

GP Referrals for Musculoskeletal Conditions

(GYdHYa VYf 201)

This pathway is for musculoskeletal conditions as defined by Arthritis Research UK (Understanding Arthritis, 2013) and excludes acute trauma or post-op care where a patient would normally be under the care of a hospital consultant.

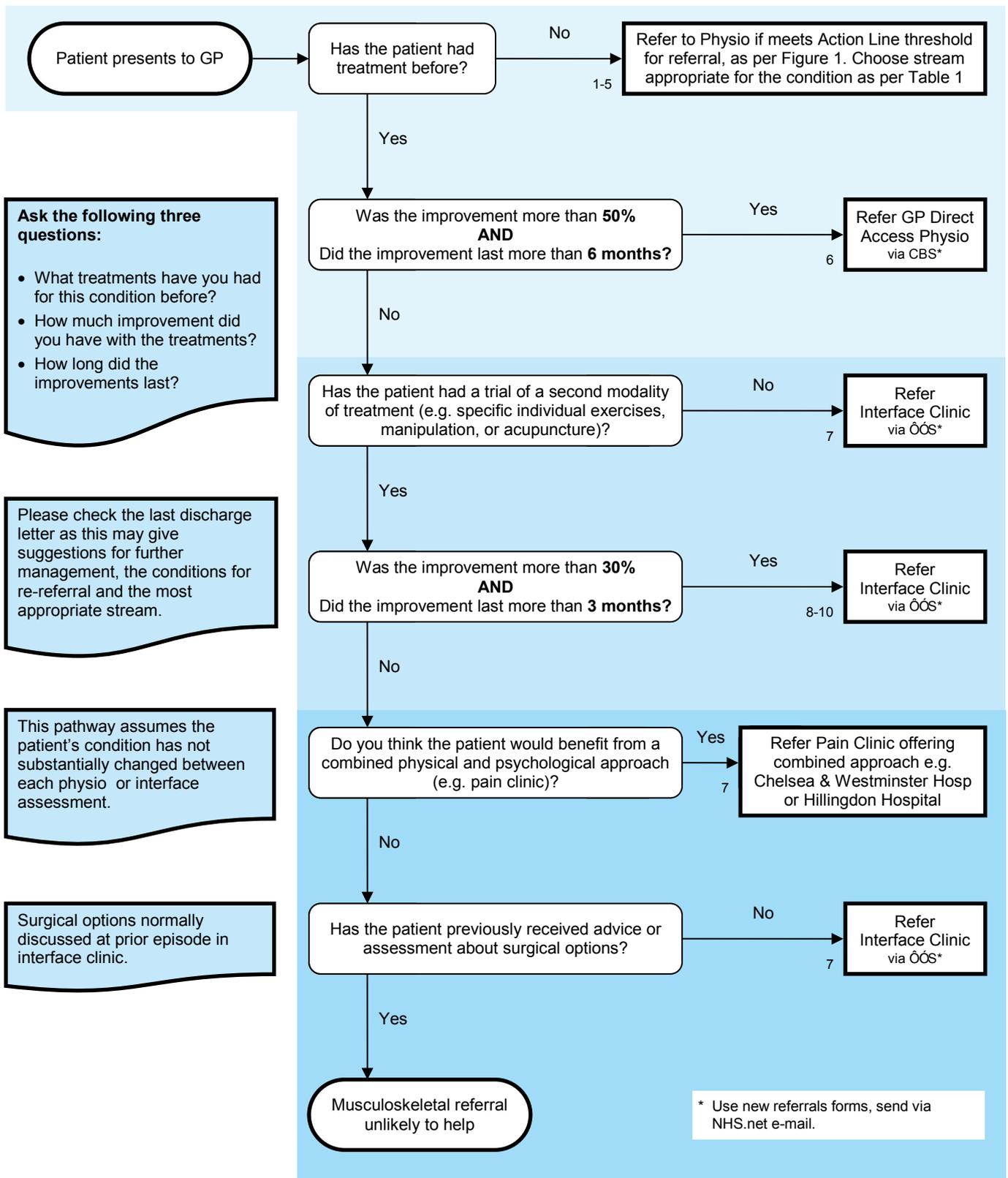
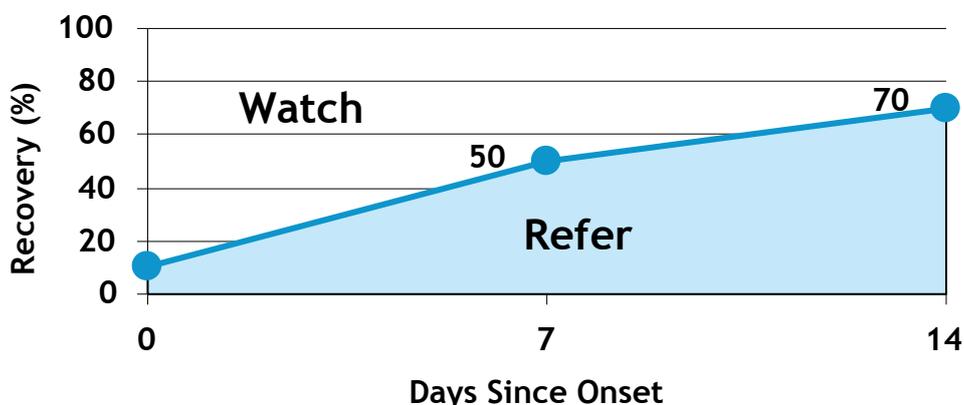


