

<b>Orthopaedic Physiotherapist-Led Clinic</b>	
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This document is relevant to all WH sites, including Bacchus Marsh, Melton and Caroline Springs	

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## 1. Overview

This clinical practice guideline relates directly to the Orthopaedic Physiotherapist - Led clinic.

Public Hospitals are under increasing pressure to meet a range of long-term challenges including population increases, the ageing population, timely access to services and the growing burden of chronic disease. Workforce restructuring and the development of new initiatives that change our current workforce scope of practice are critical to improving service efficiency, coordination and continuity. It is essential that these changes focus on the optimal and efficient use of existing human resources/skills while maintaining quality and improving access to health care for all consumers.

Advanced Practice Physiotherapy roles have been well established in the United Kingdom National Health service (Gardiner & Wagstaff, 2001), as well as throughout Australia and have been shown to be successful in improving patient and service outcomes, and are considered to be cost effective, and provide equal or better care in comparison to physicians (de Gruchy et al., 2015; Desmeules et al., 2012; Gill & Stella, 2013; Guenerich et al, 2013; Harding et al., 2015; Large et al, 2014; Oldmeadow et al., 2007; Sutton et al., 2015).

Physiotherapist - Led Orthopaedic screening clinics are well established in Australia and are effective for Orthopaedic triage with no detriment to health outcomes in comparison to traditional service models. Physiotherapists make similar diagnostic and management decisions to orthopaedic surgeons with less referrals for further investigations. Research demonstrates patients are as satisfied or more satisfied with management provided by a physiotherapist in comparison to an orthopaedic surgeon and that health outcomes are equivalent (Marks et al., 2017; Samssonac & Larsson, 2014, Samsson et al 2020).

The Orthopaedic Physiotherapist- Led clinic at Western Health aims to provide:

- Early and comprehensive assessment.
- Promotion of conservative management options.
- Monitoring, review and reporting.
- Equitable and appropriate prioritisation for orthopaedic surgical opinion.
- Multidisciplinary team engagement.

## 2. Applicability

This clinical practice guideline relates to all Physiotherapy staff working in an Advanced Practice role in the Orthopaedic Physiotherapist- Led clinic at Western Health. Prior to working in this Advanced Practice role, Physiotherapists must be appropriately educated, trained, credentialed and competent in this area.

## 3. Responsibility

### 3.1 Departmental

All members of the Physiotherapy Department are to assist in ensuring this Clinical Practice Guideline is adhered to at all times.

### 3.2 Allied Health Manager

Physiotherapy/Allied Health Coordinator of Advanced Practice: The Allied Health Manager and Allied Health Coordinator of Advanced Practice are responsible for ensuring that all Advanced Practice Physiotherapists working in the Orthopaedic Physiotherapist- Led clinic are appropriately educated, trained, credentialed and competent in this area.

### 3.3 Employee

It is the responsibility of all Western Health Physiotherapists working in the Orthopaedic Physiotherapist- Led clinic to ensure that they comply with this guideline.

## 4. Authority

Exceptions to the practices described in this clinical practice guideline can only be authorised by the Allied Health Manager-Physiotherapy or Allied Health Coordinator of Advanced Practice.

## 5. Associated Documentation

In support of this guideline, the following Manuals, Policies, Instructions and/or Guidelines apply:

Western Health Guideline: Radiology Ordering by Physiotherapists

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## 6. Credentialing Requirements

The Allied Health Coordinator of Advanced Practice will be responsible for ensuring that Advanced Practice Physiotherapists working in the Orthopaedic Physiotherapist- Led clinic have fulfilled the credentialing requirements and follow the clinical practices outlined in this guideline.

The following are the credentialing requirements for physiotherapy staff working in the Orthopaedic Physiotherapist- Led Clinic:

- Appropriate level of experience in Musculoskeletal Physiotherapy (at least 5-7 years post-graduate).
- Successful completion of Orthopaedic Physiotherapist- Led clinic competency training as assessed by an appropriately credentialed physiotherapist as determined by the Physiotherapy Advanced Practice Coordinator.
- Clinician approved to practice in this Advanced Practice role through the Western Health Allied Health and Care Coordination Credentialing and Professional Advisory Committee.
- A record of physiotherapy staff that have successfully completed the specified credentialing for Orthopaedic Physiotherapist- Led clinic will be uploaded to CGOV.

