

# ORTHO RAPID

**24/7 EMERGENCY ORTHOPAEDIC RESPONSE**

**Mr Rishi Chana** FRCS Ortho  
Consultant Orthopaedic Surgeon

**07713445694**

**MSK GP Pathways Guidance**

36 hours from telemedicine consultation to completion of investigations with  
diagnosis and treatment agreed



**Red Flags / Same Day referral**  
**Call Emergency Orthopaedic Consultant**

- Inability to weight bear
- New symptoms in previous joint replacement
- Inability to lift leg after trauma ?Stress fracture
- Systemic symptoms
- Previous malignancy and new onset hip pain
- Painful clicking after injury

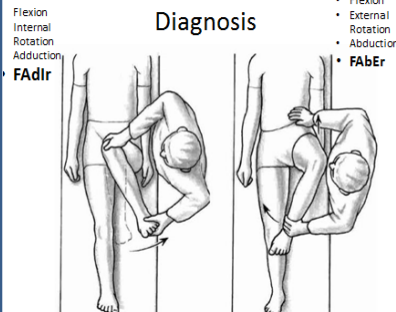
**Sports injury / Acute Non-Arthritic Hip Pathway**

**Acute Injury**

- Sudden onset hip/groin/buttock pain during exercise
- Positive C-sign pain
- Impingement test +ve in FAdIR / FAbER
- Clicking with hip
- Snapping hip
- Feeling of joint dislocation or instability
- Pain interfering with usual activity regime
- Cannot cope with hip rotation extremes

**Call Emergency Ortho Consultant**

**Non-traumatic Hip Pain with Mechanical symptoms**



- Young to middle aged active adults
- Greater Trochanteric/Buttock pain
- Dull ache worse on activity and after period of rest
- Pain getting in/out car, crossing legs over, socks & shoes.
- Clicking, locking or catching with the hip
- Unable to keep up with hobbies / sports

**Refer to Hip Specialist**

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**Arthritic Hip Pathway**

Worsening dull toothache pain in groin & buttock limiting lifestyle and quality of life

- >45 years old
- Activity related joint pain (groin, inner thigh or deep buttock)
- < 30 minutes or NO early morning stiffness

**Conservative measure steps**

- Advice, activity modification, lifestyle change, weight loss (↓ by 5% can equal up to 50% less pain).
- Surrey iMSK website for self-management advice.
- Physiotherapy
- OTC analgesia (paracetamol, Ibuprofen)
- Prescribed medication (Naproxen, volterol, Codeine)

**Refer to Hip Specialist** for consideration of:  
 Ultrasound guided joint injection (if not available in primary care) or Total Hip Replacement Surgery