Figure 1: Referral Action Line

There is a window of opportunity when manual therapy for low back pain is likely to produce an earlier return of functional ability compared to delayed or no treatment.¹¹ The optimal time to start treatment is 14 to 28 days after the onset or exacerbation of symptoms. This means that patients must present early, be reviewed as described below and an early referral made to Central Booking. Emergency treatment slots are available for the most urgent cases.

Local advice recommends the use of an 'action line' to determine whether a patient is likely to improve quickly without referral. This allows timely access to the clinics for patients who are failing to progress with 'watchful waiting'. During the review period, patients should be given advice regarding positions of comfort, encouraged to exercise gently within the limits of their pain tolerance and given analgesics where necessary. Additionally, patients with first-ever episodes should receive advice on prevention of recurrences and promotion of personal responsibility for management.⁴

Referral Action Line



This process requires GPs to assess patients on at least three occasions: at presentation, one week and two weeks later. The doctor and patient should agree on a subjective rating of both their pain and functional ability. On the graph above, for acute and recurrent conditions, 100% represents pain free and full functional ability. For chronic conditions, 100% represents the patient's background pain and capacity before the exacerbation. Patients not improving to 50% at one week or 70% at two weeks should be referred.

The 'action line' was developed by observation of the natural history and recovery rates of common musculoskeletal conditions presenting in primary care. The 'action line' fits the recovery curves for episodes of acute low back pain.¹

References

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Table 1: Choosing a referral stream

GP Direct Access Physiotherapy Clinic		
<ul style="list-style-type: none"> • High capacity service. • Generic clinics for any new, uncomplicated musculoskeletal condition of recent onset of less than 3 months, especially first episodes of back and neck pain. • Recurrent musculoskeletal problems of onset of less than 3 months for this episode AND the patient improved by more than 50% following previous physiotherapy AND where the improvement lasted more than 6 months. The frequency of recurrences or exacerbations should be less than twice per year. (See flow chart, page1) • Physiotherapist can request opinion in Community Specialist (Interface) Clinics. • Referrals from the musculoskeletal interface service where the clinician has found that conservative therapy management is an appropriate form of care. 		
Community Musculoskeletal Specialist (Interface) Clinics		
	Extended Scope Physiotherapist	Musculoskeletal Physician
Spinal	Lack of persistent benefit with manual therapy, complex pain patterns, significant functional impairment, single nerve root involvement, investigations, advanced manual therapy including manipulation, assessment for surgical opinion.	Second opinion, failure to progress with initial management, severe pain, multiple medical problems or possible underlying pathology, injections inc. caudal epidurals, pharmacological treatments, biopsychosocial assessment. Limited availability osteopathic treatments.
Lower Limb Orthopaedics	Lack of persistent benefit with manual therapy, significant functional impairment, investigations, joint injections, assessment for surgical opinion.	–
Upper Limb Orthopaedics	Lack of persistent benefit with manual therapy, significant functional impairment, investigations, joint injections, assessment for surgical opinion.	–

