

Adult Orthopaedic Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinics for patients who require assessment and management of Orthopaedic conditions:

1. **Orthopaedic Clinic:** Orthopaedic conditions for the upper and lower extremity.
2. **Fracture Clinic:** Orthopaedic fractures, joint sprains and dislocations.
3. **Virtual Fracture Clinic:** the remote management and assessment of Orthopaedic fractures.
4. **OA Hip and Knee Physiotherapy Clinic:** initial assessment of osteoarthritic hip and knee joints, for conservative management and treatment.
5. **Orthopaedic Physiotherapy - Led Clinic:** Orthopaedic injuries and conditions that could achieve improved function without a surgical intervention.

The following conditions are to be referred to other Western Health specialist clinics:

- Paget's Disease – **Endocrinology**
- Gout – **Rheumatology**
- Spontaneous osteonecrosis of the knee (SONK) without X-ray evidence of bony collapse – **Rheumatology**
- Spinal conditions – **Neurosurgery**
- Non-scapoid hand injuries or conditions- **Plastic Surgery**

Conditions not seen at Western Health Orthopaedic clinics:

The following common Orthopaedic conditions, should be referred immediately to the Emergency Department:

- Cauda equina
- Foot drop
- Septic arthritis
- Bone or joint infection Suspected infection or sudden pain around arthroplasty or metal ware
- Fractures that are:
 - Associated with an open wound or broken skin Unstable, spiral, displaced
 - Pathologic
 - Avulsion-type and affecting tendon or ligament function
 - Intra-articular
- Acute compartment syndrome

Access & Referral Priority Adult Orthopaedics:

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.

Upper Limb:

URGENT	ROUTINE
Recent fractures to the upper limb	
Shoulder: <ul style="list-style-type: none"> • Acute Gleno-humeral joint dislocation • AC joint injury grades III – VI • US reported rotator cuff full thickness tear patient < 55 yrs • SLAP (superior labrum tear from anterior to posterior) lesions 	Shoulder: <ul style="list-style-type: none"> • Gleno-humeral instability • AC joint injury grades I and II • US reported rotator cuff full thickness tear patient > 55years • US reported rotator cuff partial thickness tear • Rotator cuff calcific tendinopathy • Bursitis, impingement and/or rotator cuff tendinopathy • Adhesive capsulitis
Elbow: <ul style="list-style-type: none"> • Olecranon bursitis with signs of infection that is not responding to antibiotics • Acute elbow dislocation • Rupture of distal biceps tendon • Ulnar nerve compression 	Elbow: <ul style="list-style-type: none"> • Medial or lateral epicondylitis of the elbow that has failed conservative management. • US 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.
Wrist and Hand: <ul style="list-style-type: none"> • Scapholunate dissociation • Scaphoid AVN • Scaphoid collapse 	N/A

Lower limb:

URGENT	ROUTINE
Recent fractures to the lower limb	Muscle tears in the lower limb
<p>Hip and Pelvis:</p> <ul style="list-style-type: none"> Slipped capital femoral epiphysis Perthes' Disease Avascular Necrosis of the Head of Femur 	<p>Hip and Pelvis:</p> <ul style="list-style-type: none"> Hip OA confirmed on X-ray and failing conservative management Inflammatory arthritis, with confirmed joint surface destruction on X-ray Hip tendinopathy (no trauma) Labral tear Chondral lesion at hip Femoroacetabular impingement (FAI)- CAM and Pincer type Trochanteric bursitis that has failed non-surgical management Osteitis pubis that has failed conservative management
<p>Knee:</p> <ul style="list-style-type: none"> 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 Knee intra-articular loose body – with evidence of locking 	<p>Knee:</p> <ul style="list-style-type: none"> Meniscus injury in person aged <55 Anterior cruciate and posterior cruciate injury Medial collateral and lateral collateral ligament injury Confirmed chondral injury knee Recurrent patellar dislocations despite physiotherapy management Isolated patella dislocations with no bony involvement Patellar tendinopathy Recurrent pre-patellar or infrapatellar bursitis with no signs of infection that has failed non-surgical management Knee OA confirmed on X-Ray that has failed conservative management ITB syndrome that has failed conservative management Spontaneous osteonecrosis of the knee Knee intra-articular loose body (no reports of locking)

