



**SANTA CLARA
VALLEY MEDICAL CENTER**
Hospital & Clinics

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Orthopedics Referral Guidelines

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This information is designed to aid practitioners in making decisions about appropriate medical care. These guidelines should not be construed as dictating an exclusive course of treatment. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to the institutional type of practice.

E-CONSULT DISCLAIMER:

E-consults are based on the clinical data available to the reviewing provider, and are furnished without benefit of a comprehensive evaluation or physical examination. All advice and recommendations must be interpreted in light of any clinical issues, or changes in patient status, not available to the reviewing provider. The ongoing management of clinical problems addressed by the e-consult is the responsibility of the referring provider. If you have further questions or would like clarifications regarding e-consult advice, please contact the reviewing provider. If needed, the patient will be scheduled for an in-office consultation.

All URGENT consultations require provider-to-provider communication. If your patient has a medical emergency, please direct them to the closest emergency room for expedited care.

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HIP PAIN

1. Background

- a. Multiple causes, not all related to bony etiologies.

2. Pre-referral evaluation and treatment

- a. All patients benefit from thorough history and physical
- b. **MUST HAVE XRAYS (AP pelvis, lateral affected hip) imaging** to guide subsequent management

- i. **Groin pain +/- Limited hip motion**

- 1. **Xray: DJD – OSTEOARTHRITIS**

- a. **No MRI indicated**

- b. Treat with:

- i. NSAIDs
 - ii. Activity modification
 - iii. Assistive devices
 - iv. Physical Therapy – Must show documented failure of 3 months
 - 1. If failed PT documented:
 - a. Age <40, Refer surgical candidates ONLY to Orthopedics
 - b. Age >40, Inject or Refer to Arthritis clinic for injection. If no improvement in 3 months, Refer surgical candidates ONLY to Orthopedics

- 2. **Xray: AVN with collapse**

- a. If age <35-40, Refer to Orthopedics
 - b. If age >35-40, treat as DJD protocol:
 - i. NSAIDs
 - ii. Activity modification
 - iii. Assistive devices
 - iv. Physical Therapy – Must show documented failure of 3 months
 - 1. If failed PT documented:
 - a. Age <40, Refer surgical candidates ONLY to Orthopedics
 - b. Age >40, Inject or Refer to Arthritis clinic for injection. If no improvement in 3 months, Refer surgical candidates ONLY to Orthopedics

- 3. **Xray: Pre collapse AVN**

- a. Referral to Orthopedics, URGENT vs routine based on age
 - 4. **Xray: Fracture, tumor, impending fracture**
 - a. URGENT referral to Orthopedics
 - 5. **Xray: Negative**
 - a. Evaluate for non-hip source +/- MRI hip
- ii. **Trochanteric bursitis**
 - 1. Treat with:
 - a. NSAIDs
 - b. Home stretching
 - c. Physical Therapy – Must show documented failure of 3 months, consider iontophoresis
 - 2. Referral if fails multiple above actions including documented physical therapy X 3 months
- iii. **Lumbago, stenosis, disc disease**
 - 1. Treat with:
 - a. LOW BACK PAIN TREATMENT –
 - i. Manage with Physical Therapy
 - ii. If nerve symptoms/signs of radiculopathy/paresthesias, order MRI
 - 1. If significant nerve compression on MRI, Refer to NeuroSurgery
 - 2. Cauda equina syndrome: to ED/NeuroSurgery on call
- iv. **Inguinal hernia**
 - 1. Refer to General Surgery
 - 2. If Bowel obstruction: to ED

3. Indications for referral

- a. EMERGENT referral
 - i. Cauda equina syndrome: to ED/NeuroSurgery on call
 - ii. Bowel obstruction: to ED
- b. URGENT referral
 - i. Xray findings of fracture, tumor, or impending fracture
 - ii. Inguinal hernia: General Surgery
 - iii. Xray: AVN with collapse AND age<35-40
 - iv. Xray: Pre collapse AVN AND age<35-40
- c. Routine referral
 - i. Xray: DJD-Osteoarthritis
 - 1. Age <40, ONLY Refer surgical candidates after physical therapy failed + documented X 3 months
 - 2. Age >40, ONLY Refer surgical candidates after BOTH physical therapy failed + documented X 3 months AND 3 months after failed injection treatment
 - ii. Xray: AVN with collapse