Table 2: Urgent referrals

GP Direct Access Physiotherapy Clinic
<ul style="list-style-type: none"> • We have introduced rigorous filters to select the most appropriate patients for urgent treatment. All urgent requests will be triaged. • Patients who have had surgery or trauma in the last 6 weeks, AND have significant functional impairment. • Patients with significant functional impairment who are classed as a designated carer. • Referral details required: In order that these referrals are triaged appropriately please ensure that all referrals include details of the patient's functional impairment. • Reminder: Patients with signs or symptoms suggestive of serious underlying pathology (red flags) should be referred to secondary care.
Community Musculoskeletal Specialist (Interface) Clinics
<ul style="list-style-type: none"> • Patients with severe spinal pain or single nerve root radicular pain (e.g. sciatica) of very recent onset, where the pain is poorly controlled with an adequate dose of an appropriate analgesic. • Referral details required: In order that referrals are triaged appropriately please ensure that these referrals include details of the patient's medication, investigations, past medical history and previous treatments for musculoskeletal conditions.

Table 3: Exclusions

All Community Musculoskeletal Clinics

- **Patients not registered with an Ealing CCG GP.**
- **Acute trauma or post-operative care where a patient would normally attend a hospital physiotherapist.**
These patients would normally be under a hospital consultant and referred by them to a hospital physiotherapist.
- **Housebound patients.**
These patients should be referred to Community Physiotherapy Service, Ealing Day Treatment Centre.
- **Patients with neurological problems including Stroke, MND, Parkinson's disease and multiple sclerosis.**
These patients should be referred to the ENable team, Clayponds Hospital unless they have a separate musculoskeletal condition requiring treatment.
- **Surgical appliances**
If no physiotherapy input required, these patients can be referred directly to the surgical fitter, Ealing Hospital.

GP Direct Access Physiotherapy Clinic

- **Complex musculoskeletal presentations involving multiple body area systems.**
These patients can be referred to musculoskeletal interface clinics instead; choose the single most appropriate stream.
- **Onset of new musculoskeletal problem of more than 3 months duration.**
- **Multiple episodes of the same problem without resolution from previous input.**
(See table 1 and flow chart.)
- **Inflammatory arthritis or other systemic illness resulting in musculoskeletal symptoms, unless for conservative treatment in conjunction with appropriate medical care.**
These patients should be referred to hospital for diagnosis.
- **Co-morbidities that significantly impair a particular patient's ability to exercise.**
For example neurological (e.g. stroke), severe cardiac, renal, liver or respiratory failure, recurrent disabling hypoglycaemia or poorly controlled epilepsy. These patients can be referred by GPs to specialist physiotherapists in secondary care or the ENable team, Clayponds Hospital or the community stroke service at Ealing Hospital.
- **Significant psychosocial obstacles to recovery (yellow flags).**
These patients can be referred to the musculoskeletal interface clinic or to hospital pain clinics.
- **Signs and symptoms suggestive of possible serious underlying pathology (red flags).**
These patients will be referred back to GPs promptly, to avoid further delays. See below.

Community Musculoskeletal Specialist (Interface) Clinics

- **Signs and symptoms suggestive of possible serious underlying pathology (red flags).**
- **The community musculoskeletal specialist (interface) clinics are not commissioned to accept referrals for diagnosis of possible serious underlying pathology.**
GPs should refer these patients to secondary care in accordance with NICE Clinical Knowledge Summaries: <http://www.cks.nice.org.uk/#specialtyTab>
Where patients with unsuspected underlying pathology are referred to the specialist (interface) clinics and are subsequently found to have signs or symptoms of possible serious underlying pathology, the specialist (interface) service will make an appropriate referral.

Age Restrictions (Age at time referral received)

- **Up to 16th birthday**
 - **Physiotherapy:** Refer to Carmelita House.
 - **Orthopaedics:** Refer to paediatric orthopaedics via RFS e.g. Chelsea and Westminster. No interface service.
- **16th up to 18th birthday**
 - **Physiotherapy:** Refer to Central Booking Service (adult).
 - **Orthopaedics:** Refer to paediatric orthopaedics via RFS e.g. Chelsea and Westminster. No interface service.