URGENT	ROUTINE
<p>Foot and Ankle:</p> <ul style="list-style-type: none"> • Achilles rupture • Grade III ligament injuries of the ankle (including syndesmosis ligaments) with injury occurring within past 3/12. • Lisfranc injury • Jones fracture (base of fifth metatarsal fracture) • Foot deformity with ulceration (diabetic patient) • Charcot joint • Osteochondral lesion of the talus 	<p>Foot and Ankle:</p> <ul style="list-style-type: none"> • Achilles tendinopathy • Grade I or II gastrocnemius strain • Grade I or II ligament injuries of the ankle • Grade III ligament injuries of the ankle older than 3/12 • Dislocation of peroneal tendons • Plantar fasciitis (that has failed conservative management) • Calcaneal spurs (that has failed conservative management) • Metatarsalgia (that has failed conservative management) • Hallux valgus, bunions (that have failed conservative management) • Morton's neuroma • Toe clawing • Foot deformity with ulceration (non diabetic patient)

General Orthopaedic Conditions:

URGENT	ROUTINE
<ul style="list-style-type: none"> • General: <ul style="list-style-type: none"> ○ Confirmed or suspected bony tumour ○ Suspicion of osteomyelitis or septic joint ○ Previous joint replacement or ORIF with signs of infection ○ Previous joint replacement or ORIF within past 12/12 with sudden increase in symptoms ○ Concerns regarding progress/healing of fracture that occurred within past 3/12 	<ul style="list-style-type: none"> • General: <ul style="list-style-type: none"> • Previous joint replacement or ORIF performed more than 12 months ago with a 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.

Upper Limb:

Condition:	Key Information Points:	Clinical Investigations:
Upper Limb Fractures:	<ul style="list-style-type: none"> Standard history and examination 	<ul style="list-style-type: none"> X-rays (if available)
Shoulder: <ul style="list-style-type: none"> <i>Rotator Cuff Tendonitis</i> <i>Suspected rotator cuff tears</i> <i>Pain or stiffness in the shoulder - including frozen shoulder</i> <i>AC joint problems</i> 	<ul style="list-style-type: none"> Standard history and examination including neurological examination Anti-inflammatory use history Physiotherapy or manual therapy history and response. Any previous history of Cortisone injection to address issue 	<ul style="list-style-type: none"> X-rays (AP & lat shoulder) U/S scan Desirable: <ul style="list-style-type: none"> MRI – scan
Shoulder: <ul style="list-style-type: none"> <i>Acute Gleno-humeral joint dislocation</i> <i>Recurrent dislocation of shoulder</i> <i>Shoulder instability syndrome</i> <i>SLAP Lesion (superior labral tear from anterior to posterior)</i> 	<ul style="list-style-type: none"> Standard history and examination including neurological examination. Desirable information about the injury history: <ul style="list-style-type: none"> Previous advice provided/given to avoid dislocation Shoulder rehabilitation program history and compliance. 	<ul style="list-style-type: none"> X-rays (AP & lat shoulder) Desirable: <ul style="list-style-type: none"> MRI - scan
Elbow: <ul style="list-style-type: none"> <i>Medial (Golfers) and Lateral (Tennis) epicondylitis</i> Common flexor and extensor tendon tears 	<ul style="list-style-type: none"> Standard history and examination including neurological examination. Anti-inflammatory use history and response Previous use of bands or braces and outcome of use. History of attempts to modify activity. Physiotherapy or manual therapy history and response. Any previous history of Cortisone injection to address issue 	<ul style="list-style-type: none"> U/S scan of common flexor or extensor tendons for tendon tears only. Imaging not recommended in epicondylitis