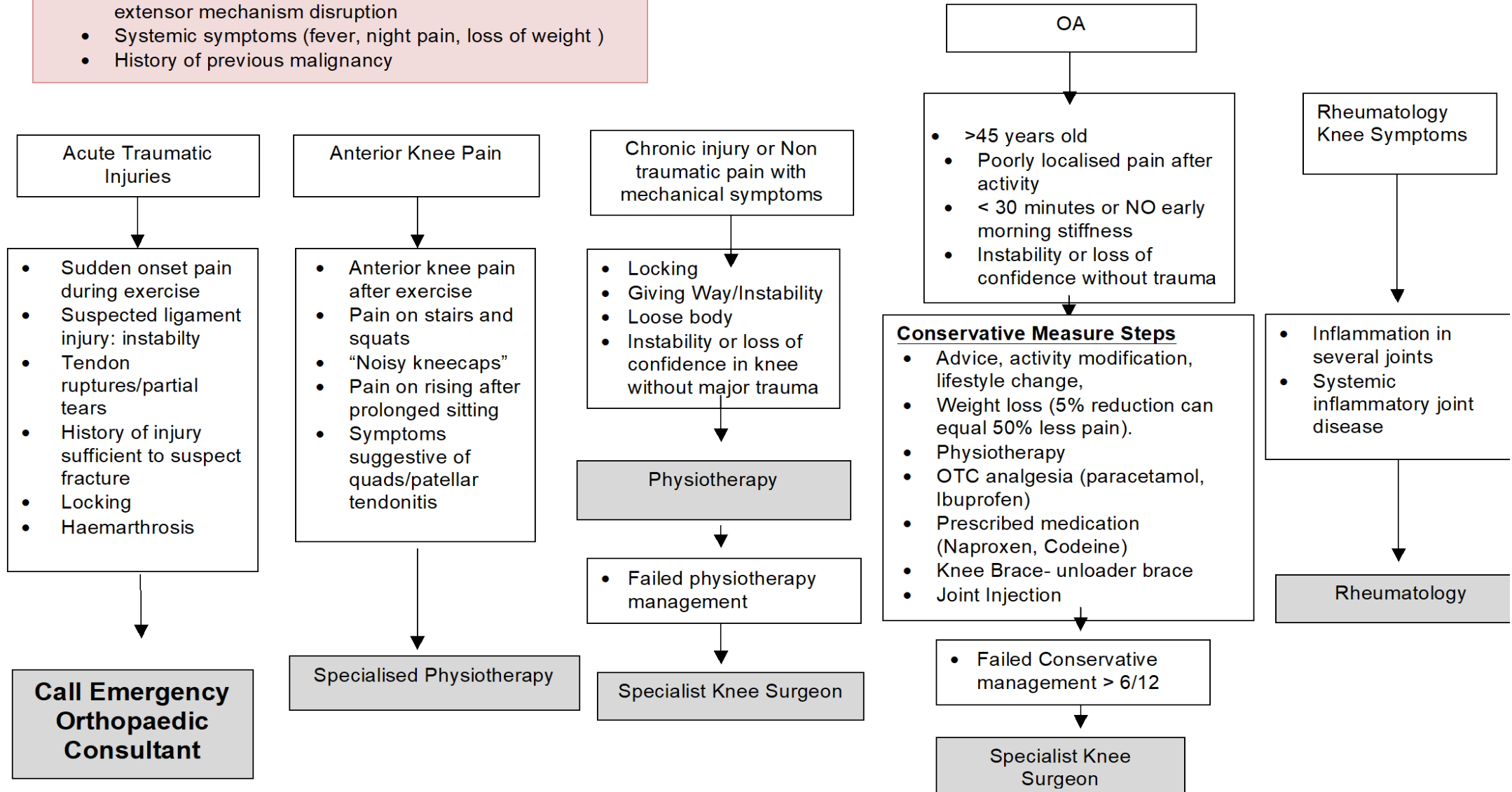


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**Red Flags / Same day referral:  
Call Emergency Orthopaedic Consultant**

- **Inability** to weight bear
- New symptoms in a previous arthroplasty
- Complete inability to Straight Leg raise (SLR) – possible extensor mechanism disruption
- Systemic symptoms (fever, night pain, loss of weight )
- History of previous malignancy





