Central Manchester Clinical Commissioning Group

Musculoskeletal (MSK) GP management & referral guidance

Commissioned by Central Manchester Clinical Commissioning Group & developed by the MSK re-design Design and Delivery Group
PBC Clinical Commissioning Lead Dr. D. Hyland, Lead Consultant Mr. D. Ellis – 23rd August 2011
Review date: 1st January 2013

Condition	Key features	GP management and advice for referral to direct access physiotherapy/podiatry	Consider onward referral if:	Tier 2/CAT via Gateway	Secondary care via Gateway
Condition **OA hip**	**Key Features** Pain worse on weight-bearing. Painful restriction of hip movements.	**1 GP Management** Analgesia Weight loss if overweight Advice on keeping active Walking aids are available from social services Patient information leaflet http://www.patient.co.uk/pdf/pilsL123.pdf	**Onward Referral to 4 if:** Poor pain control Severe loss of function, e.g., walking/dressing For surgical opinion	**3** Referral to 3 is indicated if the diagnosis is unclear	**4** Note: young hips (< 45 yrs) specialist investigation needed therefore refer to 4 for further assessment.
		2 Direct Access Physiotherapy / Podiatry Physiotherapy for motivated patients where pain is controlled but further help is needed to increase muscle strength and function, not for pain relief. Podiatry occasionally indicated for those with leg length discrepancy	**Diagnostics by GP** If you suspect OA hip, consider hip XR to assess severity before referral to 3 or 4		
Condition **Trochanteric bursitis**	**Key Features** Tender over site of bursa at greater trochanter of hip Pain when lying on affected side	**1 GP Management** Analgesia Behaviour modification e.g. relative rest Consider local injection X 2 (or refer to 3 for this procedure) Patient information http://www.patient.co.uk/pdf/pilsL1048.pdf	**Onward Referral to 3 if:** Unresponsive to several weeks of GP management (1) or recurrent episodes Unclear diagnosis	**3**	**4**
		2 Direct Access Physiotherapy / Podiatry For suspected biomechanical cause e.g. tight ITB or overpronated feet	**Diagnostics by GP** Not routinely indicated		
Condition **Existing total hip replacement**	**Key Features** Pain from hip joint	**1 GP Management** Gateway referral to 4 for orthopaedic review	**Onward Referral to 4**	**3**	**4** Note: problems with existing joint replacements need secondary care orthopaedic review
		2 Direct Access Physiotherapy / Podiatry Not indicated	**Diagnostics by GP** Not indicated – normally done in secondary care		

Condition	Key features	GP management and advice for referral to direct access physiotherapy/podiatry	Consider onward referral if:	Tier 2/CAT via Gateway	Secondary care via Gateway

Condition	Key Features	1 GP Management	Onward Referral to 4 if:	3	4
OA Knee	Pain on weight-bearing. Painful restriction of knee movements Pain and stiffness on moving after sitting	Analgesia Weight loss if overweight Advice on keeping active Walking aids are available from social services Patient information leaflet http://www.arthritisresearchuk.org/arthritis_information/arthritis_types__symptoms/osteoarthritis_of_the_knee.aspx **Consider joint injection (NICE CG59)** (or refer to 3 for this procedure)	Poor pain control /night pain Severe loss of function, walking/dressing For surgical opinion	Joint injection available	Surgical opinion for joint replacement
		2 Direct Access Physiotherapy / Podiatry	**Diagnostics by GP**		
		Physiotherapy for motivated patients where further help is needed to increase muscle strength and function. Podiatry may be indicated where a biomechanical component is identified, eg leg length discrepancy / overpronated feet.	Scan **not** indicated especially if aged over 55 X Ray not usually required for primary care management at 1 or 2. If you do suspect OA knee, consider weight bearing X Ray to assess severity **before** referral to 3 or 4.		
Condition	**Key Features**	**1 GP Management**	**Onward Referral to 4**	**3**	**4**
Existing total knee replacement	Pain from knee joint	Gateway referral to 4 for orthopaedic review			Note: problems with existing joint replacements need secondary care orthopaedic review
		2 Direct Access Physiotherapy / Podiatry	**Diagnostics**		
		Not indicated	Not indicated - normally done in secondary care		

