

Exclusions – Brighton and Hove, Crawley and Horsham and Mid Sussex CCGs Outline Service Specification Final Version December 2013:

Patients with the following conditions will be excluded from the Service:

- Immediate life threatening conditions;
- Suspected cancers/2 week wait rule;
- Acute trauma, e.g. RTA or falls from a significant height, still in the acute phase;
- Patient with red flag symptoms, e.g. cauda equina, systemically unwell, significant weight loss, suggestions of serious infection or malignancy;
- Widespread neurology with or without upper motor neurone signs;
- Fracture Liaison services – There needs to be close relationships between both primary and secondary care with the MSK Service particularly with the relationship to the osteoporosis pathway.
- Chiropody
- Neurological, cardiorespiratory, amputee physiotherapy
- Falls service
- Complex hand surgery and rehabilitation where the procedure comes under Specialised Commissioning HRG
- Patients needing Emergency Department
- Headaches – except of cervicogenic origin
- Intermediate care services
- The Service does not include those services or treatments commissioned by NHS England under the heading of Specialised Commissioning

SELF-CARE AND SELF-MANAGEMENT

Integrated MSK Service Website:

- Information on common MSK conditions
- Local condition-specific clinical pathways covering best practice assessment, diagnostics, management and outcome tools and referral thresholds
- Lifestyle choices and MSK wellbeing information
- Self-care advice, information, resources, tools, videos, Apps
- Sign-posting to local and national organisations and resources
- Secure messaging function to seek advice from MSK expert clinicians
- MSK Advice Line contact details
- Patient Decision Aids and shared decision making resources / tools
- Pre-Appointment Packs for patients who have been referred to the Integrated MSK Service

Nationally accredited structure self-care programmes provided by Arthritis Care and National Rheumatoid Arthritis Society (NRAS):

<http://www.arthritiscare.org.uk/> and <http://www.nras.org.uk/>

- MSK Helplines – Arthritis Care 0808 8004050 and NRAS 0800 2987650
- MSK Condition Information Packs for newly diagnosed patients
- MSK Library of Conditions and Factsheets
- MSK Risk Calculator
- Tailored self-management programmes provided by Arthritis Care and NRAS including:
 - Chat for Change telephone education and support groups
 - Online Community Forum
 - NRAS and Expert Patient Programme Rheumatoid Arthritis Self-management Programme
 - Joint Approaches modular self-management workshops

- Challenging Pain Programme
- On-line self-management course
- Arthritis Champions providing 1-2-1 and community support

Other self-care support:

- Integrated MSK Service Leaflet and information on common MSK conditions in local Pharmacies
- The Federation of Disabled People - <http://www.thefedonline.org.uk/> and telephone **01273 296747**
 - advice, information and support; sign-posting; social prescribing; Direct Payments and Personal Budgets support; peer support; Get Involved Group
- The Carers Centre - <http://www.thecarerscentre.org/> and telephone **01273 746222**
 - carers support packages i.e. Advice Phone Line; support, advocacy and information; Carer Support Groups
- Local Authority initiatives – i.e. Health Champions / Trainers, Alcohol Reduction Programmes, Exercise Referral Schemes, Weight Management, Social Services, Falls Prevention Service
- Action in Rural Sussex - <http://www.ruralsussex.org.uk/> and telephone **01273 473422**
 - provides sign-posting, advice and information
- Sport Development Team - <http://www.brighton-hove.gov.uk/content/leisure-and-libraries/sports-and-activity/sports-development> and telephone **01273 292724**
 - provides sports injury advice and information

