

Information for GPs to help with the clinical prioritisation of Physiotherapy referrals

Unfortunately in physiotherapy we have to run a waiting list system. We have a finite number of appointments throughout the week and in order to offer the most appropriate appointments to the appropriate patients at the appropriate time we require certain information. Correct clinical information helps to shorten waiting lists.

It is also important that you are aware that we do also receive referrals from secondary care including acute referrals such as post fracture and post operative conditions.

We have designed a new referral form to help you provide us with the most useful information and correct completion of the referral form will help us correctly clinically prioritise your patients. You will notice on the referral form that failure to complete all fields of the referral will result in your patient being placed on the routine waiting list.

Essential information:

Duration of condition: This is extremely important in order to help prioritise. We obviously want to prevent patients developing chronic pain signs and symptoms and therefore early intervention of acute conditions aids with this. Obviously, we still require you to follow the CSAG guideline with regard to Low back pain of conservative management for the first 6 weeks

Chronic long standing conditions obviously present as a less clinical priority.

If there is an acute flare up of a chronic condition with either or both of the following; **severe** increase in pain or a **marked** decrease in function then we would place some priority on these patients. Please be aware that if the patient has received physiotherapy for the same condition previously then they will have been given self management advice and this should be encouraged before routinely referring to physiotherapy

Is the patient off work due to their condition?: Evidence suggests that the longer a patient is off work they are less likely to return to work, and if they are off work for 6 months or longer they are unlikely to return to work at all. We obviously want to get people back to work as soon as possible, therefore a patient off work due to their condition would be considered a priority. However, it is essential that you inform us whether or not your patient is **recently** off work. If your patient has been off work for a long period of time and is unlikely to return to work this can not be classed as a clinical priority.

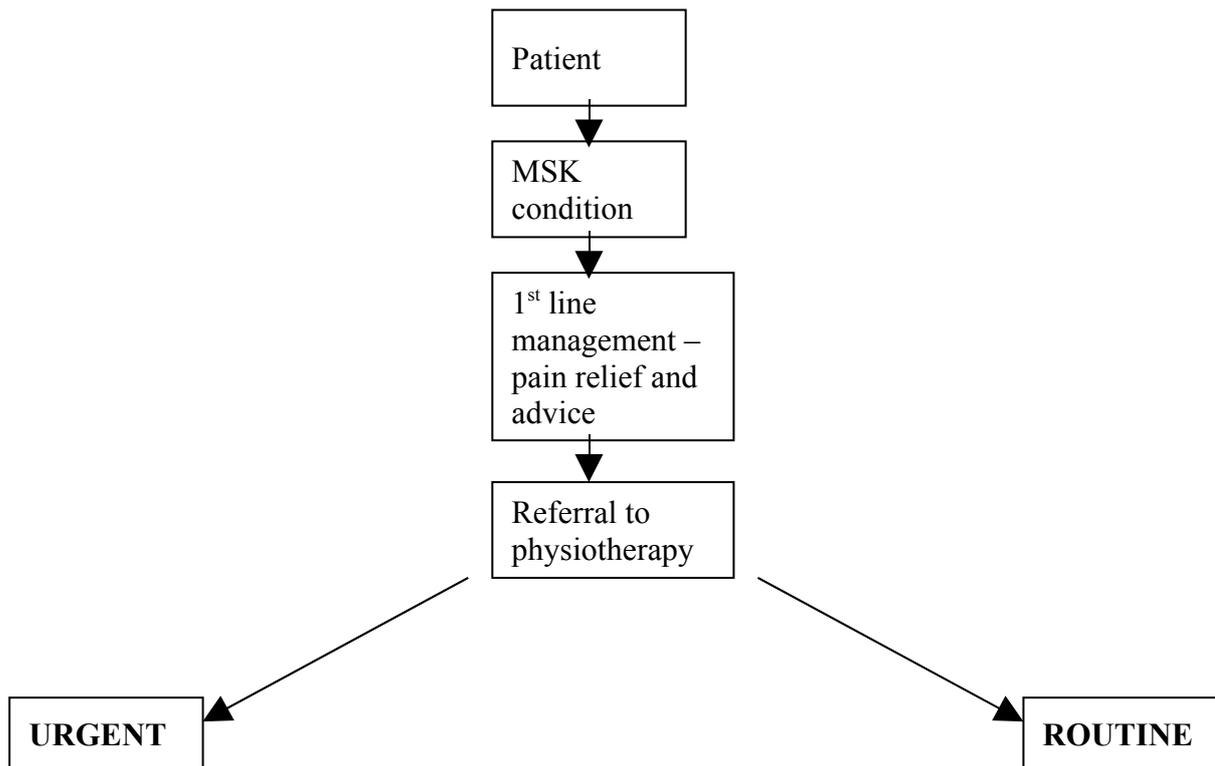
Is your patient a carer? Are they unable to care for any dependants?

We would clinically prioritise a patient who has dependants and is unable to care for them due to their condition.

Significant Past medical history: It is important that you make us aware of any significant medical problems, as this may have a bearing on clinical priority. For example; there is a link between diabetes and shoulder capsulitis. Therefore it is important that you inform us of a patient with shoulder pain with diabetes also. We would clinically prioritise this referral.

Has your patient received a local steroid injection for their condition eg. Shoulder?: If a patient has received a joint injection, depending on the condition we may see that patient within 10 days to 2 weeks, or even earlier, of that injection. Therefore if you have injected a joint please document it on the referral.

Clinical prioritisation of physiotherapy referrals:



Acute trauma
Severe pain eg nerve root irritation
Post injection
Recently off work due to condition
Carers –unable to care for dependants
Acute low back pain that has failed to settle in line with CSAG guidelines
Acute exacerbation of chronic condition causing severe increase in pain and/or marked decrease in function
Significant PMH eg. Diabetes and shoulder pain

MSK conditions > 6 weeks duration
Cervical and lumbar spondylosis
OA
Chronic peripheral joints
Chronic nerve root irritation