Condition	Key features	GP management and advice for referral to direct access physiotherapy/podiatry	Consider onward referral if:	Tier 2/CAT via Gateway	Secondary care via Gateway
Condition **Anterior knee pain**	**Key Features** Pain at front of knee when descending stairs Pseudo-locking and giving way Pain at front of knee when getting up from prolonged sitting	**1 GP Management** Analgesia Weight loss if overweight Activity modification Patient information http://www.patient.co.uk/pdf/pilsL873.pdf **2 Direct Access Physiotherapy / Podiatry** Physiotherapy for motivated patients if symptoms not resolving with several weeks of GP management Podiatry may be indicated where a biomechanical component is identified, eg leg length discrepancy / overpronated feet.	**Onward Referral to 3 if:** Unresponsive to 1 and 2 after several weeks of management If diagnosis is unclear **Diagnostics by GP** Not routinely indicated.	**3**	**4**
Condition **Mechanical knee pain (internal derangement e.g. meniscal tear)**	**Key Features** True locking and/or giving way Meniscal and ligament tests positive History of trauma with episodes of swelling May be difficult to fully extend the knee joint	**1 GP Management** Analgesia Weight loss if overweight Activity modification Patient information leaflet http://www.patient.co.uk/pdf/pilsL714.pdf **2 Direct Access Physiotherapy / Podiatry** Physiotherapy is indicated for for less severe and non recurrent cases where motivated patients will comply with a rehabilitation regime of strengthening and functional exercises. The physiotherapist may involve a podiatrist where needed.	**Onward Referral to 3 or 4 if:** If not resolving or recurrent episodes of locking, giving way / instability **Diagnostics by GP** If aged >55 then X ray **is** done by GP before referral to 3 or 4 MR scan is more usually done at 3 and **not** by GP	**3** If not resolving or recurrent episodes of locking, giving way / instability or unclear diagnosis	**4** Note: **significant** mechanical symptoms suggest surgical review indicated and diagnostics will be done at 4

Condition	Key features	GP management and advice for referral to direct access physiotherapy/podiatry	Consider onward referral if:	Tier 2/CAT via Gateway	Secondary care via Gateway
Condition **Hallux valgus**	**Key Features** Pain and valgus deformity of 1st MTP joint	**1 GP Management** Analgesia Advice on footwear – low, wide fitting supportive shoes Patient information leaflet http://www.patient.co.uk/doctor/Hallux-Valgus.htm	**Onward Referral to 4:** If clearly needs surgical opinion for pain relief	**3**	**4** Note: Surgery is performed for pain relief
		2 Direct Access Physiotherapy / Podiatry Physiotherapy not routinely indicated Podiatry indicated when pain uncontrolled by 1 and / or orthotic may be needed as correction of the biomechanical factors may prevent excessive pronation and progression of the deformity	**Diagnostics by GP** Not routinely indicated		
Condition **Plantar fasciitis**	**Key Features** First-step heel pain Palpable tenderness over medial tubercle of calcaneum	**1 GP Management** Analgesia Weight loss if overweight Advice on footwear – don't walk barefoot on hard surfaces, wear a supportive cushioned shoe Consider use of 'gel; heel cups Patient information leaflet http://www.patient.co.uk/pdf/pilsL131.pdf Activity modification – relative rest from provoking activity Consider injection (up to X 2) or refer to 3 for this procedure	**Onward Referral to 3 if:** Symptoms uncontrolled by 1 and 2, or if recurrent episodes Unclear diagnosis	**3**	**4** Only in very difficult cases
		2 Direct Access Physiotherapy / Podiatry Physiotherapy not routinely indicated as Gp can advise on calf stretching exercises – see advice leaflet. Podiatry indicated when symptoms not resolving with several weeks of GP management (1) or episodes are recurrent	**Diagnostics by GP** Not routinely indicated		

Condition	Key features	GP management and advice for referral to direct access physiotherapy/podiatry	Consider onward referral if:	Tier 2/CAT via Gateway	Secondary care via Gateway
Condition **Forefoot Pain** **neuroma**	**Key Features** Mulders click Squeeze test Interdigital paresthaesia /burning	**1 GP Management** Analgesia Advice on footwear - including avoidance of high-heeled and narrow shoes Calf stretching exercises Patient information leaflet http://www.patient.co.uk/pdf/pilsL858.pdf	**Onward Referral to 3 for;** Further assessment and diagnostics if non responsive to 1 and 2	**3**	**4**
		2 Direct Access Physiotherapy / Podiatry Podiatry indicated when symptoms not resolving with 1 for considerations of orthotics / pads	**Diagnostics by GP** More usually done at 2 or 3		
Condition **Forefoot Pain** **Metatarsalgia**	**Key Features** Diffuse plantar forefoot pain Prominent Metatarsal heads Usually comes on gradually	**1 GP Management** Analgesia Activity modification – relative rest from provoking activity Advice on footwear - including avoidance of high-heeled and narrow shoes Patient information leaflet http://www.patient.co.uk/health/Metatarsalgia.htm	**Onward Referral to 3 for;** Further assessment and diagnostics if non responsive to 1 and 2	**3**	**4**
		2 Direct Access Physiotherapy / Podiatry Podiatry indicated when symptoms not resolving with 1 for consideration of orthotics / pads	**Diagnostics by GP** More usually done at 2 or 3		