Referral reason / Patient presentation	Primary Care Management	Thresholds for Primary Care to initiate a referral	Management Pathway for the Integrated MSK Service	Thresholds for referral to Specialist In-patient care	Management pathway for Specialist In-patient care
<p>Shoulder Pain</p> <p>Traumatic</p> <ul style="list-style-type: none"> ○ Fractures ○ Dislocations (Gleno-humeral) ○ ACJ pain / dislocation ○ Rotator cuff tears <p>Acute Trauma /A&E Most missed RC tears diagnoses are from A&E</p> <p>ACJ Type I Strain Type II partial subluxation</p> <p>Important that there is education for GP's + A&E doctors, especially regarding</p>	<p>Assessment:</p> <ul style="list-style-type: none"> ○ History ○ Examination ○ Working / differential diagnosis <p>Diagnostics:</p> <ul style="list-style-type: none"> ○ If significant injury – X-ray plain film AP & axillary <p>Management (including condition-specific self-care options):</p> <ul style="list-style-type: none"> ○ If no fracture assess for: ○ Acute cuff tear: loss of strength and function. Refer urgently to MSK service within 2/52. ○ Traumatic ACJ: Type I-II N/A Physio, Type III-IV Surgery. * Trial physio, if 	<p>Refer to Integrated MSK Service (Extended Scope Practitioner) as an urgent appointment if:</p> <ul style="list-style-type: none"> ○ Suspected rotator cuff tear with significant weakness / loss of function – Urgent <p>Refer to Integrated MSK Service (General Physiotherapy) if:</p> <ul style="list-style-type: none"> ○ Symptoms persist > 4 weeks but strength / movement maintained, no suggestion of an RC tear. <p>Refer to Integrated MSK Service (Extended Scope Practitioner) if:</p>	<p>1. Assessment and examination (General Physiotherapist / Extended Scope Practitioner / Orthopaedic Consultant)</p> <ul style="list-style-type: none"> ○ History ○ Examination ○ Exclude instability, cuff tear or fracture <p>2. Diagnostics</p> <ul style="list-style-type: none"> ○ X-ray plain film AP and axillary ○ Ultrasound scan ○ MR (if acute or chronic) Urgent MR: Acute/Young group <70. <p>3. Management:</p> <p>a. Impingement</p> <ul style="list-style-type: none"> ○ Consider sub acromial 	<p>Offer patient choice of provider if patient needs and wants surgery and is fit for surgery</p> <p>If patient needs and wants surgery but is not fit for surgery, refer to GP for further management</p> <ul style="list-style-type: none"> ○ Arthroscopic stabilisation/open stabilisation 	<p>Acute Rotator Cuff Tear Surgery: mini open repair Arthroscopic repair. GA/Regional block, treated as a day case. Laminar Flow</p> <p>Direct listing: Opportunity to be explored further by MDT</p> <p>Chronic Rotator Cuff Tear</p> <ul style="list-style-type: none"> - Arthroscopic repair - Open Repair - Tenotomy, debridement - Ballooning space in acromion space (as new procedure) <p>c. ACJ pain</p> <ul style="list-style-type: none"> - AC reconstruction / mini open technique

younger patients.

- unsuccessful.
- If no significant loss of function or strength consider:
 - Pain relief in line with agreed formularies / guidance
 - Patient education / exercise sheet
 - Reassurance
 - Activity modification
 - Advise if pain increases to come back to GP

Pathway note: GPS would welcome more information about the types of ACJ injury

- Severe pain since injury
- Deteriorating or persisting symptoms
- GH recurrent subluxation
- Symptomatic ACJ dislocation / subluxation

Refer to Integrated MSK Service (Orthopaedic Consultant) if:

- Fracture / GH subluxation on x-ray
- ACJ subluxation and full ROM / No Pain but cosmetic reason in a young patient.

- injection
- Consider review by Senior Physiotherapist (include if received physiotherapy previously)

b. Traumatic capsulitis

- X-ray prior to injection to rule out serious pathology
- Guided/Unguided GH injection first time as required
 - * This needs further discussion at an MDT.

c. Acute rotator cuff tear

- Consider review by Orthopaedic Consultant if on-going symptoms

d. Chronic rotator cuff tear

- Review by Orthopaedic Consultant if significant functional problems and pain
- Anterior deltoid rehab
- Physio

e. ACJ pain

- Reassure
- Consider ACJ
- Unguided (if unguided not possible then guided injection)
- Consider review by Orthopaedic Consultant if injection fails or symptoms reoccur

e. GHJ instability

- Consider Physiotherapy
- Consider review by Orthopaedic Consultant if non resolving / on-going symptoms despite comprehensive physiotherapy and the patient is considering surgery
- Consider MR Arthrogram
- Request MRA for SLAP