1. Age >35-40 ONLY Refer surgical candidates after physical therapy failed + documented X 3 months
- iii. Xray: Pre collapse AVN AND age>40
- iv. Trochanteric bursitis: Referral if fails multiple therapies including documented physical therapy X 3 months

4. Please include the following with your referral

- a. Results of pre-referral imaging

KNEE PAIN

1. Background

- a. Multiple causes

2. Pre-referral evaluation and treatment

- a. All patients benefit from thorough history and physical
- b. **MUST HAVE weight bearing XRAYS** of affected knee to guide subsequent management
 - i. **Xray: DJD – OSTEOARTHRITIS**
 1. **No MRI indicated**
 2. Treat with:
 - a. NSAIDs
 - b. Physical Therapy – Must show documented failure of 3 months
 - c. IntraArticular injection
 - i. May repeat injection every 4 months if effective
 3. Before referral to Orthopedics
 - a. **Physical Therapy – Must show documented failure of 3 months**
 - b. Must have already been referred to Arthritis clinic for additional conservative nonsurgical management
 - c. Must exhaust medications, injections +/- Viscosupplementation/Synvisc
 - d. Must be a candidate for surgery
 - ii. **Meniscal symptoms with NO mechanical locking (“popping”/“clicking”), xray normal**
 1. Treat with:
 - a. NSAIDs
 - b. Physical Therapy – Must show documented failure of 3 months
 - c. IntraArticular injection (PCP or Arthritis clinic)

2. MRI if fails above actions AND no arthritis on xray
 - a. If positive MRI, referral
 - b. If negative MRI, re-evaluate source of pain
- iii. **Meniscal symptoms with mechanical locking (“catching”/“locking up”), xray normal**
 1. If age <40 years, MRI
 - a. If positive MRI, referral (URGENT if under age 30)
 - b. If negative MRI, re-evaluate source of pain
 2. If age >40 years, may be related to osteoarthritis. (If osteoarthritis, NO MRI)
- iv. **Soft tissue injuries of the knee, xray normal**
 1. Treat with:
 - a. Brief immobilization - RICE (Rest, Ice, Elevation, Compression)
 - b. Avoid offending activities
 - c. NSAIDs
 - d. Physical Therapy – Must show documented failure of 3 months
 2. MRI if fails above actions
 - a. If positive MRI AND surgery indicated/desired referral
 - b. If negative MRI, re-evaluate source of pain
- v. **Fracture/impending fracture**
 1. URGENT referral

3. Indications for referral

- a. URGENT referral
 - i. Fracture/impending fracture on imaging
 - ii. Patients with meniscal symptoms AND mechanical locking, if **under age 30** AND positive MRI findings
- b. Routine referral
 - i. Degenerative joint disease with decreased efficacy of treatment **if patient IS interested in surgical management**
 1. **MUST screen for desire for surgery AFTER exhausting all options**
 - ii. Patients with meniscal symptoms AND NO mechanical locking AFTER failed non-operative therapies including Physical Therapy documented for 3 months and injection(s) AND positive MRI findings
 - iii. Patients with meniscal symptoms AND mechanical locking, if **age 30-40** (Urgent if age <30) AND positive MRI findings
- c. **DO NOT Refer**

- i. Patients with positive MRI findings and soft tissue injury of the knee – If no surgery indicated/desired, Refer to Physical Therapy
- ii. Degenerative joint disease with decreased efficacy of treatment **if patient is not interested in surgical management**

4. Please include the following with your referral

- a. Results of pre-referral imaging

SHOULDER PAIN

1. Background

- a. Multiple causes
- b. Physician must be diligent and discern between true pain of shoulder origin versus neck pain/cervical neck pathology
 - i. Ask where it hurts most
 - ii. Ask about nerve issues – tingling, weakness

2. Pre-referral evaluation and treatment

- a. All patients benefit from thorough history and physical
- b. Must have xrays to guide subsequent management
 - i. **Arthritis, xray confirmed**
 1. Treat with:
 - a. Physical Therapy
 - i. **MUST DO PT** for range of motion, scapular retraction and rhomboid strengthening. Rotator cuff Protocol and strengthening. Must show documented failure of 3 months
 - b. NSAIDs
 - c. IntraArticular injection
 2. Referral if fails documented physical therapy X 3 months
 - ii. **Fracture/impending fracture, xray confirmed**
 1. URGENT referral
 - iii. **Rotator cuff tendonopathy, Subacromial Impingement, Biceps tendonopathy, xray normal**
 1. Treat with:
 - a. Physical Therapy
 - i. **MUST DO PT** for range of motion, scapular retraction and rhomboid strengthening. Rotator cuff Protocol and strengthening. Must show documented failure of 3 months