Physiotherapists working in Orthopaedic Physiotherapist- Led clinic are required to complete re-credentialing initially at 12 months then every 3 years. Recredentialing will require submission of two work-based observations (annually) and one case-based presentation (annually) in addition to standard recredentialing requirements as defined by the Western Health Allied Health and Care Coordination Credentialing and Professional Advisory Committee.

## 7. Definitions and Abbreviations

### 7.1 Definitions

For purposes of this guideline, unless otherwise stated, the following definitions shall apply:

Advanced Scope of Practice	A role that is within the currently recognised scope of practice for the profession, but that through custom and practice has been performed by other professions. The advanced role may require additional training as well as significant professional experience and competency development.
Extended Scope of Practice	A role that is outside the currently recognised scope of practice and one that requires some method of credentialing following additional training, competency development and significant professional experience, as well as legislative change.

### 7.2 Abbreviations

For purposes of this guideline, unless otherwise stated, the following abbreviations shall apply:

AVN	Avascular Necrosis
GP	General Practitioner
ORIF	Open Reduction and Internal Fixation
RMC	Referral Management Centre (Western Health)
SLAP	Superior Labral Tear from Anterior to Posterior

## 8. Guideline Detail

### 8.1 Orthopaedic Physiotherapist- Led Clinic Patient Flow Guideline

Refer to *Appendix 1: Patient Flow Guideline*.

### 8.2 Referrals to Orthopaedic Physiotherapist- Led Clinic

Referrals to Orthopaedic Physiotherapist- Led Clinic at Western Health will be triaged by a designated member of the Orthopaedic team. Patients will be booked from the waitlist into an appropriate Orthopaedic Physiotherapist- Led Clinic by the Western Health RMC.

### 8.3 Inclusion Criteria

Inclusion:

- Patients with an upper limb or lower limb orthopaedic condition requiring a comprehensive assessment and management plan including consideration of conservative management where relevant.

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## 8.4 Exclusion Criteria

Exclusion:

- Patients with confirmed or suspected bony tumour.
- Patients with suspected gout.
- Patients with paget's disease.
- Patients referred primarily for spinal conditions.
- Patients requiring urgent Orthopaedic opinion / triaged as Urgent:
  - Patellar tendon rupture;
  - Bursitis with signs of infection;
  - Meniscus injury with true locked knee;
  - Acute upper limb or lower limb fractures;
  - Slipped upper femoral epiphyses;
  - Perthe's diseases;
  - AVN of head of femur;
  - Acute elbow dislocation;
  - Acute glenohumeral joint dislocation with nerve damage, hills sachs or bankart lesion;
  - Acromioclavicular joint injury GIII-VI;
  - Achilles rupture;
  - Charcot joint;
  - Previous joint replacement or ORIF with signs of infection;
  - Acute compartment syndrome;
  - Concerns re: fracture healing of fracture that occurred within past 3 months;
  - Previous joint replacement or ORIF with sudden increase in symptoms;
  - Presence of complex cyst with pathological suspicion
  - Osteochondral lesion of talus;
  - Scapholunate dissociation, scaphoid AVN or delayed union, scaphoid collapse;
  - Ulnar nerve compression;
  - SLAP and non-SLAP lesions;
  - Glenohumeral joint instability.

## 8.5 Scheduling Appointments

RMC will schedule all initial Orthopaedic Physiotherapist- Led Clinic appointments. Rebooking of patients for a review appointment will be completed by the local administration team or RMC as directed by the treating clinician.

## 8.6 Assessment in Orthopaedic Physiotherapist- Led Clinic

Physiotherapy appointment times will be 45 minutes in duration. For each full day clinic, nine patients per physiotherapist will be booked.

