* ***Malignancy suspected-refer under 2-week rule Link to 2 week rule form***
* ***Suspected fracture- refer to A&E***
* ***Inflammatory arthritis- refer urgently to early inflammatory pathway***

Urgent and Emergency Musculoskeletal Conditions Requiring Onward Referral: http://arma.uk.net/wp-content/uploads/2021/01/Urgent-emergency-MSK-conditions-requiring-onward-referral-2.pdf

**SWL ORTHOPAEDIC REFERRAL FORM: FOOT AND ANKLE**

**SECTION 1**

|  |  |
| --- | --- |
| DATE |  |
| **Name:** |  |
| **NHS Number:** |  |
| **Date of Birth:** |  |
| **Gender:** |  |
| **Ethnicity:** |  |
| **Address:** |  |
| **Tel:** |  |
| **Email:** |  |
| REFERRER DETAILS |  |
| **Name:** |  |
| **Role: (GP, FCP, ACP, Consultant)** | Choose an item. |
| **Practice Code or referrer address:** |  |
| **Contact details (phone/e-mail):** |  |

|  |  |
| --- | --- |
| **COMMUNICATION & ASSISTANCE** | YES |
| **Does the patient require an interpreter?**  ***If yes, which language?*** |  |
| **Is the patient suitable for a telephone or video consultation?**  ***If no, please provide details*** |  |
| **Does the patient require Patient Transport?** |  |
| **Does patient have access to a smart phone to receive SMS/ Video Consultations?** |  |

ONWARD REFERRALS

Preferred Provider: CUH, ESH, KH, SGH, SWLEOC Choose an item.

**SECTION 2**

REASON FOR REFERRAL

Past Medical History

Drug History

|  |  |
| --- | --- |
| **REASON FOR REFERRAL**  **Foot and Ankle** |  |
| **Side** | YES |
| **Right** |  |
| **Left** |  |
| **Bilateral** |  |
| **Symptoms and Effects on Quality of Life** |  |
| **Pain** |  |
| **Are activities of daily living significantly compromised?** |  |
| **Is this causing a functional problem?** |  |
| **Sleep disturbance** |  |
| **Details of Previous Treatment Related to this Condition** |  |
| **Analgesia** |  |
| **Activity Modification** |  |
| **Physio Led Rehabilitation for minimum 12 weeks** |  |
| **150 minutes of moderate exercise a week** |  |
| **Injections**  **If Yes, how many?** |  |
| **BMI** |  |
| **Weight loss advice (if BMI > 30)** |  |
| **Current smoker** |  |
| **Smoking ceasing advice (if applicable)** |  |
| **Patients Expectations** |  |
| **Rehabilitation** |  |
| **Surgery** |  |
| **Injection** |  |

|  |  |
| --- | --- |
| **Sub-Speciality Questions** | YES |
| **Acute diabetic foot – ulceration/ suspected Charcot please refer urgently to threatened limb service.**  **If unsure of diagnosis or severe presentation please refer directly to foot and ankle service.** |  |
| **Patient has been engaged in shared decision making to ensure he/ she is well informed about the treatment options available and personal values, preferences and circumstances are taken into consideration** |  |
| **Confirmed willingness to have surgery within the next 18 weeks, if deemed appropriate?** |  |

|  |  |  |
| --- | --- | --- |
| **CHOOSE RELEVANT DIFERRENTIAL DIAGNOSIS** | **MANAGEMENT IN PRIMARY CARE** | **REFERRAL CRITERION** |
| **GANGLION** |  | Had ganglion >3 months with pain that interferes with daily activities/shoe wear |
| **HALLUX VALGUS (BUNION)** | Shoe wear change  Bunion protector  Toe spacers  Splint | Failure of conservative  management  Severe deformity causing significant functional impairment of daily activities  Or    Severe pain requiring regular painkillers and causing significant functional impairment of daily activities |
| **HEEL PAIN (PLANTAR FASCIOPATHY/ACHILLES TENDINOPATHY)** | Heel pads  Insoles  Night splint  Podiatry assessment | Symptoms > 6 months  Failed conservative  management |
| **ANKLE ARTHRITIS** | Insidious onset ankle  pain  Ankle Support/Brace | Failed conservative management |
| **BIG TOE ARTHRITIS** | Insidious onset of big toe pain +/- bone  prominence  Shoe wear change (flat rigid sole/wide toe box) | Failed conservative management |
| **ANKLE PAIN POST SPRAIN** | No fracture – Ottawa ankle rules  No achilles rupture – calf squeeze test  Instability | Failed conservative treatment (symptoms longer than 3 months or unusual/severe symptoms) |
| **LESSER TOE DEFORMITY** | Shoe wear  Toe sleeves  Podiatry | Persistent deformity |
| **LUMPS AND BUMPS** | Cystic – non-problematic – diagnosis ganglion reassure | Solid – query tumour and refer  Problematic – confirm diagnosis (ultrasound+?aspirate) |
| **ADULT NEW ONSET FLAT FOOT** | No Recent trauma  No Diabetic/swelling  No Severe pain/deformity    Refer MSK podiatry/physiotherapy – orthotics | Failure of conservative management (6 months)  Recent trauma, diabetic with significant swelling, severe pain/deformity |
|  |  |  |

|  |  |
| --- | --- |
| **DIAGNOSTICS** | **YES** |
|  |  |
| ***Please include date and location so images can be accessed***  Date:  Venue: |  |