

Musculoskeletal Referral Guidelines

Introduction

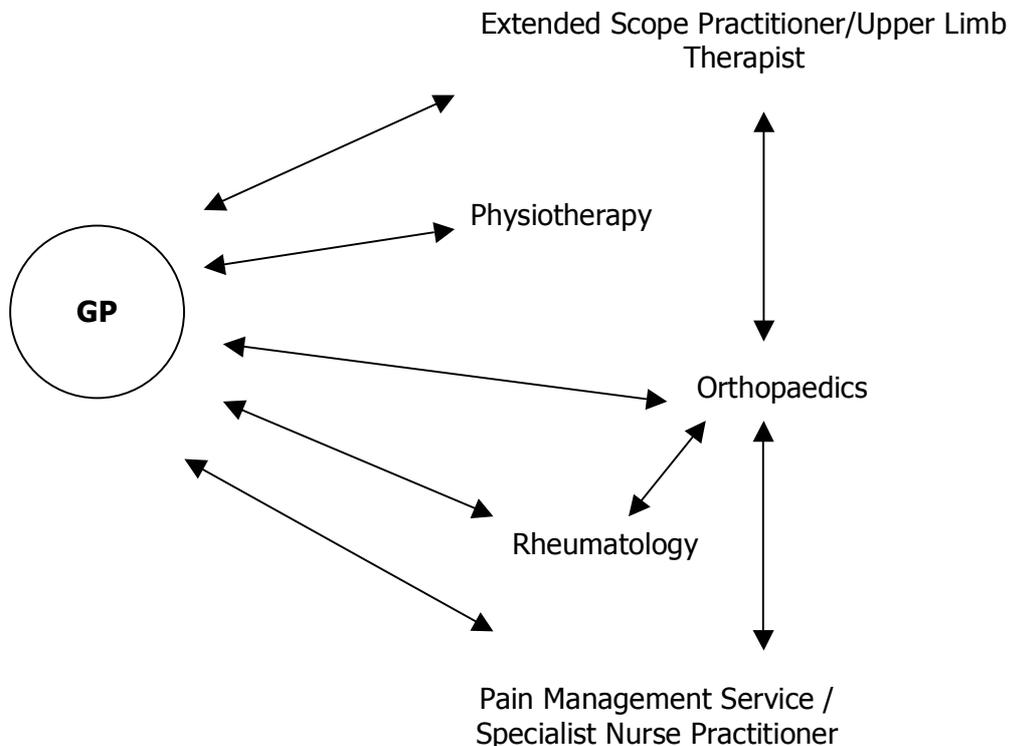
These guidelines have been developed to provide an integrated musculoskeletal service. They are based on reasonable clinical practice and will initially allow direct appointments to be made from Primary Care to Physiotherapy, Rheumatology, ESP and Orthopaedics for some of the more common conditions.

It is essential that adequate information is provided regarding the history of the complaint, the symptoms, their severity, examination findings, results of investigations and current treatment for the appointment to be processed. This information and the presence or absence of 'red flags' will allow prioritisation of appointments to be made according to agreed criteria (pages **). Unless referral to a specific consultant is stipulated, referrals will enter a common speciality pool and appointments allocated according to criteria.

