



**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.

Table of Contents

HIP PAIN.....	3
KNEE PAIN.....	4
SHOULDER PAIN.....	6
TOTAL JOINT REPLACEMENT.....	7

HIP PAIN

1. Background

Broad differential: important to consider and rule out extra-articular sources of referred hip pain (e.g. spine, intra-abdominal, intra-pelvic, knee).

2. Pre-referral evaluation and treatment

a. Thorough history and physical to confirm true hip pain

b. **MUST HAVE XRAYS (AP pelvis and cross table lateral of affected hip)** to guide subsequent management

i. Groin pain +/- Limited hip motion

1. Xray: DJD – OSTEOARTHRITIS

a. **No MRI indicated**

b. Treat with:

i. NSAIDs/tylenol

ii. Activity modification

iii. Assistive devices

iv. Physical Therapy for core and hip abductor strengthening and hamstring stretching – Must have documented failure of PT prior to Ortho referral

2. Xray: AVN with collapse

Refer to Ortho Total Joint Replacement; see Total Joint referral criteria.

DO NOT ORDER MRI

3. Xray: Pre-collapse AVN

Make pt NWB with assistive device, counsel to stop alcohol/tobacco/steroids and refer to Ortho Total Joint

4. Xray: Fracture

URGENT referral to Ortho Trauma/Fracture

5. Xray: Concern for tumor/impending fracture

a. URGENT referral to Orthopedic Tumor

6. Xray: Joint replacement present

Order ESR/CRP as initiation of workup for possible periprosthetic joint infection; include results in referral to Ortho Total Joint

7. Xray: Unremarkable

a. Evaluate for extra-articular sources of hip pain

ii. Trochanteric bursitis

1. Treat with:

a. NSAIDs

b. IT band stretching

- c. Physical Therapy – consider iontophoresis
2. Referral to Ortho if fails multiple above including documented physical therapy failure

KNEE PAIN

1. Background

Broad differential: important to consider and rule out extra-articular sources of referred knee pain (e.g. spine, hip, ankle).

2. Pre-referral evaluation and treatment

- a. Thorough history and physical to confirm knee as source of pain
- b. **MUST HAVE weight bearing XRAYs** of affected knee to guide subsequent management
 - i. **Xray: OSTEOARTHRITIS**
 1. **No MRI indicated**
 2. Treat with:
 - a. NSAIDs/Tylenol
 - b. Weight loss
 - c. Physical Therapy – hip abductor and quad strengthening, hamstring stretching
 - d. Intra-articular corticosteroid injection
 - i. May repeat injection every 4 months if effective
 - ii. Refer to Arthritis Clinic if PCP unable to perform
 3. Before referral to Total Joint Replacement, please review referral guidelines.
 - 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. Intra-articular injection (PCP or Arthritis clinic)
 2. MRI if fails above actions AND no arthritis on xray
 - a. If positive MRI, refer to Ortho Sports Lower Extremity
 - 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, get MRI
 - a. If positive MRI, referral to Ortho Sports Lower Extremity (URGENT if under age 30)
 - b. If negative MRI, re-evaluate source of pain
 2. If age >40 years, likely 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 to Ortho Trauma/Fracture

3. Indications for referral

- a. URGENT referrals:
 - i. Fracture/impending fracture on imaging
 - ii. Patients with meniscal symptoms AND mechanical locking, if **under age 30** AND positive MRI findings
- b. Routine referrals:
 - i. Degenerative joint disease – see Total Joint Referral guidelines
 - 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 who do not want surgery regardless of radiographic findings.

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 total joint surgery and are committed to the necessary post-op 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 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 (<7.5 ideal and strongly encouraged)
- vii. Patients with morbid obesity who have not made any attempt at weight loss. There are significant risks for early failure of total joints in morbidly obese patients due to infection, dislocation, aseptic loosening. It is critical for patients to make a concerted effort towards weight loss pre-op to minimize modifiable risk factor as it is well established that total joint arthroplasty *does not* help patients lose weight.
- viii. Homeless patients or those without ability to complete appropriate postop rehab and follow-up
- ix. 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. **MRI is never indicated**. Any necessary advanced imaging will be ordered by Orthopaedics.
For hips: LOW AP PELVIS W/ MARKER BALL and CROSS TABLE LATERAL OF AFFECTED HIP(S)
For knees: 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**

please defer ordering of x-rays to the Ortho Clinic so patients are not subjected to unnecessary x-rays.

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
- May 2018, content and formatting