			<p>lesions – if MRA is positive: Arthroscopic stabilisation/open stabilisation</p> <p>4. Outcome Tools:</p> <ul style="list-style-type: none"> ○ EQ5D ○ Oxford Shoulder Score ○ SURE ○ Oxford shoulder unstable score <p>Hub or Spoke as long as access to Xray / USS and room space for MDT (2 – 3 rooms)</p>		
Referral reason / Patient presentation	Primary Care Management	Thresholds for Primary Care to initiate a referral	Management Pathway for the Integrated MSK Service	Thresholds for referral to Specialist In-patient care	Management pathway for Specialist In-patient care
<p>Shoulder Pain non-traumatic</p> <p>Impingement (and calcific tendonosis - treat as impingement)</p> <p>Needs MDT sign off: - X-Ray if >6/52 and unsuccessful physio/symptoms persist.</p> <p>Impingement and associated conditions</p>	<p>Assessment:</p> <ul style="list-style-type: none"> ○ History ○ Duration of symptoms ○ Examination ○ Painful arc ○ Passive range of movement maintained ○ Strength maintained ○ Red Flag – consider referred pain and intra-thoracic causes of pain <p>Diagnostics:</p> <ul style="list-style-type: none"> ○ If considering referral: Xray to include / exclude non bony pathology i.e. calcific tendonosis, subluxation of ACJ, clinically relevant OA ACJ <p>Management (including condition-specific self-care options):</p> <ul style="list-style-type: none"> ○ Pain relief in line with agreed formularies / guidance ○ Activity modification ○ Patient education and 	<p>Refer to Integrated MSK Service (General Physiotherapy) if:</p> <ul style="list-style-type: none"> ○ No response to treatment after 6 weeks or limited improvement with an injection after 2 weeks ○ And, patient is keen to try physiotherapy <p>Refer to Integrated MSK Service (Extended Scope Practitioner) if:</p> <ul style="list-style-type: none"> ○ No response to physiotherapy or conservative treatment at > 3 months 	<p>1. Patient information</p> <p>2. Assessment and Examination (General Physiotherapist / Extended Scope Practitioner):</p> <ul style="list-style-type: none"> ○ History ○ Examination ○ Impingement test ○ Exclusion of other pathologies ○ Working diagnosis <p>3. Diagnostics:</p> <ul style="list-style-type: none"> ○ X-ray (AP and outlet view) if not already done ○ Consider ultrasound if suspect a cuff diagnosis ○ Consider MRI if suspect a cuff diagnosis / to exclude other possible diagnosis <p>4. Management:</p> <ul style="list-style-type: none"> ○ Patient education and info ○ Exercise sheet ○ Pain relief in line with agreed formularies / 	<p>Offer patient choice of provider if patient needs and wants surgery and is fit for surgery</p> <p>If patient needs and wants surgery but is not fit for surgery, refer to GP for further management</p> <ul style="list-style-type: none"> ○ arthroscopic decompression. 	<p>1 Listed for surgery based on i.e.:</p> <ul style="list-style-type: none"> ● Pain ● Condition limiting function ● Intrusive symptoms present after all conservative management options have been tried or discussed ● Patient wants and is fit for surgery ● Decompression <p>2. Surgical pathway:</p> <ul style="list-style-type: none"> ● Patient fasted - food 4 hours prior to procedure, liquid 2 hours ● IV Cannula sited ● Sedation requirements ● WHO surgical safety checklist completed <p>3. Discharge criteria:</p> <ul style="list-style-type: none"> ● Neurological checks completed ● Pain controlled ● Mobile at pre-op level