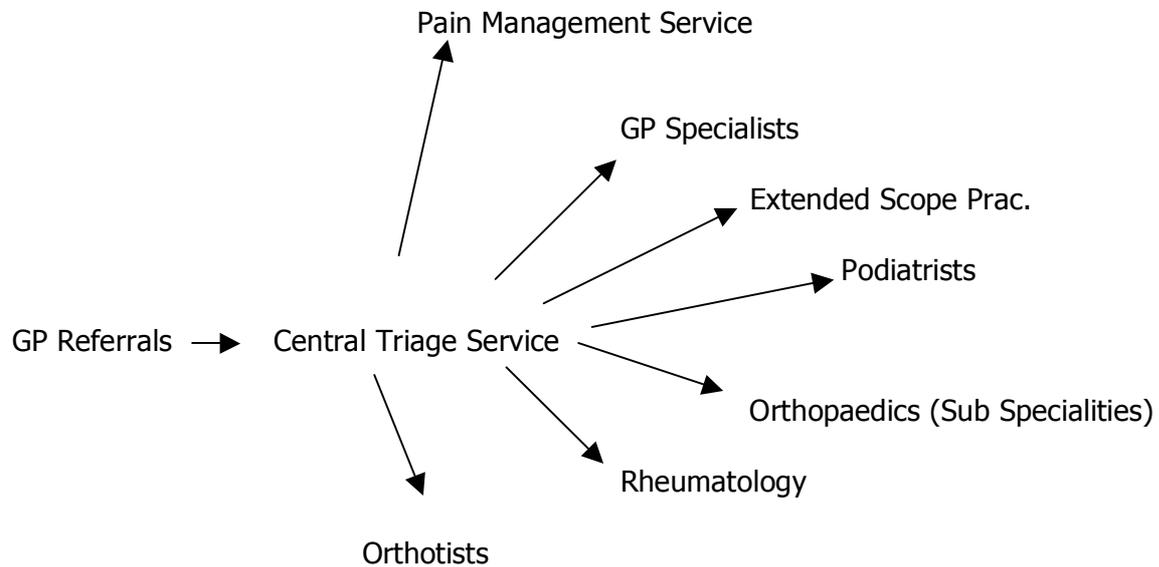
Referrals to the Extended Scope Practitioner (ESP) could be made directly (non-surgical complaints) or some of the referral letters would be triaged by the Consultants in the Orthopaedic Directorate to be seen by the ESP. Their clinics would be held alongside the respective Consultants clinic at Abergele Hospital.

The Pain Management Service or a Specialist Nurse lead back pain service is already well established for the past few year therefore, no guidelines for low back pain problems have been included, as there is adequate information and advice from the Royal College.

Current Referral Route I



Central Referral Pattern II



Urgent Referrals **(Target waiting time 1-6/52)**

- Clicky hips in children
- Back pain in children
- Limp in a child (SUFE)
- Solid musculoskeletal lumps (if suspected malignancy)
- Infected wounds following joint replacement
- Back pain – Red flags
- Neck pain – Red flags

Emergency Referrals to on call Orthopaedic Registrar/A+E

- Central disc prolapse with bladder involvement
- Suspected septic arthritis
- Suspected fresh fractures
- Acute spinal cord compression

General Guidelines

Shoulder pain

Pain in the shoulder region is common. It may arise from the glenohumeral or acromioclavicular (AC) joints, or from periarticular structures or it may be referred from the neck, thorax or abdomen.

In practice, the most common disorders seen are periarticular conditions, especially rotator cuff lesions (tendinitis, cuff tears or subacromial bursitis).

Common causes of shoulder pain by age and origin and type of pain are as follows:-

Age (years)	Type of Pain		
	Periarticular	Articular	Referred
<30	Rotator cuff (tendinitis)	Glenohumeral instability	
30-40	Capsulitis	Inflammatory arthritis	Cervical spondylosis
	Rotator cuff (tendinitis, calcific tendinitis)	Acromioclavicular arthritis	Biliary disease
>50	Capsulitis	Glenohumeral osteoarthritis	Cervical disease
	Rotator cuff (tears)	Acromioclavicular arthritis	Lung tumours

All the periarticular shoulder conditions may require steroid injections in the subacromial space, the aim being to reduce inflammation and pain. This allows the patient to comply with physiotherapy. It should be noted that shoulder injection is not a * in the presence of a partial or complete tear of the rotator cuff.

Elbow Pain

Elbow pain is common and usually caused by lateral and medial epicondylitis (tennis or golfer's elbow) or olecranon bursitis. Less commonly elbow pain is caused by arthritis of the elbow or referred from the neck or shoulder.

Diagnosis is based on clinical findings and investigations are generally unnecessary.

Hip Pain

Hip pain is common at all ages and may be due to articular or periarticular causes or referred from the spine or intra-abdominal structures.

Trochanteric bursitis and osteoarthritis of the hip are the most common causes in adults.