Western Health Specialist Clinics Access & Referral Guidelines

Condition:	Key Information Points:	Clinical Investigations:
Elbow: <ul style="list-style-type: none"> Painful, stiffness locking Acute elbow dislocation Olecranon bursitis – with or without infection 	<ul style="list-style-type: none"> Standard history and examination including neurological examination. Anti-inflammatory use history Physiotherapy or manual therapy history and response. Management of infected bursitis with antibiotics 	<ul style="list-style-type: none"> X-ray Consider FBE, ESR & CRP, if inflammation suspected. MC&S of bursal fluid
Elbow: <ul style="list-style-type: none"> Ulnar nerve compression 	<ul style="list-style-type: none"> Description and history of associated neurological symptoms (weakness, muscle wasting, sensory and or motor changes). 	<ul style="list-style-type: none"> Nerve conduction studies. X-rays of wrist and elbow if appropriate, or if suspected cause is a traumatic injury.
Elbow: <ul style="list-style-type: none"> Rupture of distal biceps tendon 	Desirable information about the mechanism of injury and examination: <ul style="list-style-type: none"> Swelling in the front of the elbow Visible bruising in the elbow and forearm Weakness in bending of the elbow Weakness in twisting the forearm (supination) A bulge in the upper part of the arm created by the recoiled, shortened biceps muscle A gap in the front of the elbow created by the absence of the tendon. 	<ul style="list-style-type: none"> X-ray U/S assessment of the area (if available) MRI (if available)
Wrist and Hand Painful / Stiff Wrists <ul style="list-style-type: none"> Scapholunate dissociation Scaphoid AVN Scaphoid collapse 	<ul style="list-style-type: none"> Standard history and examination including neurological examination. Anti-inflammatory use history and response 	<ul style="list-style-type: none"> X-ray (AP & lateral) Consider FBE, ESR & CRP, if inflammation suspected.

Lower Limb:

Condition:	Key Information Points:	Clinical Investigations:
Lower Limb Fractures:	Standard history and examination	<ul style="list-style-type: none"> • X-rays (if available)
Hip and Knee: <ul style="list-style-type: none"> • <i>Osteoarthritis</i> • <i>Inflammatory Arthritis</i> • <i>Post Traumatic Arthritis</i> • <i>Avascular Necrosis</i> • <i>Slipped Capital Femoral Epiphysis</i> • <i>Perthes' Disease</i> 	Please include: <ul style="list-style-type: none"> • Anti inflammatories and analgesics use history • History of activity modification including the use of a walking stick • Physiotherapy or manual therapy history and response. Consider including other relevant information points: <ul style="list-style-type: none"> • Impact on function • General medical conditions and medication 	<ul style="list-style-type: none"> • X-ray (AP pelvis and lateral hip including weight bearing/standing views) • MRI (if available) • Consider FBE, ESR & CRP, if inflammation suspected.
Hip and Knee: Previous, Total Hip and Knee Replacement, with suspected: <ul style="list-style-type: none"> • <i>Infection, loosening of prosthesis and or wear</i> 	<ul style="list-style-type: none"> • New pain • New onset limp • Translucency on XR 	<ul style="list-style-type: none"> • X-ray (AP pelvis and lateral hip including weight bearing/standing views) • Consider FBE, ESR & CRP, if inflammation suspected.
Hip and Knee: <ul style="list-style-type: none"> • <i>Hip labral tear</i> • <i>Femoral Acetabular Impingement syndrome (FAI)</i> • <i>Knee meniscus injury or suspected intra-articular loose body</i> • <i>Suspected ACL, MCL, LCL or PCL injury</i> • <i>Chondral lesion of hip/ or knee</i> • <i>Recurrent patella dislocations</i> 	<ul style="list-style-type: none"> • Standard history and examination. • Anti-inflammatory use history • History of attempts to modify activity. • Physiotherapy or manual therapy history and response. • Description of mechanism of injury. • Impact on function 	<ul style="list-style-type: none"> • X-ray (if available) Desirable <ul style="list-style-type: none"> • MRI
Hip and Knee: <ul style="list-style-type: none"> • <i>Trochanteric Bursitis</i> • <i>Hip tendinopathy</i> • <i>Pre-patellar and infrapatellar bursitis</i> • <i>Patellar tendinopathy</i> • <i>ITB syndrome</i> 	<ul style="list-style-type: none"> • Standard history and examination. • Anti-inflammatory use history • Impact on function • Physiotherapy or manual therapy history and response. 	<ul style="list-style-type: none"> • US of area that pain is arising from. Desirable: <ul style="list-style-type: none"> • MRI (if available)

