

Paediatric Physiotherapy Clinics at Western Health

Western Health operates the following Specialist Clinic services for patients who require Paediatric Physiotherapy. Patients will be triaged into one of the following management pathways:

- 1. Paediatric Orthopaedic Physiotherapy-Led Clinic:** Advanced Practice Physiotherapy led assessment and management of children (aged ≤ 18 years) with Paediatric Orthopaedic conditions.
- 2. Developmental Dysplasia of the Hip Clinic – Physiotherapy-Led Clinic:** Advanced Practice Physiotherapy led assessment and management of infants ≤ 8 months-old referred for Developmental Dysplasia of the Hip (DDH).
- 3. Physiotherapy Paediatric Orthopaedic Outpatients:** for children (aged ≤ 18 years) with general paediatric orthopaedic conditions 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 due to a high risk of Cerebral Palsy or motor delay.
- 6. Physiotherapy Infant Care Pathway:** for neonates, infants and toddlers ≤ 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 ≥ 18 months to school age with moderate/severe gross motor or global developmental delays will be considered if they fit the inclusion criteria. Children may be managed simultaneously with other disciplines.

Redirection of Paediatric Referrals

Referrals may be redirected internally to more appropriate clinics where required.

- 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 Dissecans, Cavovarus foot, Congenital Talipes Equinovarus previous surgery, Tarsal Coalitions, Skewfoot, Bone Tumours, DDH $> 9/12$ old, congenital vertical talus, acute and chronic back pain, Hip transient synovitis, Bakers cyst (>10 yo).
- 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 service where they meet service eligibility.
- 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 such as Royal Children's Hospital.
- 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 16 years may be seen through Adult services

Referrals not seen by Western Health Paediatric Physiotherapy

- 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 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.

Referrals where Urgent Intervention is required

- Where an acute intervention is required please refer the patient to the Emergency Department. If there is still concern regarding the referral please call the Paediatric Specialist Clinics 8345 17 27 and a clinician will respond to your call within 24-48 hours (Monday – Friday, 8-4:30).
- Children with seizures, acute respiratory or cardiac conditions, acute septic presentations or acute limp should be referred to the Emergency department.

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.

URGENT	ROUTINE
Developmental Dysplasia of the Hip	Normal Postural Variations (e.g. intoeing, knock knees, flat feet, curly toes)
Congenital Talipes Equinovarus (clubfoot)	Idiopathic Toe Walking
Single leg toe walking	Scheuermann's disease
Acute patella-femoral dislocation	Growing Pains
Leg length discrepancy >2yo	Generalised ligamentous Laxity
Blount's disease	Pathologies with gradual onset (e.g Apophysitis, Patella Femoral Joint Syndrome, Osgood Schlatters)
Rickets	Chronic injury, or any injury or surgery that is stated to be more than six months old
Acute ankle sprain (gr 1-2)	Referred for exercise program prior to surgical intervention (i.e. Prehabilitation for ACL reconstruction awaiting surgery)
Adolescent Idiopathic Scoliosis	Positional Deformities (Postional Talipes, Deformational Plagiocephaly/Congenital Muscular Torticollis)
Obstetric Brachial Plexus Palsy	Accessory Navicular
Post-surgical conditions/fractures requiring Physiotherapy management referred from an Internal or External Hospital centre (e.g. ACL rehabilitation, Shoulder reconstruction)	Painful flat foot/Infants/toddlers managed by external services requiring specialised physiotherapy assessment or management to determine eligibility for services by a community service or ECEI/NDIS.
Any referral from emergency departments (e.g. dislocation, arthroscopy, ankle sprain) requiring Physiotherapy management for conditions not already listed in "Routine"	Scoliosis
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.

Western Health Specialist Clinics Referral Guidelines

URGENT	ROUTINE
<p>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</p>	
<p>Infants ≥ 6 months with neurological signs, moderate/severe motor delay or diagnosed CP</p>	
<p>Infants /toddlers with moderate/severe gross motor delays or global developmental delays impacting daily/weekly routines</p>	

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	<p>Indications for referral to DDH clinic :</p> <p>Neonates with confirmed abnormal clinical examination</p> <p>Neonates with confirmed abnormality on ultrasound</p> <p>and/or neonates at high risk of DDH</p> <p>Neonates deemed at high risk of DDH:</p> <p>Breech presentation > 32/40 Gestation</p> <p>DDH in a first degree relative (parent/sibling) requiring treatment</p> <p>Presence of a congenital anomaly of the lower limb / foot</p> <p>Exclusions</p> <p>'Clicky hips' and asymmetrical thigh creases are not evidence based indications for DDH, and therefore will not be accepted as an indication for a hip ultrasound</p> <p>Referral to include:</p> <p>Birth History (Delivery method, Babies Presentation, Gravidity and Parity, Gestational age)</p> <p>Family history</p> <p>Clinical signs</p> <p>Results of investigations</p>	<p>Hip Ultrasound or X-ray</p> <p>Include date and facility where images taken and accompanying reports</p>
Congenital Talipes Equinovarus	<p>Birth History (Delivery method, Babies Presentation, Gravidity and Parity, Gestational age)</p> <p>Family history</p> <p>Associated conditions/ PMHx</p>	Nil
Normal Postural Variations	<p>Ante and perinatal history</p> <p>Developmental milestones</p> <p>Family history</p>	Nil

Western Health Specialist Clinics Referral Guidelines

Condition:	Key Information Points:	Clinical Investigations
Idiopathic Toe Walking	Duration/timing of onset Previous management Relevant investigations Associated conditions	Nil
Obstetric Brachial Plexus Palsy	Birth History Medical plan and follow up.	Nil
Deformational Plagiocephaly	Previous management Associated conditions Severity	Nil
Orthopaedic post-operative care, post fracture management, post-acute joint / soft tissue injuries.	Site/Location of injury Date of injury Operation notes Weight bearing status Surgeon orders/plan Results of imaging/investigations Previous management	Any previous imaging related to referral. Include date and facility where images taken and accompanying reports.
Apophysitis	Duration/timing of onset Previous management Relevant investigations	Any previous imaging related to referral. Include date and facility where images taken and accompanying reports.
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 endocrine conditions)	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)
Gross motor delay Global developmental delay	Birth, medical and developmental history (gross motor, fine motor, language, social /emotional) Social history Investigations Discharge summary from hospital or allied health service Details of referrals already made e.g. referral to ECEI/NDIS by whom and date	Relevant investigations (results of CrUSS, MRI B, Microarray)

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