The causes can generally be differentiated on clinical examination although X-rays may be necessary to define hip joint pathology.

Common causes of hip pain are:-

Intra-articular	Periarticular	Referred
<p>Osteoarthritis</p> <p>Avascular necrosis</p>	<p>Trochanteric bursitis</p> <p>Adductor tendinitis</p> <p>Nerve entrapment (meralgia paraesthetica)</p> <p>Fractured neck of femur Paget's and other bone diseases</p>	<p>Thoracolumbar spine</p> <p>Intra-abdominal</p>

Indications for hip replacement are:-

- Pain especially night pain (groin pain)
- Reduced mobility
- Gross disturbance of quality of life

Hip replacement in young and active patients is unusual but possible. It is important to counsel these patients prior to referral that they must take long term care to avoid early failure.

Obesity is not in itself a contra-indication to joint replacement, but failure to lose weight may indicate the patient's degree of disability or commitment to surgical treatment. Anaesthetic and surgical risks are increased, but these would be taken into account at the time of pre-operative assessment.

Ankle & Foot Pain

Most ankle and foot problems are related to mechanical abnormalities or inappropriate footwear.

Common causes of heel pain are plantar fasciitis, Achilles tendinitis and sprained ankle.

Common causes of forefoot pain are hallux valgus, bunions and metatarsalgia. Management principally involves correction of mechanical abnormalities with particular attention to footwear.

Occasionally, metatarsalgia, non-traumatic Achilles tendinitis and plantar fasciitis may be manifestations of an inflammatory arthritis.

X-rays in cases of plantar fasciitis often show a spur, which is an effect rather than the cause of the problem. The presence of a spur is not an indication for surgery.

Knee Pain

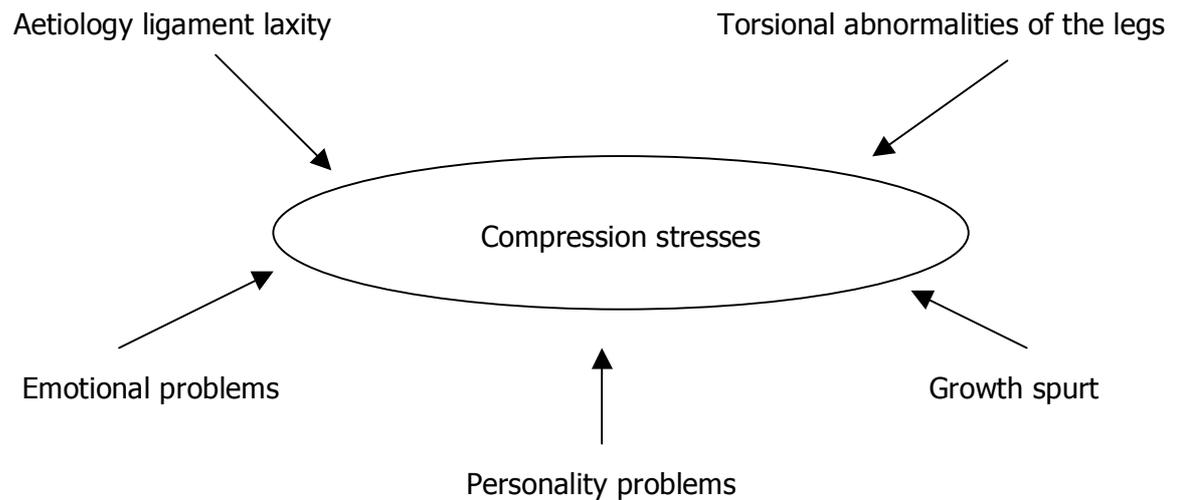
Most causes of knee pain can be diagnosed from the history and examination and investigations are unnecessary in the majority of cases. If examination suggests a periarticular cause, no investigation is indicated. Similarly, X-rays add nothing to the clinical diagnosis of osteoarthritis (OA) unless surgery is being considered, then standing knee X-rays should be requested.

In the assessment of knee pain, the hip should be examined as knee pain may be referred from the hip.