Western Health Specialist Clinics Access & Referral Guidelines

Condition:	Key Information Points:	Clinical Investigations:
<p>Foot and Ankle:</p> <ul style="list-style-type: none"> • <i>Ligament injuries to the ankle or foot</i> 	<ul style="list-style-type: none"> • Anti inflammatory and analgesics use history and response • Physiotherapy and manual treatment history • Impact on function including history of use of walking aids <p>Additional:</p> <ul style="list-style-type: none"> • Prior to referral please consider steroid injection 	<ul style="list-style-type: none"> • X-ray (AP and lateral ankle/foot including weight bearing/standing views)
<p>Foot and Ankle:</p> <ul style="list-style-type: none"> • <i>Foot deformity with ulceration</i> • <i>Toe clawing</i> • <i>Hallux valgus, bunions</i> 	<ul style="list-style-type: none"> • Impact on function • Orthoses use • Diabetic status <p>Additional:</p> <ul style="list-style-type: none"> • Consider steroid injections for inter-metatarsal bursa/ neuroma 	<ul style="list-style-type: none"> • X-ray (AP and lateral foot including weight bearing/standing views)
<p>Foot and Ankle:</p> <ul style="list-style-type: none"> • <i>Morton's Neuroma</i> 	<ul style="list-style-type: none"> • History and results of footwear modification. • Orthoses use • Physiotherapy and manual treatment history <p>Additional:</p> <ul style="list-style-type: none"> • Only referrals that document a history of conservative management that has been unsuccessful will be accepted. 	<ul style="list-style-type: none"> • X-ray (AP and lateral foot including weight bearing/standing views)
<p>Foot and Ankle</p> <ul style="list-style-type: none"> • <i>Achilles tendon pathology</i> • <i>Plantar Fasciitis</i> • <i>Calcaneal spurs</i> • <i>Muscle tears of the lower leg</i> 	<ul style="list-style-type: none"> • History and results of footwear modification. • Physiotherapy and manual treatment history 	<ul style="list-style-type: none"> • X-ray (AP and lateral ankle/foot including weight bearing/standing views) • U/S gastrocnemius and Achilles tendon <p>Desirable:</p> <ul style="list-style-type: none"> • MRI – of area if available

Other conditions:

Condition:	Key Information Points:	Clinical Investigations:
Compartments Syndrome:	<ul style="list-style-type: none"> • Standard history and examination • Establishment of acute or chronic. • If chronic, possible contributing factors 	<ul style="list-style-type: none"> • Physical examination • History of ROM changes or loss of function. <p>Neurological examination findings.</p>
Osteomyelitis or suspected septic joint	<ul style="list-style-type: none"> • Standard history and examination • Establishment of acute or chronic. 	<ul style="list-style-type: none"> • X-ray of suspected affected area. • FBE, ESR & CRP,
Bony Tumour	<ul style="list-style-type: none"> • Standard history and examination • Establishment of acute or chronic. 	<ul style="list-style-type: none"> • X-ray of affected area • Consider FBE, ESR & CRP, if inflammation suspected.