	<p>information</p> <ul style="list-style-type: none"> ○ Exercise sheet ○ If pain persists and ADLs limited / affected (i.e. sleep, work, driving) consider sub-acromial injection 		<p>guidance</p> <ul style="list-style-type: none"> ○ Consider sub-acromial injection ○ further physiotherapy (review previous treatment) ○ Consider a second injection ○ Consider review by Orthopaedic Consultant for arthroscopic decompression. <p>5. Outcome Tools:</p> <ul style="list-style-type: none"> ○ EQ5D ○ Oxford Shoulder Score ○ SURE <p>Hub or Spoke as long as access to Xray / USS and room space for MDT (2 – 3 rooms)</p>		<ul style="list-style-type: none"> ● Medically stable ● Provided with appropriate post-operative exercises <p>Lamina Flow Theatre / Aseptic Area - dependant on procedure</p> <p>Post Anaesthetic facility</p>
Referral reason / Patient presentation	Primary Care Management	Thresholds for Primary Care to initiate a referral	Management Pathway for the Integrated MSK Service	Thresholds for referral to Specialist In-patient care	Management pathway for Specialist In-patient care
<p>Shoulder Pain non-traumatic</p> <p><i>AC joint pain</i></p>	<p>Assessment:</p> <ul style="list-style-type: none"> ○ History ○ Examination ○ Focal tenderness across ACJ ○ Pain on cross arm adduction ○ Pain on end of range elevation <p>Diagnostics:</p> <ul style="list-style-type: none"> ○ X-ray plain film AP & axillary <p>Management (including condition-specific self-care options):</p> <ul style="list-style-type: none"> ○ Reassurance ○ Patient education and info ○ Pain relief in line with agreed formularies / guidance ○ Activity modification 	<p>Refer to Integrated MSK Service (Extended Scope Practitioner) if:</p> <ul style="list-style-type: none"> ○ Symptoms persisting 	<p>1. Patient information</p> <p>2. Assessment and Examination (General Physiotherapist / Extended Scope Practitioner):</p> <ul style="list-style-type: none"> ○ History ○ Examination <6/52 general physio examination. ○ ESP >6/52 Flare Up ○ ESP >6/52 and if physio unsuccessful <p>3. Management:</p> <ul style="list-style-type: none"> ○ ACJ injection + consider further physio ○ If the patient fails to respond to injection or the response is transient then consider review by Orthopaedic Consultant ○ Consider second guided/unguided injection 	<p>Offer patient choice of provider if patient needs and wants surgery and is fit for surgery</p> <p>If patient needs and wants surgery but is not fit for surgery, refer to GP for further management</p> <ul style="list-style-type: none"> ○ ?arthroscopic excision 	<p>1 Listed for surgery based on i.e.:</p> <ul style="list-style-type: none"> ● Pain ● Condition limiting function ● Symptoms present following conservative management ● Patient fails to respond to injection / response is transient ● Patient wants and is fit for surgery <p>2. Surgical pathway:</p> <ul style="list-style-type: none"> ● Patient fasted - food 4 hours prior to procedure, liquid 2 hours ● IV Cannula sited ● Sedation requirements ● WHO surgical safety checklist completed <p>3. Discharge criteria:</p>

			4. Outcome Tools: <ul style="list-style-type: none"> EQ5D Oxford Shoulder Score SURE Spoke		<ul style="list-style-type: none"> Neurological checks completed Pain controlled Mobile at pre-op level Medically stable Provided with appropriate post-operative exercises Aseptic Area - dependant on procedure Post Anaesthetic facility
Referral reason / Patient presentation	Primary Care Management	Thresholds for Primary Care to initiate a referral	Management Pathway for the Integrated MSK Service	Thresholds for referral to Specialist In-patient care	Management pathway for Specialist In-patient care
Shoulder Pain non-traumatic Cuff tear (degenerate)	Assessment: <ul style="list-style-type: none"> History Examination Muscle weakness Weakness on muscle testing Impingement signs Crepitus Diagnostics: <ul style="list-style-type: none"> Plain film X-Ray Management (including condition-specific self-care options): <ul style="list-style-type: none"> Pain relief in line with agreed formularies / guidance 	Refer to Integrated MSK Service (General Physiotherapy) if: <ul style="list-style-type: none"> Patient has manageable pain and manageable loss of function Refer to Integrated MSK Service (Extended Scope Practitioner) as if: <ul style="list-style-type: none"> Increased pain Loss of function No response to physiotherapy at 4 - 6 weeks 	1. Patient information 2. Assessment and Examination (General Physiotherapist / Extended Scope Practitioner): <ul style="list-style-type: none"> History Examination 3. Diagnostics: <ul style="list-style-type: none"> ultrasound scan / MR 4. Management: <p>If patient is not considering surgery consider:</p> <ul style="list-style-type: none"> Patient education and info Exercise sheet Sub acromial injection + consider a second injection Physiotherapy +++ <p>Consider review by Orthopaedic Consultant if:</p> <ul style="list-style-type: none"> imaging confirms tear and not responding to injection or physiotherapy Not direct listing 5. Outcome Tools: <ul style="list-style-type: none"> EQ5D Oxford Shoulder Score 	Offer patient choice of provider if patient needs and wants surgery and is fit for surgery If patient needs and wants surgery but is not fit for surgery, refer to GP for further management <ul style="list-style-type: none"> ? RC repair / reverse shoulder arthroscopy (for degenerative RC) 	1 Listed for surgery based on i.e.: <ul style="list-style-type: none"> Pain Condition limiting function Ultrasound scan confirms tear and patient not responding to physiotherapy or injection Patient wants and is fit for surgery 2. Surgical pathway: <ul style="list-style-type: none"> Patient fasted - food 4 hours prior to procedure, liquid 2 hours IV Cannula sited Sedation requirements WHO surgical safety checklist completed 3. Discharge criteria: <ul style="list-style-type: none"> Neurological checks completed Pain controlled Mobile at pre-op level Medically stable Provided with appropriate post-operative exercises Aseptic Area - dependant on procedure Post Anaesthetic facility

