TARGET AUDIENCE	Primary Care- GPs and members of the GP MDT Secondary Care- Medics, ANPs, APPs Ortho, A&E, Rheum
PATIENT GROUP	Patients 14 years or older with conditions related to the Musculoskeletal system

TITLE- PHYSIOTHERAPY MUSCULOSKELETAL REFERRAL

Summary

GREEN: Patients likely to benefit from MSK Physiotherapy

- Acute/ Sub-acute Soft tissue injuries/ trauma (0-12 weeks)
- Post Orthopaedic Elective/ Trauma Surgery who require extra support
- Post Fracture/ Dislocation (as deemed suitable by Orthopaedics/ A&E)
- Low back pain +/- referred leg symptoms as per Low Back Pain pathway
- Neck pain +/- referred arm symptoms/ Thoracic Pain
- Specific MSK conditions i.e. Tendinopathy, Frozen Shoulder, Sub acromial pain
- Undifferentiated MSK conditions
- Mild- moderate Osteoarthritis (OA)
- Complex Regional Pain Syndrome hand (confirmed or suspected)
- Walking Aid/ Splint self-referrals (By appointment only)

AMBER: Patients might benefit from MSK Physiotherapy

- Joint Hypermobility
- Coccyx pain
- Reducing mobility/ Sarcopenia
- ME/ CFS if patient is willing to engage in exercise and does not have post exertional malaise.
- Back pain with BMI > 40 if weight is felt to be primary issue
- Osteoporosis

RED: Patients that should not be referred to MSK Physiotherapy

- Suspected undiagnosed sinister/ serious pathology demonstrating red flags
- Patients unable to commit to rehabilitation which may incorporate behaviour +/- lifestyle changes
- Patients who do not actively consent to being referred to the Physiotherapy MSK service
- Non MSK conditions
- Age < 14
- Referrals requesting MRI or imaging alone
- Moderate to advanced OA in patients who wish to be assessed by Orthopaedics and not Physiotherapy
- Heel Pad Pain, Metatarsalgia, Morton's Neuroma and other foot/ toe conditions
- Widespread Chronic Pain with previous Physio input for same condition +/or with significant psychological/ psychiatric drug addictiom. Previous attendance at pain management service for same condition
- Physio re-referral for patients who have completed Physio treatment for same condition in last 12 months
- Patients who are housebound/ Referrals for Wheelchairs
- First time or recurrent traumatic shoulder dislocation/s in younger physically active patients (aged 16-20)
- Pelvic Floor Dysfunction. Pregnant Patients with MSK condition related to their pregnancy or patients with pelvic floor issues up to 6 months' post-partum.
- ME/ CFS if patient is not willing to engage in exercise and/ or has post exertional malaise

Guideline Body

CONTENT

INTRODUCTION

These guidelines are designed to help referrers to the Physiotherapy Musculoskeletal (MSK) service with decision making on when to refer and when not to refer.

Please note: If patient presents with red flags which you have clinically reasoned are not attributed to sinister pathology please refer via SCI gateway rather than advising a self-referral. Please provide information on what clinical assessment, tests and investigations have been completed and safety netting that has been provided.

Please ensure patients have consented to referral and wish to engage with the Physiotherapy service.

GREEN: Patients likely to benefit from MSK Physiotherapy *Please provide as much detail as possible to help with the vetting process. Decision of priority remains with the vetting clinician.*
Acute/ Sub-acute Soft tissue injuries/ trauma (0-12 weeks)
Post Orthopaedic Elective/ Trauma Surgery who require extra support (often with agreement from Orthopaedics)
Post Fracture/ Dislocation (as deemed suitable by Orthopaedics/ A&E)
Low back pain +/- referred leg symptoms as per Low Back Pain pathway *Note: Objective clinical examination findings including neurological assessment findings detailed on SCI referral will assist with appropriate prioritisation of referral.*
Neck pain +/- referred arm symptoms *Note: Objective clinical examination findings including neurological assessment findings detailed on SCI referral will assist with appropriate prioritisation of referral.*
Thoracic pain *Note: Ensure differential diagnosis considered and no significant red flags*
Specific MSK conditions i.e. Tendinopathy, Frozen Shoulder, Sub acromial pain
Undifferentiated MSK conditions
Mild to moderate Osteoarthritis (OA)- please direct to self-management resources initially (Physio MSK) and Physiotherapy if required *Note: If moderate to severe OA on x-ray with high levels of disability consider referral to Orthopaedics if the **patient's wishes are for surgery.***
Complex Regional Pain Syndrome (confirmed or suspected) *Note: Hand- Refer FAO Hand Therapists (Occupational Therapy in North Lanarkshire and Physiotherapy in South Lanarkshire). Foot- Refer to Podiatry. Post CVA- Refer to Neuro service. If previously seen by AHP but requires further input to help with management, please consider referring to chronic pain team.*
Walking Aid/ Splint self-referrals for Walking Sticks, Elbow Crutches, 3 Wheel Walkers, 4 Wheel Walkers, Wrist Splints and Thumb Spicas (By appointment only) *Note: Patients must be able to attend outpatient department- can self-refer via:* Physio MSK

AMBER- Patients might benefit from MSK Physiotherapy

Joint Hypermobility

Note: If general joint hypermobility consider provision of self-management information (Versus Arthritis Hypermobility) and self-referral card to the patient. Patient can then self-refer if they feel they are at a point where they wish to engage in Physiotherapy.