Condition	Key features	GP management and advice for referral to direct access physiotherapy/podiatry	Consider onward referral if:	Tier 2/CAT via Gateway	Secondary care via Gateway
Condition **Frozen shoulder** **(adhesive capsulitis)**	**Key Features** Pain reaching behind head or back Painful restriction of passive lateral rotation Resisted isometric rotator cuff tests relatively pain-free	**1 GP Management** Analgesia Encourage active movements within pain limits to avoid stiffening Consider up to X 2 joint injections (or refer to 3 for this procedure) Patient information leaflet http://www.patient.co.uk/pdf/pilsL421.pdf **2 Direct Access Physiotherapy / Podiatry** Early referral to physiotherapy only if pain levels controlled, see patient information leaflet.	**Onward Referral to 3 if:** Unresponsive to 1 and/or 2 Unclear diagnosis **Diagnostics by GP** Not routinely indicated and more usually done at 3 or 4	**3**	**4**
Condition **Shoulder impingement syndrome**	**Key Features** Painful arc Resisted isometric tests may be painful Impingement tests positive Passive lateral rotation relatively pain-free and near full-range	**1 GP Management** Analgesia Relative rest and avoid aggravating movements Patient information leaflet http://www.patient.co.uk/pdf/pilsL841.pdf Consider up to X 2 sun acromial joint injections (or refer to 3 for this procedure) **2 Direct Access Physiotherapy / Podiatry** Consider physiotherapy referral if several weeks of GP management (1) have not helped	**Onward Referral to 3 if:** Unresponsive to 1 and/or 2 after several weeks of management **Diagnostics by GP** Not routinely indicated and more usually done at 3 or 4	**3**	**4**

Condition	Key features	GP management and advice for referral to direct access physiotherapy/podiatry	Consider onward referral if:	Tier 2/CAT via Gateway	Secondary care via Gateway
Condition **Rotator cuff tear**	**Key Features** Isometric weakness and / or pain of rotator cuff muscles Drop arm test positive Trauma Most common over age 40	**1 GP Management** Analgesia Relative rest Patient information leaflet http://www.patient.co.uk/pdf/pilsL841.pdf **2 Direct Access Physiotherapy / Podiatry** Physiotherapy for minor tears after several weeks of relative rest Physiotherapy for strengthening in chronic tears in older patient	**Onward Referral to 3** To 3 for further assessment of severity in non mild cases. **Diagnostics by GP** Not routinely indicated and more usually done at 3 or 4	3	4 **Note;** Younger patient (under 45) with significant weakness
Condition **Recurrent shoulder dislocations/subluxations/instability**	**Key Features** Patient describes sensation of joint 'out of place'. Positive apprehension tests	**1 GP Management** Gateway referral to 4 for significant symptoms or repeated episodes Information leaflet http://www.patient.co.uk/doctor/Shoulder-Dislocation.htm Physiotherapy 2 for mild/moderate symptoms **2 Direct Access Physiotherapy / Podiatry** Physiotherapy for mild/moderate instability infrequent or one off episode	**Onward Referral to 4** Repeated or significant instability 4 Uncertain diagnosis 3 **Diagnostics by GP** Usually done by 4	3	4 Note: recurrent shoulder dislocation/subluxation/instability needs secondary care review

Condition	Key features	GP management and advice for referral to direct access physiotherapy/podiatry	Consider onward referral if:	Tier 2/CAT via Gateway	Secondary care via Gateway
Condition **‘Tennis elbow’ (lateral epicondylitis)**	**Key Features** Painful resisted wrist extension	**1 GP Management** Analgesia Activity modification Patient information leaflet http://www.patient.co.uk/pdf/pilsL165.pdf Consider up to X 2 joint injections (or refer to 3 for this procedure)	**Onward Referral if:** Unresponsive to 1 and 2	**3**	**4**
		2 Direct Access Physiotherapy / Podiatry Physiotherapy if unresponsive to 1	**Diagnostics by GP** Not routinely indicated and more usually done at 3 or 4		
Condition **‘Golfers elbow’ (medial epicondylitis)**	**Key Features** Painful resisted wrist flexion	**1 GP Management** Analgesia Activity modification Patient information leaflet http://elbowdoc.co.uk/common-elbow-conditions/golfers-elbow Consider up to X 2 joint injections (or refer to 3 for this procedure) *Beware ulnar nerve*	**Onward Referral if:** Unresponsive to 1 and 2	**3**	**4**
		2 Direct Access Physiotherapy / Podiatry Physiotherapy if unresponsive to 1	**Diagnostics by GP** Not routinely indicated and more usually done at 3 or 4		
Condition **Carpal tunnel syndrome**	**Key Features** Nocturnal hand paraesthesia in median nerve distribution. Patient often describes having to ‘shake’ hand to relieve symptoms	**1 GP Management** Exclude referred symptoms from cervical spine/diabetes/thyroid Patient information leaflet http://www.patient.co.uk/pdf/pilsL24.pdf Advice re using wrist splint Pregnancy wait 4 months post partum before considering onward referral	**Onward Referral to 3 if:** Symptoms are not settling with several weeks of GP management (1) or if symptoms severe	**3** **Access to one stop shop is via tier 2**	**4**
		2 Direct Access Physiotherapy / Podiatry Not routinely indicated	**Diagnostics by GP** **Refer to 3** for further assessment and access to one stop shop		