- b. NSAIDs
 - c. IntraArticular injection or Medrol dose pack (short-term steroid taper ~ 1week)
 - 2. MRI if fails documented physical therapy X 3 months
 - a. If positive rotator cuff pathology on MRI, referral
 - b. If negative MRI, re-evaluate source of pain
- iv. **Adhesive capsulitis, xray normal - “FROZEN SHOULDER”**
 - 1. Treat with:
 - a. URGENT Physical Therapy for motion with home exercise program - Must show documented failure of 3 months
 - b. NSAIDs
 - c. IntraArticular injection or Medrol dose pack (short-term steroid taper ~ 1week)
 - 2. Referral if fails multiple above actions including documented physical therapy X 3 months
- v. **Neck pain/cervical disease treatment**
 - 1. Treat with:
 - a. Referral to NeuroSurgery

3. Indications for referral

- a. URGENT referral
 - i. Fracture/impending fracture, xray confirmed
- b. **Routine referral, if interested in surgical management**
 - i. Arthritis, xray confirmed - AFTER failed non-operative therapies including Physical Therapy documented for 3 months
 - ii. Positive rotator cuff pathology with MRI findings - AFTER failed non-operative therapies including Physical Therapy documented for 3 months
 - iii. Adhesive capsulitis, “frozen shoulder” - AFTER failed non-operative therapies including Physical Therapy documented for 3 months AND IntraArticular injection or Medrol dose pack

4. Please include the following with your referral

- a. Results of pre-referral imaging

TOTAL JOINT REPLACEMENT

1. Background

- a. Appropriate referrals for total joint replacement are patients who:**
- i. have advanced OA and have failed all non-operative treatment modalities (*i.e. weight loss, NSAIDs/Tylenol, intraarticular injections, physical therapy*)
 - ii. have a physical exam that correlates with their imaging findings (*i.e. groin pain with hip rotation or painful and limited knee ROM, crepitus*)
 - iii. have minimized or eliminated all modifiable risk factors (*i.e. obesity, smoking, poorly controlled DM, substance abuse, pre-op narcotic use, psychiatric co-morbidities*)
 - iv. want to proceed with TJA and are committed to the necessary postop rehab
- b. Patients who are not candidates for total joint replacement:**
- i. Patients without significant degenerative joint disease
 - ii. Patients with physical exam findings that do not correlate with their radiographic findings (*i.e. no groin pain with hip ROM, no pain with knee ROM or weight bearing*)
 - iii. Patients who had an intraarticular steroid injection within 3 months of desired date of surgery. (*nb: steroid injections in the immediate pre-op period place patients at increased risk of post-op periprosthetic joint infection. Please also NEVER send hip patients for intraarticular hip steroid injections.*)
 - iv. Current smokers
 - v. Current substance abusers (including alcohol)
 - vi. Diabetic patients with HgbA1C >8.0
 - vii. Homeless patients or those without ability to complete appropriate postop rehab and follow-up
 - viii. Patients with end stage cancer, renal disease or liver disease

2. Pre-referral evaluation and treatment

- a. Imaging for total joint replacement candidates:
- i. The following are the preferred total joint imaging EPIC orders for pre-op patients.
 1. Pelvis + 1 view hip with marker ball
 2. Knee pre-op TKA bilateral
 - ii. If you do not feel comfortable ordering x-rays or are not sure if your facility can obtain the desired imaging, then it is best to defer ordering of x-rays to the Ortho Clinic.
 - iii. MRI is never indicated. Any advanced imaging will be ordered by Orthopaedics.

3. Indications for referral

- a. See Background, above
- b. *If you have any questions about referring patients to Orthopaedic Surgery for Total Joint Replacement, please email Dr. Tiffany N. Castillo at tiffany.castillo@hhs.sccgov.org.*

4. Please include the following with your referral

- a. Results of pre-referral imaging

Revisions:

- June 2017, content and formatting
- Oct 2017, formatting
- Nov 2017, content