Coccyx pain

Note: Consider analgesia, ice pack and use of Coccyx cushion initially

Reducing mobility/ Sarcopenia

Note: Consider referral to Strength & Balance in Lanarkshire Leisure if appropriate.

ME/ CFS if patient is willing to engage in exercise and does not have post exertional malaise.

Note: As a first point of help the attached Patient Information Leaflet contains useful information on how to help manage this condition MECFSBOOKLET

Back pain with BMI > 40 if weight is felt to be primary issue

Note: Consider referral to local weight management services if weight is felt to be the primary issue: LWMS

Osteoporosis- Consider referral onwards to Strength & Balance in Lanarkshire Leisure.

RED- When not to refer

Patients with suspected undiagnosed sinister/ serious pathology demonstrating red flags

Information below is for guidance but clinical reasoning should be used in all individual cases.

Emergency Referral (A&E/ Orthopaedics On-Call/ Medic On-Call)	*Urgent Referral (Orthopaedics/ Rheumatology)*
• Suspected Cauda Equina Syndrome • Suspected Metastatic Spinal Cord Compression (MSCC) • Suspected Septic Arthritis • Suspected Deep Vein Thrombosis • Suspected acute Achilles/ Patellar/Quads/ Distal Biceps/ Pec Major tendon rupture • Suspected Discitis • Slipped Upper Femoral Epiphysis	• Acute foot Drop • Suspected Cervical Myelopathy • Major spinal related neurological deficit/ worsening neurological deficit • Suspected Primary and Secondary cancers • Suspected new inflammatory Arthritis/ inflammatory spinal pain

Patients who are not at the stage where they can commit to a course of rehabilitation which may incorporate behaviour and/ or lifestyle changes
Patients who do not actively consent to being referred to the Physiotherapy MSK service
Non MSK conditions such as Respiratory conditions/ Systemic Neurological conditions/ Cardiac Rehab/ Long Covid/ Facial Palsy/ Temporomandibular Joint/ Intermittent Claudication
Age < 14. Referral information: Paediatric Physio
Referrals requesting MRI or imaging alone
Moderate to advanced OA in patients (based on combination of symptoms and functional impact +/- Radiological findings) who wish to be assessed by Orthopaedics and consider surgical intervention/ do not wish to engage with Physiotherapy
Heel Pad Pain, Metatarsalgia, Morton's Neuroma, Hallux Valgus and other foot/ toe conditions *Note: Patients can self-refer to Podiatry on 01698 753753. Website: Podiatry*
Widespread Chronic Pain with previous Physiotherapy input for the same condition and/or with significant psychological/ psychiatric drug addiction *Note: Patient can be referred to chronic pain service.*
Previous attendance at pain management service for same condition
Physiotherapy re-referral for patients who have completed Physiotherapy treatment for the same condition in the last 12 months *Note: Consider reviewing the discharge letter from the Physiotherapy MSK service for further guidance/ information*
House Bound Patients- Refer to Community Rehab in your area: Community Support Service
Referrals for Wheelchairs- Refer to Westmarc if appropriate: Westmarc
First time or recurrent traumatic shoulder dislocation/s in younger patients (aged 16-20) who are physically active *Note: These should be referred directly to Orthopaedics*
Referral for a specific stand-alone intervention e.g. Acupuncture referrals, Electrotherapy, Hydrotherapy, Steroid Injection.
Pelvic Floor Dysfunction- Refer to Pelvic Health Physiotherapy via SCI Gateway
Pregnant Patients with MSK condition related to their pregnancy or patients with pelvic floor issues up to 6 months' post-partum. *Note: Patients can self-refer to Mat Physio- send a **text** to 07792356516 with name/date of birth and brief message.*
ME/ CFS if patient is not willing to engage in exercise and/ or has post exertional malaise

References/Evidence

Brownson P., Donaldson O., Fox M. (2015) BESS/ BOA Patient Care Pathways: Traumatic anterior shoulder instability. *Shoulder & Elbow*. 7(3): 214-226

National Institute for Clinical Excellence: Bells Palsy. (2019) https://cks.nice.org.uk/topics/bells-palsy/ accessed 13.11.2022

National Institute for Clinical Excellence: Myalgic Encephalomyelitis (or encephalopathy)/ chronic fatigue syndrome: diagnosis and management (2021). https://www.nice.org.uk/guidance/ng206 accessed 13.02.2023

Smart K.M., Ferraro M.C., Wand B.M., O'Connell N.E. (2022). Physiotherapy for pain and disability in adults with complex regional pain syndrome (CRPS) types I and II (Review). *Cochrane Database of Systematic Reviews.* Issue 5. DOI: 10.1002/14651858.CD010853.pub3.

Goebel A., Barker C.H., Turner-Stokes et al. (2018). Complex Regional Pain Syndrome in Adults: UK Guidelines for diagnosis, referral and management in primary and secondary care.

Miller C., Williams M., Heine P., Williamson E., O'Connell N. (2017). Current practice in the rehabilitation of complex regional pain syndrome: a survey of practitioners. *Disability and Rehabilitation.* 41(7).: 847-853. DOI: 10.1080/09638288.2017.1407968