# Orthopaedic Choice Referral Guidance – Lower 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) |  |

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

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| HIP | Condition | Possible Primary Care treatments prior to referral | ESSENTIAL referral Information required from GP *plus* MINIMUM DATA SET |
| OA | Physio***\*If BMI ≥ 35 then must have referral to Tier 2/3 weight loss first*** | X-ray for all hip joint pain, duration, severity of pain and functional disability, prior treatments |
| Labral tear/FAI | Physio | X-ray for all hip joint pain, duration, severity of pain and functional disability, prior treatments |
| Greater trochanteric pain | Advice – exercises, activity modification, Inject, Physio | X-ray required if >50 |

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| KNEE | Condition | Possible Primary Care treatments prior to referral | ESSENTIAL referral Information required from GP *plus* MINIMUM DATA SET |
| OA (most knee pain >40 is OA) | Advice, analgesia, NSAID if not c/I, Inject, Physio***\*BMI ≥35 as hip above*** | X-ray required if >40 NOT MRI. (Weight bearing) |
| Patello-femoral pain | Advice, Physio | X-ray required if >40. NOT MRI. Prior treatments and physiotherapy |
| ?Meniscal tear <40 | Refer  | Full details of onset (?traumatic), occupational factors |
| ?Meniscal tear with true locking any age  | Refer ***\*(True locking or traumatic origin may qualify for arthroscopy*** | X-ray, Full details of onset, occupational factors |
| Suspected ACL tear or true instability | Refer  | Full details of onset, symptoms of instability, occupational factors and sporting aspirations |

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| ANKLE | Condition | Possible Primary Care treatments prior to referral | ESSENTIAL referral Information required from GP *plus* MINIMUM DATA SET |
| Suspected OA |  | X-ray all persistent ankle pain >10 weeks WB |
| Acute trauma | Apply Ottawa rules. Refer non-resolving ankle pain >10weeks | X-ray WB (Weight bearing) |
| Instability | Physio | X-ray WB (Weight bearing) |
| Tendinopathy (Tib Post or Peroneal) | Physio, Podiatry if foot mechanics abnormal | USS useful |
| Achilles Tendonitis | Advice, Exercises, Physio | USS useful |
| Symptomatic surgical metalwork | Advice, Footwear | X-ray WB (Weight bearing) |

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| FOOT | Condition | Possible Primary Care treatments prior to referral | ESSENTIAL referral Information required from GP *plus* MINIMUM DATA SET |
| Plantar fasciitis | Advice, Podiatry, Inject | Occupational factors, prior treatments incl injections |
| Morton’s neuroma | Podiatry, Inject | Prior treatments incl injections |
| Metatarsalgia | Podiatry | X-ray WB (Weight bearing) |
| Hallux Valgus | Advice, Footwear, Podiatry | X-ray WB (Weight bearing) |
| Hallux Rigidus |  | X-ray WB (Weight bearing) |
| Toe deformities | Advice, Podiatry |  |
| Suspected foot OA |  | X-ray WB (Weight bearing) |
| Ganglia, plantar fibroma, lumps |  | USS  |

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

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| Location of the Service | * Romsey
* Hythe
* Lymington
* Fordingbridge
* Royal Hampshire County Hospital
* Andover
* Moorgreen (not feet)
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| Exclusions | High index of suspicion for malignancy – primary or secondaryAcute injuriesPaediatrics <=16yrs |
| Suggested Investigations | X-Ray/Scan investigations prior to referral as per guidance by condition above |
| Administration Requirements | To Complete the referral proforma including all of 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 |