

## Paediatric Physiotherapy Clinics at Western Health:

Western Health operates the following Specialist Clinic services for patients who require Paediatric Physiotherapy. Patients will be triaged by Paediatric Physiotherapist into one of the following management pathways according to specific clinical requirements:

- 1. Paediatric Orthopaedic Physiotherapy-Led Clinic:** for children (aged  $\leq 18$  years) with Paediatric Orthopaedic conditions seen by Advance Practice Physiotherapist.
- 2. Developmental Dysplasia of the Hip Clinic – Physiotherapy-Led Clinic:** for infants  $\leq 6$  months-old referred for investigation of Developmental Dysplasia of the Hip (DDH).
- 3. Physiotherapy Paediatric Orthopaedic Outpatients:** for children (aged  $\leq 18$  years) with general paediatric orthopaedic condition that require physiotherapy assessment and management.
- 4. Plagiocephaly Clinic:** for infants that requires assessment, advice and management of deformational plagiocephaly &/or Congenital Muscular Torticollis.
- 5. Physiotherapy Newborn Services Clinic:** for neonates and infants who due to their neonatal history require monitoring and assessment as have a high risk of Cerebral Palsy or motor delay.
- 6. Physiotherapy Infant Care Pathway:** for neonates, infants and toddlers  $\leq 24$  months old with moderate-severe identified delays in motor development, or emerging neurological impairments, or syndromes who have not been referred to Early Childhood Early Intervention (ECEI)/ National Disability Insurance Scheme (NDIS), who require physiotherapy assessment and management. Children may be managed simultaneously with other disciplines. Children  $\geq 18$  months to school age with moderate/severe gross motor or global developmental delays will be considered if they fit the non-age based inclusion criteria.

## Referrals seen in other Paediatric clinics at Western Health where a referral may be triaged into:

- Paediatric Orthopaedic conditions requiring Orthopaedic medical management will be redirected to Orthopaedic clinics e.g. Slipped Upper Femoral Epiphysis, Perthes Disease, Acute Patella Dislocation (initial), Acute Knee Ligament Sprains (ACL/LCL/PCL/MCL) grade 3/rupture, Acute Shoulder Dislocation (initial), Osteochondritis Dessicans, Cavovarus foot, Congenital Talipes Equinovarus previous surgery, Tarsal Coalitions, Skewfoot, Bone Tumours

# Western Health Specialist Clinics Referral Guidelines

- Acute Fractures will be managed through Orthopaedic Fracture Clinic.
- Atypical presentations of balance or gait impairments of a non orthopaedic nature may be redirected to the Paediatric Physiotherapy Infant Care pathway.
- Torticollis that is not congenital muscular in nature will be triaged and re-directed to appropriate services within Western health such as Orthopaedic Clinics, Paediatric Medicine Clinics or referred to external organisation
- Feeding difficulties will be redirected to Growth and Nutrition Clinic.
- Respiratory, cardiac, endocrinology, skin disorders, and post-surgical paediatric patients will be redirected to relevant clinics at Western health or externally.
- Diabetes or obesity are not currently seen by physiotherapy and will be redirected to specialist clinics at Western Health or externally.
- Children over the age of 17 years may be seen through Adult services

## **Referrals not seen at Western Health as services not provided:**

- Children/adolescents who require multidiscipline Allied Health management of their orthopaedic condition (such as chronic/complex pain patients)
- Children/adolescents with chronic conditions requiring ongoing open-ended intervention i.e. juvenile idiopathic arthritis
- Children/adolescents with conditions who require specialist expertise to manage E.g. orthopaedic conditions requiring equipment prescription
- Infants and toddlers with a mild motor delay will be redirected to community health.
- Infants and toddlers with diagnosed auditory or visual impairments will be redirected to external specialist services.
- Infants and toddlers with complex medical issues may be redirected to specialist services e.g. Royal Children's Hospital.
- Infants and toddlers with motor delays that require rehabilitation will be redirected to a more suitable service.
- Infants and toddlers with motor delays that require a palliative approach will be redirected to a more suitable service.
- Paediatric Mental Health services
- Children referred to, accepted by, or accessing Early Childhood Early Intervention(ECEI)/ National Disability Insurance Services ( NDIS) , Transport Accident Commission, or Work Cover funding

## **Paediatric Physiotherapy Alarm Symptoms:**

- Where an acute intervention is required please refer the patient to the Emergency Department. Children with seizures, acute respiratory or cardiac conditions, acute septic presentations or acute limp should be referred to the Emergency Department. If there is still concern regarding the referral please call the Paediatric Specialist Outpatient Clinics on 8345 1727 and a clinician will respond to your call within 24-48 hours (Monday – Friday, Business Hours).