Condition	Key features	GP management and advice for referral to direct access physiotherapy/podiatry	Consider onward referral if:	Tier 2/CAT via Gateway	Secondary care via Gateway
Condition **Trigger finger/thumb**	**Key Features** Triggering of digit and possible tender nodule in palm	**1 GP Management** Patient information leaflet http://www.patient.co.uk/pdf/pilsL431.pdf Consider local injection depending on severity of symptoms (or refer to 3 for this procedure)	**Onward Referral to 3 if:** Unresponsive to 1	**3**	**4** **Note;** considered if triggering is still happening 12 months post a single steroid injection or recurrent triggering or Fixed Flexion Deformity
		2 Direct Access Physiotherapy / Podiatry Not routinely indicated	**Diagnostics by GP** Not routinely indicated		
Condition **Ganglion**	**Key Features** Palpable	**1 GP Management** Patient information leaflet http://www.patient.co.uk/pdf/pilsL69.pdf	**Onward Referral 3 if:** Further assessment needed	**3**	**4**
		2 Direct Access Physiotherapy / Podiatry Not routinely indicated	**Diagnostics by GP** Not routinely indicated		
Condition **Dupuytren's contracture**	**Key Features** Palmar thickening Flexion deformity of affected digits	**1 GP Management** Patient information leaflet http://www.patient.co.uk/pdf/pilsL53.pdf	**Onward Referral to 4 if:** MCP joint fixed flexion deformity 30 degrees + Or interfering with work/hobbies	**3**	**4** MCP joint fixed flexion deformity 30 degrees or more requires surgical opinion
		2 Direct Access Physiotherapy / Podiatry Physiotherapy in the early stages may help with function.	**Diagnostics by GP** Not routinely indicated		

Condition	Key features	GP management and advice for referral to direct access physiotherapy/podiatry	Consider onward referral if:	Tier 2/CAT via Gateway	Secondary care via Gateway

Condition	Key Features				
Condition **OA thumb**	**Key Features** Pain and stiffness and tender to palpate over joint line.	**1 GP Management** Advice with rest / using splint Consider joint injection (or refer to 3 for this procedure)	**Onward Referral to 3 if:** Unresponsive to 1 or 2 Unclear diagnosis	**3**	**4**
		2 Direct Access Physiotherapy / Podiatry Consider physiotherapy if symptoms mild to moderate	**Diagnostics by GP** More usually done at 3 when considering onward referral for surgical opinion		
Condition **De Quervain's tenosynovitis**	**Key Features** Positive Finkelstein's test Pain with resisted thumb extension and abduction	**1 GP Management** Analgesia Advice re; relative rest. Using splint Patient information leaflet http://www.patient.co.uk/pdf/pilsL469.pdf Consider joint injection (or refer to 3 for this procedure)	**Onward Referral to 3 if:** Unresponsive to 1 or 2	**3**	**4**
		2 Direct Access Physiotherapy / Podiatry Not routinely indicated	**Diagnostics by GP** Not routinely indicated		

Condition	Key features	GP management and advice for referral to direct access physiotherapy/podiatry	Consider onward referral if:	Tier 2/CAT via Gateway	Secondary care via Gateway
Condition	Key Features	1 GP Management	Onward Referral if:	3	4
		2 Direct Access Physiotherapy / Podiatry	Diagnostics		
Condition	Key Features	1 GP Management	Onward Referral if:	3	4
		2 Direct Access Physiotherapy / Podiatry	Diagnostics		
Condition	Key Features	1 GP Management	Onward Referral if:	3	4
		2 Direct Access Physiotherapy / Podiatry	Diagnostics		

Condition	Key features	GP management and advice for referral to direct access physiotherapy/podiatry	Consider onward referral if:	Tier 2/CAT via Gateway	Secondary care via Gateway