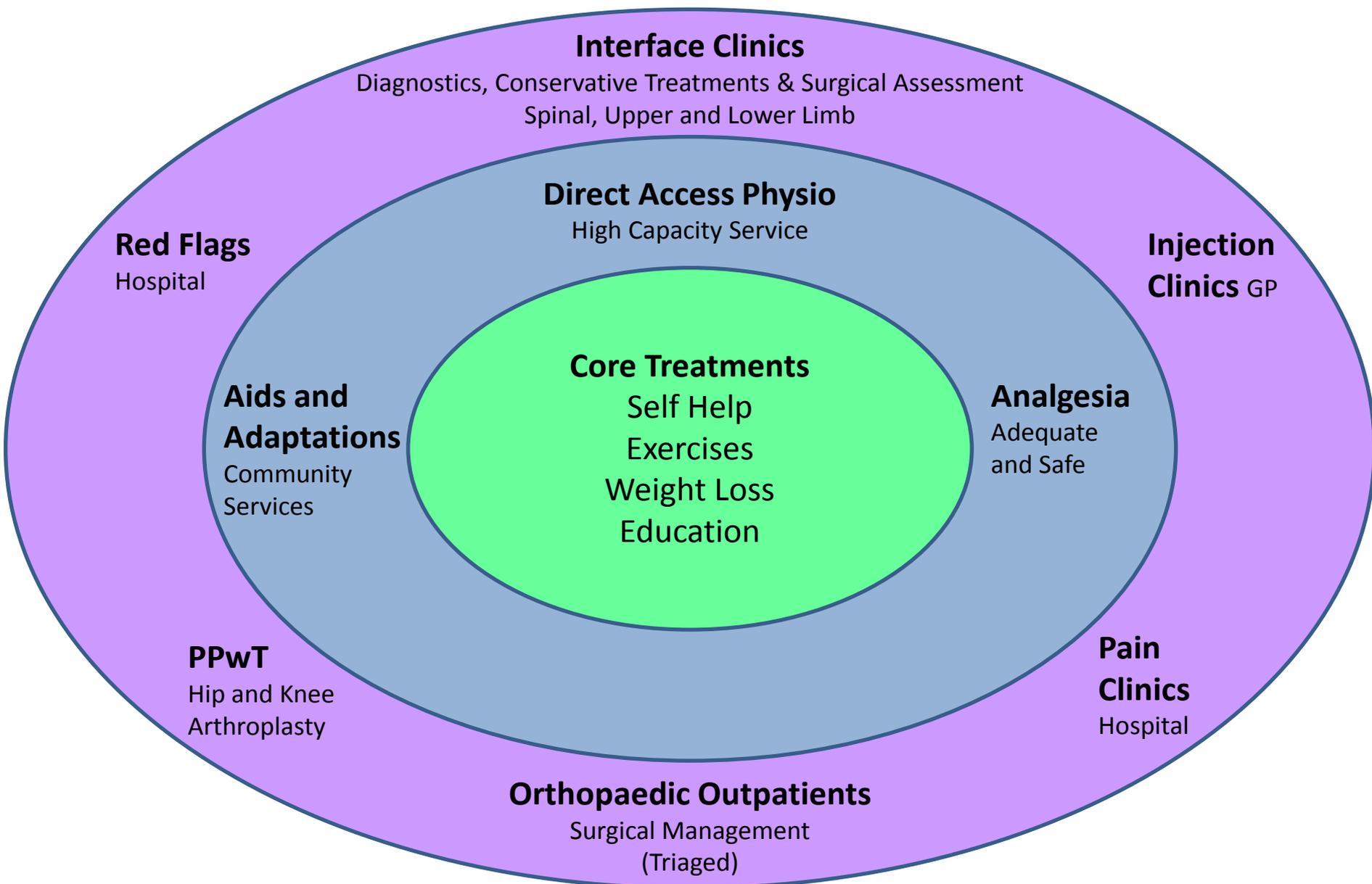
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Musculoskeletal Management – Ealing GP View



Community Musculoskeletal Referral Pathways