# Western Health Specialist Clinics Referral Guidelines

## Access & Referral Priority for Paediatric Physiotherapy:

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.

<b>URGENT</b>  <b>Appointment timeframe 30 days</b>	<b>ROUTINE</b>  <b>Appointment timeframe greater than 30 days, depending on clinical need.</b>
Developmental Dysplasia of the Hip	Normal Postural Variations (e.g. in-toeing, knock knees)
Congenital Talipes Equinovarus (clubfoot)	Idiopathic Toe Walking
Congenital Vertical Talus	Back pain
Hip Transient Synovitis	Pathologies with gradual onset (e.g. Apophysitis, Patella Femoral Joint Syndrome, Osgood Schlatters)
Obstetric Brachial Plexus Palsy	Chronic injury, or any injury or surgery that is stated to be more than six months old
Post-surgical conditions/fractures requiring Physiotherapy management referred from an Internal or External Hospital centre (e.g. ACL rehabilitation, Shoulder reconstruction)	Referred for exercise program prior to surgical intervention (i.e. Pre-habilitation for ACL reconstruction awaiting surgery)
Any referral from emergency departments (e.g. dislocation, arthroscopy, ankle sprain) requiring Physiotherapy management for conditions not already listed in "Routine"	Positional Deformities (Positional Talipes, Deformational Plagiocephaly/Congenital Muscular Torticollis)
Neonates/infants requiring monitoring, assessments and management of motor development not available in the community	Infants/toddlers with gross motor delay, global developmental delays, post cardiac surgery, emerging neurological conditions or syndromes impacting on participation in community activities, and multi-disciplinary developmental assessments.
Postural difficulties impacting feeding	Infants/toddlers managed by external services requiring specialised physiotherapy assessment or management to determine eligibility for services by a community service or ECEI/NDIS
Infants < 6 months old with high risk of cerebral palsy (i.e. very preterm <32 weeks gestation, very low birth weight <1500g, abnormal imaging, significant cardiac/neonatal surgery) with neurological signs or moderate/severe motor delay	.
Infants ≥ 6 months with neurological signs,	

# Western Health Specialist Clinics Referral Guidelines

moderate/severe motor delay or diagnosed CP	
Infants /toddlers with moderate/severe gross motor delays or global developmental delays impacting daily/weekly routines	

## Condition Specific Referral Guidelines:

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

Condition:	Key Information Points:	Clinical Investigations
Developmental Dysplasia of the Hip	Birth History (Delivery method, Babies Presentation, Gravidity and Parity, Gestational age) Family history	Results of relevant investigations Clinical signs
Congenital Talipes Equinovarus	Birth History (Delivery method, Babies Presentation, Gravidity and Parity, Gestational age) Family history	Nil
Post-surgical, Post-acute joint injury, Post fracture conditions	Site/Location of injury Date of injury Operation notes Weight bearing status Surgeon orders/plan Previous management	Results of imaging/investigations
Obstetric Brachial Plexus Palsy	Birth History Medical plan/follow up	Nil
Deformational Plagiocephaly	Previous management Associated conditions	Nil
High risk of cerebral palsy or neurological conditions (i.e. very preterm <32 weeks gestation, very low birth weight <1500g, abnormal imaging, significant cardiac/neonatal surgery, HIE, IVH, meningitis, seizures, chromosomal or	Birth History and Risk factors (including Gestational age, Birth Weight, Gravidity and Parity, APGARS,) Discharge summary from SCN/NICU admission Social History/Situation Referral to ECEI/NDIS by whom and date	Relevant investigations (results of CrUSS, MRI B, Microarray)

# Western Health Specialist Clinics Referral Guidelines

endocrine conditions)		
Gross motor delay, global developmental delay	<p>Birth, medical and developmental history (gross motor, fine motor, language, social /emotional)</p> <p>Social history</p> <p>Investigations</p> <p>Discharge summary from hospital or allied health service</p> <p>Details of referrals already made e.g. Referral to ECEI/NDIS by whom and date</p>	Nil
Back pain	<p>Duration/timing of onset</p> <p>Previous management</p> <p>Relevant Social History</p>	Nil
Normal Postural Variations	Nil	Nil
Idiopathic Toe Walking	Previous management	Relevant investigations
Any injury or surgery that is stated to be more than six months old	<p>Duration/timing of onset</p> <p>Previous management</p>	Relevant investigations
Apophysitis	Nil	Nil