

CLINICAL REFERRAL GUIDELINES FOR ADULT PERSONAL DOCTORS

KNEE PAIN

Referral to a Specialist for Knee pain to an Orthopaedics or/and a Rheumatology

Knee pain is a common presentation in primary care. In the majority of cases, it is due to underlying osteoarthritis which can be managed with analgesia and physiotherapy in the community.

However, in certain circumstances referral is prudent.

IMMEDIATE REFERRALS TO A&E (within 24 hours)

- Fracture or significant trauma
- Any features suspicious of infection/septic arthritis, including:
 - Cellulitis over the joint
 - Large effusion and erythema
 - Inflamed scar/wound over a previously replaced joint
- Inability to walk or weight bear
- Avascular necrosis/osteonecrosis
- Significant haemarthrosis/knee effusion or suspected osteochondral fracture which may or may not be seen on X-ray

URGENT REFERRALS TO OS (within 2 weeks)

- Suspicion of tumour or evidence of any destructive lesion on radiograph
- Evidence of new inflammatory arthropathy
- Ruptured/torn anterior cruciate ligament and or acute meniscal lesion in a patient who is likely to benefit from surgery (young, active)
- Unexplained, increasing or sudden onset severe pain in a previously replaced joint

ROUTINE REFERRALS TO OS

- True episodes of locking/locked knee
- Episodes of giving way particularly if unpredictable in nature
- Instability on ligament testing in a patient with a history of recent trauma
- Unexplained new lump or bump around the knee.
- Previous Meniscal repair with newly acquired non-traumatic / minor trauma resulting in mechanical symptoms
- Persistent knee pain impairing quality of life, despite physiotherapy and analgesia, requiring joint injection/further imaging such as MRI

Reference:

<https://northeast.devonformularyguidance.nhs.uk/referral-guidance/eastern-locality/musculoskeletal/knee-problems>

NICE (May 2000). Referral Practice A guide to appropriate referral from general to specialist services.

NECK PAIN

Referral to a Specialist for Neck pain to a neurosurgery, neurology, orthopaedics, or/and internal medicine.

In the absence of neurology or red flags it is expected that patients are offered analgesia in the first instance, before considering onward referral to specialist services. Furthermore, in the case of sprain and strain of the cervical spine, patients can also be referred for physiotherapy prior referral to specialist.

Patients with suspected myelopathy/cord compression should be promptly neurologically looking for clumsy hands, altered gait or sphincter/sexual disturbances.

Cervical radiculopathy (pinched nerve) usually presents with shooting pain and/or paraesthesia in the upper limbs. Even if a disc herniation is suspected evidence indicates that 95% of patient respond to 4-6 weeks of conservative treatment (NSAIDS/Physiotherapy). Such patients should however be followed up to ensure absence of progressive weakness which warrants immediate referral.

IMMEDIATE REFERRALS (within 24 hours)

- Suspected myelopathy (cord compression)- presenting with deterioration in gait/manual dexterity or severe/progressive motor weakness, or severe/progressive sensory loss of limbs.
- Severe trauma/skeletal injury
- Suspected septic arthritis
- Presence of pulsatile mass indicating carotid artery aneurysm (particularly following trauma or manipulation).

URGENT REFERRALS (within 2 weeks)

- Suspected malignancy
- Suspected demyelination i.e., Positive Lhermitte's sign (flexion of the neck producing an electric shock sensation down the spine and into the limbs)
- Associated dizziness, drop attacks, blackouts especially in older patients as it may indicate vertebrobasilar insufficiency.
- Recent surgery
- History of cancer
- History of infection i.e., TB/HIV
- History of inflammatory arthropathy

ROUTINE REFERRALS

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- Recalcitrant pain despite analgesia and physiotherapy.
1. CKS. Neck pain - cervical radiculopathy (Accessed June 17th 2018).
 2. GP Online. Neck pain - red flag symptoms (Accessed June 17th 2018).

<https://northeast.devonformularyguidance.nhs.uk/referral-guidance/eastern-locality/musculoskeletal/neck-pain>