The Orthopaedic Physiotherapist- Led Clinic clinician will conduct a comprehensive assessment including but not limited to :

- History of presenting complaint including symptoms, night pain/ sleep disruption and functional limitations
- Medical history, medication history.
- Social history including occupation, leisure activities, mood, psychosocial considerations and identification of any factors that may impact on the patient capacity for self-management.
- Screen for atypical features and or red flags including: history of trauma, malignancy, prolonged morning joint related stiffness, rapidly worsening symptom or the presence a hot, swollen joint.
- Use of patient-reported measures and validated tools where relevant.
- Physical assessment including functional tests.

## 8.7 Management in Orthopaedic Physiotherapist- Led Clinic

Management in Orthopaedic Physiotherapist- Led Clinic will involve condition specific education and provision of an individualised management plan. This may include but is not limited to:

- Pathogenesis and natural history of condition.
- Conservative and surgical management options.
- Condition specific information, which may include: Advice re: exercise, weight management +/- referral to a dietitian if required, management of flare ups & activity modification, outline expected progress .
- Referral on as per below; either for core conservative management options, other services or to the orthopaedic or other medical team.
- If required- referral back to GP for prescription of relevant medications for symptom management.
- Recommended review date (Australian Commission on Safety and Quality in Health Care, 2017; RACGP; 2018).

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## 8.8 Referral on from Orthopaedic Physiotherapist- Led Clinic

Patients assessed in the Orthopaedic Physiotherapist- Led Clinic will either be referred on for one or many of the following:

- Conservative management,
- Orthopaedic Surgeon appointment,
- Review in Orthopaedic Physiotherapist- Led Clinic,
- Discharged to their GP

Other referrals from Orthopaedic Physiotherapist- Led Clinic include but are not limited to:

- GP for coordination of conservative management options and/or analgesia review if required.
- Community or private Physiotherapy.
- Dietetics for weight management.
- Podiatry.
- Psychology.
- Pain management services.
- Rheumatology.

The Physiotherapist will have the opportunity to discuss any cases with an Orthopaedic surgeon as required.

Referral on to Orthopaedics for consideration of surgery should occur on a case-to-case basis depending on each individual presentation. Indicators for referral on for consideration of surgery can include:

- Symptoms are significantly impacting quality of life.
- Functional capacity is worsening, and/or sleep patterns are interrupted.
- Patient has also failed conservative management.
- Patient is amenable to surgery.

Referrals on to Orthopaedics at Western Health will be made by submitting an EMR referral order.

## 8.9 Reviews in Orthopaedic Physiotherapist- Led Clinic

Patients may be reviewed in Orthopaedic Physiotherapist- Led Clinic under the following conditions:

- Patient does not require urgent orthopaedic opinion.
- Patient has not previously trialled appropriate conservative management (recommended minimum 3 month trial if no urgent indications for a surgical opinion).
- Patient requires further investigation and clinical review.
- Patient has indications for and is agreeable to surgery.

Reviews in Orthopaedic Physiotherapist- Led Clinic should involve:

- Repeat history, examination and psychosocial assessment.
- Review of change in any relevant outcome measures.
- Feedback in relation to response to conservative management
- Review of patient goals.
- Ongoing referrals as required and feedback to GP.

## 8.10 Communication with GPs/ Local Medical Officers

Advanced Practice Physiotherapists working in the Orthopaedic Physiotherapist- Led Clinic will send communication to referring GPs/LMOs following each patient assessment outlining:

- Main assessment findings.
- Management recommendations.
- Plan for follow up including review date.

## 8.11 Radiology

Appropriately credentialed Advanced Practice Physiotherapists working in the Orthopaedic Physiotherapist- Led Clinic can order imaging in accordance with the WH Guideline: Radiology Ordering by Physiotherapists

Advanced Practice Physiotherapists are responsible for reviewing outstanding imaging reports and discussing any suspected non-musculoskeletal diagnosis or discrepancies identified with a Grade 4 Clinical lead or Orthopaedic consultant within 1 week.