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<p>Shoulder Pain non-traumatic</p> <p>Frozen shoulder (adhesive capsulitis)</p>	<p>Assessment:</p> <ul style="list-style-type: none"> ○ History ○ Examination ○ Marked restriction on external rotation, > abduction, > internal rotation ○ Insidious onset <p>(Note: common in diabetes)</p> <p>Diagnostics:</p> <ul style="list-style-type: none"> ○ X-ray plain film AP and axillary if symptoms severe <p>Management (including condition-specific self-care options):</p> <ul style="list-style-type: none"> ○ Pain relief in line with agreed formularies / guidance for up to 2 weeks ○ Education about frozen shoulder pain: Pain dominant phase / Stiff dominant phase ○ Consider a gleno-humeral injection if severe and persistent. (only after X-Ray to exclude serious pathology) 	<p>Refer to Integrated MSK Service (Extended Scope Practitioner) if:</p> <ul style="list-style-type: none"> ○ severe pain / not coping with symptoms at > 6 weeks from onset. <p>N.B. Physiotherapy aggravates in early stages</p> <p><6/52 - Self manage + self-management information available. >6/52 - If patient has debilitating pain 6-12 weeks depending on presentation/severity.</p>	<p>○ SURE</p> <p>Hub or Spoke as long as access to Xray / USS and room space for MDT (2 – 3 rooms)</p> <p>1. Patient information</p> <p>2. Assessment and Examination (Extended Scope Practitioner):</p> <ul style="list-style-type: none"> ○ History ○ Examination <p>3. Management:</p> <ul style="list-style-type: none"> ○ Pain relief in line with agreed formularies / guidance ○ Patient education and info ○ Exercise sheet ○ Consider physiotherapy to dominant stiff phase to help stiffness ○ Blind or guided injection (gleno-humeral) – prior to injection X-ray to rule out serious pathology ○ If injection successful, follow up with Physiotherapy ○ If no response to injection consider: <ul style="list-style-type: none"> ○ review by Orthopaedic Consultant ⊖ Value of Hydro-dilation to be discussed at MDT <p>4. Outcome Tools:</p> <ul style="list-style-type: none"> ○ EQ5D ○ Oxford Shoulder Score ○ SURE 	<p>Offer patient choice of provider if patient needs and wants surgery and is fit for surgery</p> <p>If patient needs and wants surgery but is not fit for surgery, refer to GP for further management</p>	<p>1 Listed for surgery based on i.e.:</p> <ul style="list-style-type: none"> ● Imaging by consultant radiologist ● Capsules release/ last resort MUA * needs further MDT discussion ● Pain ● Condition limiting function ● Symptoms present following conservative management ● Patient fails to respond to injection / response is transient ● Patient wants and is fit for surgery <p>2. Surgical pathway:</p> <ul style="list-style-type: none"> ● Patient fasted - food 4 hours prior to procedure, liquid 2 hours ● IV Cannula sited ● Sedation requirements ● WHO surgical safety checklist completed <p>3. Discharge criteria:</p> <ul style="list-style-type: none"> ● Neurological checks completed ● Pain controlled ● Mobile at pre-op level ● Medically stable ● Provided with appropriate post-operative exercises