**Red Flags/Surgical referral:**

**Call Emergency Orthopaedic Consultant**

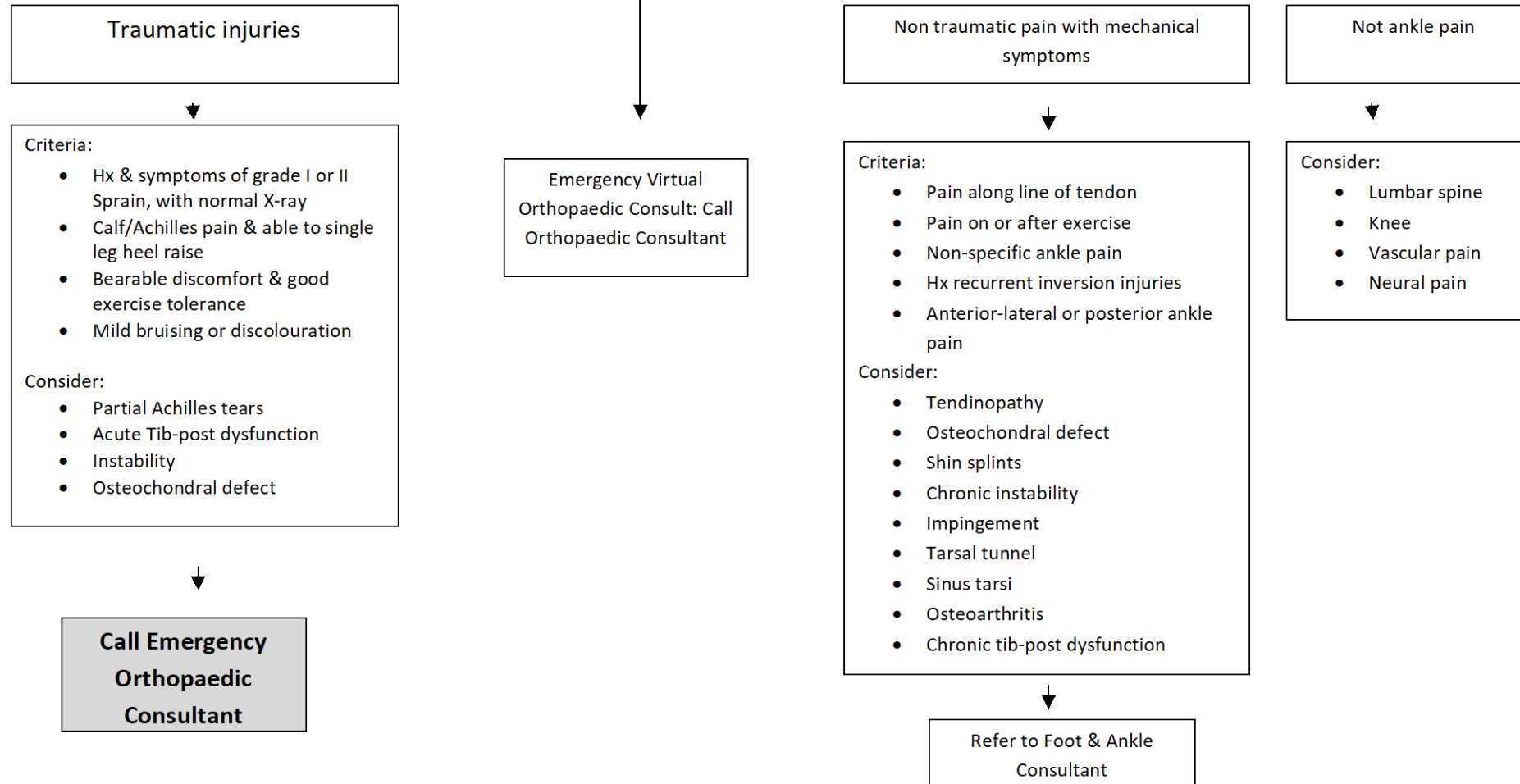
- Systemic symptoms (fever, night pain, loss of body weight – 30% in < 2/12)
- Suspicion of infection
- History suggestive of fracture or inability to weight bear > 4 steps (Ottawa rules)
- Bruising / discolouration/ skin blisters
- Calf/Achilles pain with inability to single leg heel raise
- Recent trauma <12/52 ( Refer to acute L/L clinic )

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**Traumatic injuries**

**Criteria:**

- Hx & symptoms of grade I or II Sprain, with normal X-ray
- Calf/Achilles pain & able to single leg heel raise
- Bearable discomfort & good exercise tolerance
- Mild bruising or discolouration

**Consider:**

- Partial Achilles tears
- Acute Tib-post dysfunction
- Instability
- Osteochondral defect

**Call Emergency  
Orthopaedic  
Consultant**

**Non traumatic pain with mechanical symptoms**

**Criteria:**

- Pain along line of tendon
- Pain on or after exercise
- Non-specific ankle pain
- Hx recurrent inversion injuries
- Anterior-lateral or posterior ankle pain

**Consider:**

- Tendinopathy
- Osteochondral defect
- Shin splints
- Chronic instability
- Impingement
- Tarsal tunnel
- Sinus tarsi
- Osteoarthritis
- Chronic tib-post dysfunction

**Refer to Foot & Ankle  
Consultant**

**Not ankle pain**

**Consider:**

- Lumbar spine
- Knee
- Vascular pain
- Neural pain





**Red Flags/Surgical referral**

**Call Emergency Orthopaedic Consultant**

- Systemic symptoms (fever, night pain, loss of body weight – 30% in < 2/12)
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