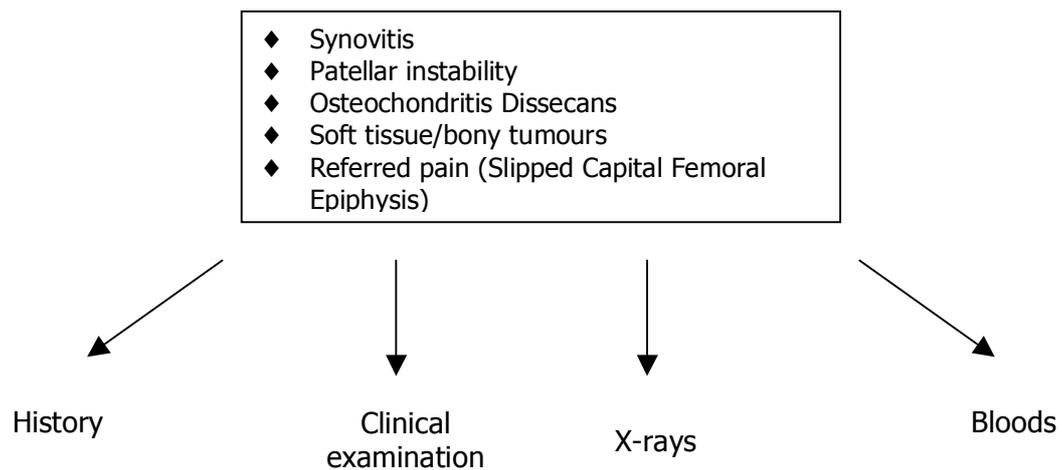
In children with knee pain or a limp, a diagnosis of slipped femoral epiphysis should be considered and an orthopaedic opinion sought.

Anterior knee pain in Adolescence

- Commoner in females
- After puberty
- Patellar pain
- Vague symptoms
- "Chondromalacia patellae"



EXCLUDE



Monoarticular Pain

Pain arising in a single joint could be periarticular, articular or referred. There are two key questions to be asked to exclude red flag conditions. These are; is there a history of significant trauma? Or is there evidence of severe local inflammation?

A single acutely inflamed joint must be observed carefully for signs of infection. If any hint of infection, then an urgent referral is indicated.

Other common causes of an acute inflammatory monoarthritis are reactive arthritis, psoriatic arthritis, rheumatoid arthritis or gout.

Polyarticular Pain

Polyarticular joint pain is of either inflammatory or non inflammatory origin. The presence of associated soft tissue swelling and prolonged morning stiffness is essential to diagnose an inflammatory polyarthritis.

The distribution of an acute inflammatory polyarthritis may suggest the underlying diagnosis. Rheumatoid arthritis and systemic lupus erythematosus are usually symmetrical in distribution and ankylosing spondylitis, reactive arthritis and psoriatic arthritis are usually asymmetrical in distribution.

Patients with inflammatory polyarthritis who are systemically unwell require urgent referral.

Criteria for the diagnosis of Rheumatoid Arthritis (American College of Rheumatology 1987 Revision)

- Morning Stiffness > 1 hr
- Arthritis of 3 or more joints
- Arthritis of hand joints and wrist
- Symmetrical Arthritis

Any of the above for more than 6 weeks

- Rheumatoid Factor +ive
- Typical Radiological changes (Erosions +/- peripheral osteopenia)