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<p>Shoulder Pain non-traumatic</p> <p>Osteoarthritis</p> <p>Also follow the Rheumatology pathway for Generalised Osteoarthritis</p>	<p>Assessment:</p> <ul style="list-style-type: none"> ○ Age ○ History ○ Co-morbidities ○ Examination ○ Painful active range of movement ○ Reduced passive range of movement ○ Morning stiffness ○ Crepitus in joint (“Crunching”) ○ Consider differential diagnosis <p>Diagnostics:</p> <ul style="list-style-type: none"> ○ X-ray plain film AP & axillary <p>Management (including condition-specific self-care options):</p> <ul style="list-style-type: none"> ○ Patient education ○ ADL modifications ○ Step-wise approach to analgesia – follow the analgesic ladder (<u>but avoiding NSAIDS</u>) 	<p>Refer to Integrated MSK Service (General Physiotherapy) if:</p> <p>Flare ups are not settling, or patient does not want a surgical intervention. Physio can escalate to ESP</p> <p>Refer to Integrated MSK Service (Extended Scope Practitioner) if:</p> <ul style="list-style-type: none"> ○ If diagnosis unclear ○ Pain or loss of function persisting ○ For access to arthritis education group or 1:1 assessment if requested (e.g. if patient does not want surgery) <p>Refer to Integrated MSK Service (Orthopaedic Consultant) if:</p> <ul style="list-style-type: none"> ○ patient wants and needs surgery ○ patient unclear about surgical option ○ Established OA, has already had one arthroplasty and now wants the other shoulder done. ○ >70 and already has established OA <p>Review with an ESP+Physio together if physio unsuccessful to give patient reassurance</p>	<p>1. Patient information</p> <p>2. Assessment and Examination (General Physiotherapist / Extended Scope Practitioner / Orthopaedic Consultant):</p> <ul style="list-style-type: none"> ○ History ○ Examination <p>3. Management:</p> <ul style="list-style-type: none"> ○ Patient education and information ○ Medication review and adjustment ○ Exercises ○ Steroid Gleno-humeral injection only if not considering surgery and in significant pain; consider a second injection. ○ Physiotherapy <p>For patients who want and need surgery:</p> <ul style="list-style-type: none"> ○ Commence Enhanced Recovery Program <p>4. Outcome Tools:</p> <ul style="list-style-type: none"> ○ EQ5D ○ Oxford shoulder score ○ Pain VAS ○ SURE 	<p>Offer patient choice of provider if patient needs and wants surgery and is fit for surgery</p> <p>If patient needs and wants surgery but is not fit for surgery, refer to GP for further management</p> <p>Surgical options:</p> <ul style="list-style-type: none"> ○ Washout ○ Total Joint Replacement ○ Hemi-arthroplasty ○ Direct listing to Consultant – possible <p>National Joint Registry – commences 14/08/2014</p>	<p>1 Listed for surgery based on i.e.:</p> <ul style="list-style-type: none"> ● Pain ● Condition limiting function ● Intrusive symptoms present following conservative management options ● Patient wants and is fit for surgery <p>2. Surgical pathway:</p> <ul style="list-style-type: none"> ● Patient fasted - food 4 hours prior to procedure, liquid 2 hours ● IV Cannula sited ● Sedation requirements ● WHO surgical safety checklist completed <p>3. Discharge criteria:</p> <ul style="list-style-type: none"> ● Neurological checks completed ● Pain controlled ● Mobile at pre-op level ● Medically stable ● Provided with appropriate post-operative exercises

Referral reason / Patient presentation	Primary Care Management	Thresholds for Primary Care to initiate a referral	Management Pathway for the Integrated MSK Service	Thresholds for referral to Specialist In-patient care	Management pathway for Specialist In-patient care
<p>Shoulder Pain non-traumatic</p> <p><i>Habitual subluxation / instability</i></p>	<p>Management (including condition-specific self-care options):</p> <ul style="list-style-type: none"> ○ Patient education ○ Physiotherapy 	<p>Refer to Integrated MSK Service (General Physiotherapy)</p> <p>Refer all if bothered by symptoms</p>	<p>1. Patient information</p> <p>2. Assessment and Examination (General Physiotherapist):</p> <ul style="list-style-type: none"> ○ History ○ Examination <p>3. Management:</p> <ul style="list-style-type: none"> ○ Physiotherapy ○ Assessment and explanation in ICATS <p>4. Outcome Tools:</p> <ul style="list-style-type: none"> ○ EQ5D ○ Oxford Shoulder Unstable Score ○ SURE <p>6. Diagnostics:</p> <p>X-ray MR MRA</p> <p>Spoke</p>	N/A	N/A
Referral reason / Patient presentation	Primary Care Management	Thresholds for Primary Care to initiate a referral	Management Pathway for the Integrated MSK Service	Thresholds for referral to Specialist In-patient care	Management pathway for Specialist In-patient care
<p>Lateral / Medial Elbow Tendinopathy</p> <p>(Tennis and Golfer's elbow)</p>	<p>Assessment:</p> <ul style="list-style-type: none"> ○ History ○ Examination and Assessment ○ Focal tenderness ○ Lateral – pain on resisted wrist extension ○ Medial – pain on resisted 	<p>Follow the Spine pathway if cervical element suspected</p> <p>Refer to Integrated MSK Service (General Physiotherapist) if:</p> <ul style="list-style-type: none"> ○ symptoms > 6 weeks ○ no / poor resolution from 	<p>1. Patient information</p> <p>2. Assessment and examination (General Physiotherapist / Extended Scope Practitioner)</p>	<p>Offer patient choice of provider if patient needs and wants surgery and is fit for surgery</p> <p>If patient needs and wants surgery but is not fit for surgery, refer to GP for further management</p>	<p>1 Listed for surgery based on i.e.:</p> <ul style="list-style-type: none"> ● Persistent pain ● Condition limiting function ● Symptoms persist > 6 months ● Patient wants and is fit for surgery