## 9. Document History

Number of previous revisions: 2

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## 10. References

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## 11. Sponsor

Manager of Physiotherapy and Exercise Physiology

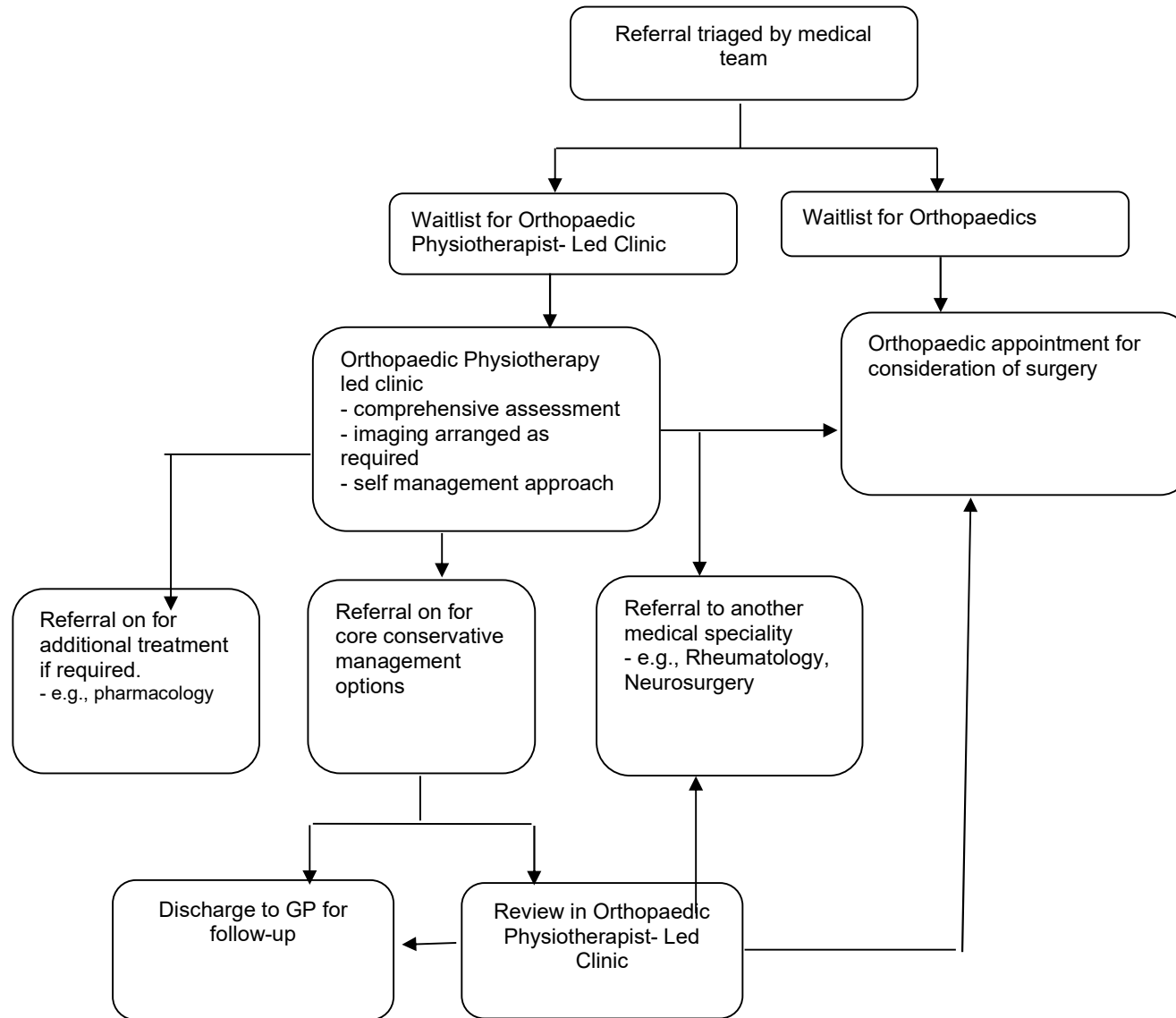
## 12. Authorisation Authority

Director of Allied Health

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**Appendix 1: Patient Flow Guideline Orthopaedic Physiotherapist- Led Clinic**



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