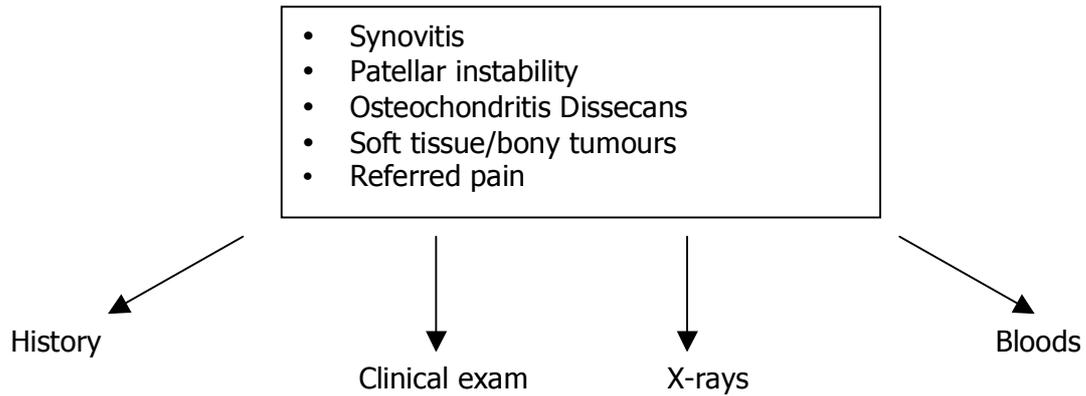
4 or more criteria = Diagnosis

Differential Diagnosis (Sero negative Polyarthritis)

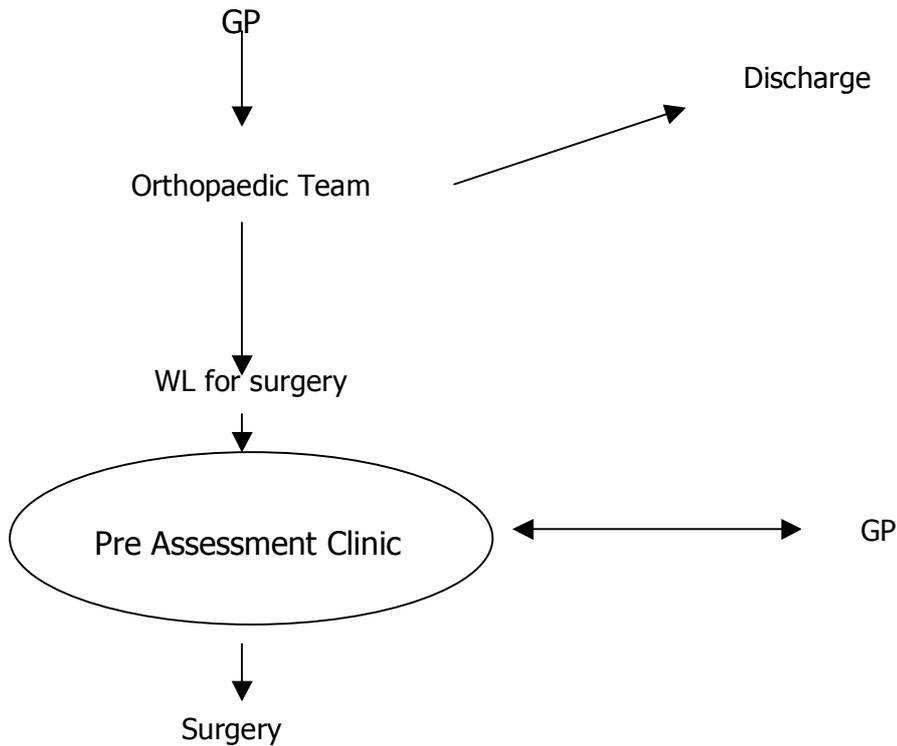
1. Ankylosing Spondylitis
2. Psoriatic Arthritis
3. Reactive Arthritis (Reiter's Disease & Post Dysenteric reactive Arthritis)
4. Enteropathic Arthritis (Ulcerative Colitis & Crohn's disease)

Neck Pain

Neck pain is extremely common, especially in older adults. Most types are mechanical in nature and related to trauma or age related changes in the cervical spine. Investigations are not normally necessary unless red flags are present. X-ray findings correlate poorly with symptoms and are only indicated when neurological signs develop, where trauma is the cause or when there is concern about possible serious pathology.



Patient's Journey



Issues – Delay in Surgery (Joint Replacements)

- UTI
- Hypertension
- Dental problems
- Skin lesions (Psoriasis)
- Toe Nail lesions
- Obesity (High BMI)

Issues – Delay in Surgery (Joint Replacements) **SOLUTIONS**

- Meticulous Initial Assessment
- Routine MSSU
- Obesity : Counselling
- Practice Nurse
- Patient Education (Leaflets)