

CLINICAL REFERRAL GUIDELINES FOR ADULT PERSONAL DOCTORS

ANKLE INJURY

Referral to a Specialist for Ankle injury to an orthopaedic.

The need for orthopaedic referral can be determined through an adequate history taking and examination.

If fracture is suspected (see Ottawa rules) a referral for an Xray (provided the report is obtained immediately) should be requested in the community prior to referral otherwise referral to Accident & Emergency is warranted.

If a grade II sprain is suspected then an ultrasound can be requested in the community.

If, however the patient has a grade III sprain (cannot weight bear) on clinical examination a referral to orthopaedics is warranted.

IMMEDIATE REFERRALS TO A&E (within 24 hours)

- Fracture/dislocation of the joint is evident (on Xray/clinical examination).
- Suspected Neurovascular compromise
- Suspected Tendon rupture or subluxation
- Suspected Penetrating injury to the joint
- Suspected Mechanical locking of the joint
- Suspected Patient that cannot ambulate or weight bear

URGENT REFERRALS TO OS (within 10 days)

- Persistent severe symptoms which are disproportionate to clinical findings (history/examination/imaging).

ROUTINE REFERRALS TO OS

- Patients unresponsive to Rest/Ice/Compression/Elevation (RICE)/NSAIDS/Physiotherapy after 6 weeks

Appendix I

The OTTOWA rules can be implemented to determine if an Xray is warranted to exclude a fracture.

- bony tenderness at the lateral malleolar zone (from the tip of the lateral malleolus to include the lower 6 cm of posterior border of the fibular)
- bony tenderness at the medial malleolar zone (from the tip of the medial malleolus to the lower 6 cm of the posterior border of the tibia)
- inability to walk four weight bearing steps immediately after the injury and in the emergency department

Appendix II

Sprains can be graded as

Grade I

Partial tear

Mild tenderness and swelling

Slight or no functional loss (i.e., patient is able to bear weight and ambulate with minimal pain)

No mechanical instability (negative clinical stress examination)

Moderate pain and swelling

Grade II

Incomplete tear of a ligament, with moderate functional impairment

Tenderness over involved structures

Some loss of motion and function (i.e., patient has pain with weight-bearing and ambulation)

Mild to moderate instability (mild unilateral positivity of clinical stress examination)

Grade III

Complete tear and loss of integrity of a ligament

Severe swelling (more than 4 cm about the fibula)

Severe ecchymosis

Loss of function and motion (i.e., patient is unable to bear weight or ambulate)

Mechanical instability (moderate to severe positivity of clinical stress examination)

References

Assessment | Diagnosis | Sprains and strains | CKS - NICE