	<p>wrist flexion</p> <ul style="list-style-type: none"> ○ Full passive range of elbow movement <p>Diagnostics:</p> <ul style="list-style-type: none"> ○ None <p>Management (including condition-specific self-care options):</p> <ul style="list-style-type: none"> ○ Patient education (booklet) ○ Exercise sheet ○ Activity modification ○ Pain relief in line with agreed formularies / guidance ○ Tennis elbow strap (e.g. epi-clast) patients can purchase in pharmacies or online ○ Avoid injection unless in severe pain / cannot lift objects / unable to grip and ideally symptoms > 6 weeks ○ Second Injection only if more than 50% improvement with first injection (note: more than 2 injections are not recommended) ○ Patient education regarding injection treatment <p>Pathway note: MDT to review role of GTN patches</p>	<p>injection</p> <p>Refer to Integrated MSK Service (Extended Scope Practitioner) if:</p> <ul style="list-style-type: none"> ○ Relapse after second injection ○ No response to Physiotherapy ○ Diagnostic query 	<ul style="list-style-type: none"> ○ History ○ Examination ○ Confirm diagnosis <p>3. Diagnostics:</p> <ul style="list-style-type: none"> ○ X-ray to check for radio-capitellar arthritis <p>4. Management:</p> <ul style="list-style-type: none"> ○ Patient education and info ○ Further specialist exercises ○ Consider injection ○ Dry needling ○ Consider review by Orthopaedic Consultant if: <ul style="list-style-type: none"> ○ Symptoms persist > 6 months ○ for possible surgical management / intervention ○ Consider referral for shockwave therapy (NICE Guidelines <i>Extracorporeal shockwave lithotripsy for calcific tendonitis of the shoulder 2003</i>) <p>5. Outcome Tools:</p> <ul style="list-style-type: none"> ○ EQ5D ○ QuickDash ○ SURE <p>Hub or Spoke as long as access to Xray / USS and room space for MDT (2 – 3 rooms)</p>		<p>2. Surgical pathway:</p> <ul style="list-style-type: none"> ● Patient fasted - food 4 hours prior to procedure, liquid 2 hours ● IV Cannula sited ● Sedation requirements ● WHO surgical safety checklist completed <p>3. Discharge criteria:</p> <ul style="list-style-type: none"> ● Neurological checks completed ● Pain controlled ● Mobile at pre-op level ● Medically stable ● Provided with appropriate post-operative exercises <p>Lamina Flow Theatre / Aseptic Area - dependant on procedure Post Anaesthetic facility</p>
Referral reason / Patient presentation	Primary Care Management	Thresholds for Primary Care to initiate a referral	Management Pathway for the Integrated MSK Service	Thresholds for referral to Specialist In-patient care	Management pathway for Specialist In-patient care
<i>Olecranon bursitis</i>	<p>Assessment:</p> <ul style="list-style-type: none"> ○ History ○ Examination and Assessment <p>Diagnostics:</p> <ul style="list-style-type: none"> ○ None 	<ul style="list-style-type: none"> ○ If confirmed as gout tophus – follow the Rheumatology pathway <p>Refer to Integrated MSK Service (Orthopaedic Consultant) if:</p>	N/A	N/A	N/A

