-ray required. Prior treatments (injections, splints etc) |
| OA fingers |  | X-ray required |
| De Quervains | Splint, Inject |  |
| Ganglion***\*(causes persistent pain or reduced function or sudden enlargement)*** | Aspirate, Puncture, Inject | Duration, location, effects of ganglion, unusual features, ultrasound if diagnostic doubt |

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| WRIST | Condition | Possible Primary Care treatments prior to referral | ESSENTIAL referral Information required from GP *plus* MINIMUM DATA SET |
| Wrist pain | Splint | History of trauma, location of pain.  X-ray required in wrist pain >40 |

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| ELBOW | Condition | Possible Primary Care treatments prior to referral | ESSENTIAL referral Information required from GP *plus* MINIMUM DATA SET |
| Tennis/Golfer’s Elbow | Advice – exercises, activity modification, Inject if persistent and preventing normal activity. Physio referral | Occupational factors, prior treatments – should have physio first |
| Ulnar nerve entrapment | If hypothenar wasting or weakness then order NCS | Occupational factors, prior treatments. |
| Suspected OA or loose body |  | X-ray required |

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| SHOULDER | Condition | Possible Primary Care treatments prior to referral | ESSENTIAL referral Information required from GP *plus* MINIMUM DATA SET |
| Subacromial pain\* (includes, impingement, supraspinatus, rotator cuff syndrome etc) | Inject, Physio ***\*(eligible for surgery if >6m history + intrusive and debilitating + 6weeks physio + positive response to steroid injection)*** | X-ray required if >50, NOT ultrasound (unless young, traumatic origin, severe functional disability), |
| Adhesive capsulitis (Frozen shoulder) | Advice re natural history, Inject NB Key diagnostic test is loss of range of external rotation | X-ray required if >50, NOT ultrasound. |
| ACJ pain | Inject | X-ray required if >50 |
| OA Glenohumeral joint |  | X-ray required if >50 |

**General Guidance for all Upper Limb Orthopaedic Choice referrals**

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| Location of the Service | * Romsey * Hythe * Lymington * Fordingbridge * Avalon House, Winchester * Andover * Moorgreen |
| Exclusions | High index of suspicion for malignancy – primary or secondary  Acute injuries  Paediatrics <=16 yrs |
| Suggested Investigations | X-Ray/Scan investigations prior to referral as per guidance by condition |
| Administration Requirements | To Complete the referral proforma including all the minimum data set and refer on Choose and Book  **Contact details for the booking office are:**  0300 003 0806  **Address:**  Lymington New Forest Hospital, Winchester Hill, Hampshire,  SO51 7ZA |