	<p>Management (including condition-specific self-care options):</p> <ul style="list-style-type: none"> ○ If evidence of infection – antibiotics and rest ○ If large and non-infected bursitis – aspirate ○ If aspiration is not effective then consider steroid injection 	<ul style="list-style-type: none"> ○ Non resolving or unconfirmed diagnosis ○ Consider 2WW referral according to guidelines 			
Referral reason / Patient presentation	Primary Care Management	Thresholds for Primary Care to initiate a referral	Management Pathway for the Integrated MSK Service	Thresholds for referral to Specialist In-patient care	Management pathway for Specialist In-patient care
<p>Ulnar neuropathy</p> <p><i>Painful at elbow</i></p>	<p>Assessment:</p> <ul style="list-style-type: none"> ○ History ○ Examination and Assessment ○ Working / differential diagnosis ○ Tenderness over ulnar nerve ○ Intrinsic muscle wasting ○ Sensory disturbance little / ring finger <p>Diagnostics:</p> <ul style="list-style-type: none"> ○ None <p>Management (including condition-specific self-care options):</p> <ul style="list-style-type: none"> ○ Patient education ○ Avoid flexion at night ○ Avoid local pressure 	<p>Refer to Integrated MSK Service (Extended Scope Practitioner) if:</p> <ul style="list-style-type: none"> ○ Progression of intrusive symptoms ○ Fixed sensory loss – loss of two point discrimination at 3mm ○ Muscle wasting 	<p>1. Patient information</p> <p>2. Assessment and examination (Extended Scope Practitioner)</p> <ul style="list-style-type: none"> ○ History ○ Examination ○ Confirm diagnosis <p>3. Diagnostics:</p> <ul style="list-style-type: none"> ○ Nerve conduction studies ○ X-ray elbow <p>4. Management:</p> <ul style="list-style-type: none"> ○ Physiotherapy ○ Consider review by Orthopaedic Consultant if symptoms persist <p>5. Outcome Tools:</p> <ul style="list-style-type: none"> ○ EQ5D ○ SURE <p>Hub or Spoke as long as access to Xray and room space for MDT (2 – 3 rooms)</p>	<p>Offer patient choice of provider if patient needs and wants surgery and is fit for surgery</p> <p>If patient needs and wants surgery but is not fit for surgery, refer to GP for further management</p>	<p>1 Listed for surgery based on i.e.:</p> <ul style="list-style-type: none"> ● Persistent pain ● Condition limiting function ● Nerve conduction studies are positive to presenting condition ● Symptoms persist following physiotherapy ● Patient wants and is fit for surgery <p>2. Surgical pathway:</p> <ul style="list-style-type: none"> ● Patient fasted - food 4 hours prior to procedure, liquid 2 hours ● IV Cannula sited ● Sedation requirements ● WHO surgical safety checklist completed <p>3. Discharge criteria:</p> <ul style="list-style-type: none"> ● Neurological checks completed ● Pain controlled ● Mobile at pre-op level ● Medically stable ● Provided with appropriate

					post-operative exercises Lamina Flow Theatre / Aseptic Area - dependant on procedure Post Anaesthetic facility
Referral reason / Patient presentation	Primary Care Management	Thresholds for Primary Care to initiate a referral	Management Pathway for the Integrated MSK Service	Thresholds for referral to Specialist In-patient care	Management pathway for Specialist In-patient care
Biceps ruptures <i>Long head (common)</i>	Assessment: <ul style="list-style-type: none"> ○ History ○ Examination and Assessment ○ Working / differential diagnosis ○ Biceps bulge – typical ‘popeye’ sign ○ Check rotator cuff to exclude injury Diagnostics: <ul style="list-style-type: none"> ○ <u>None</u> Management (including condition-specific self-care options): <ul style="list-style-type: none"> ○ Patient education and information ○ Long head of biceps - reassure if no pain or loss of function ○ If pain / impingement – follow impingement pathway ○ If suspected cuff tear – follow cuff tear pathway 	N/A			
Referral reason / Patient presentation	Primary Care Management	Thresholds for Primary Care to initiate a referral	Management Pathway for the Integrated MSK Service	Thresholds for referral to Specialist In-patient care	Management pathway for Specialist In-patient care
<i>Distal biceps (rare)</i>	None	If acute or evidence of rupture – refer to Integrated MSK Service (Orthopaedic Consultant)			

Shoulder and Elbow group 19th December 2013

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Shoulder and Elbow group 29th July 2014

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