

## MSK Outpatient Physiotherapy Referral Criteria

All referrals to outpatient physiotherapy will be triaged according to service KPI's (Urgent within 2 working days, Routine within 5 working days) upon receipt of electronic/mailed referral (Saturday and Sunday excluded).

Urgency will be determined by the information given on the referral form. Triage categories have been agreed in order that those patients who would benefit from earlier intervention are offered timely assessment and treatment.

Urgency and whether the patient will be seen by a Musculoskeletal (MSK), Neurological (Neuro) or Pelvic, Obstetric and Gynaecological (POPGP) specialist physiotherapist, will be determined by the information given on the referral form and the following criteria.

<b>Musculoskeletal (MSK)</b>	
<b>Exclusions</b> in accordance with service specification	<p><b>Symptoms of less than 6 weeks duration</b></p> <p><b>Worsening neurological symptoms – motor weakness</b></p> <ul style="list-style-type: none"><li>• Should be referred to Advanced Practitioner or managed as per urgent and emergency MSK conditions</li></ul> <p><b>Re-referral for the same condition is not required as patients can re-refer via 'PIFU' within 1 year of discharge.</b></p> <p><b>If presenting with red flags suggestive of an Urgent or Emergency MSK condition requiring Onward referral including, Cauda Equina Syndrome, MSCC, Charcot Marie Tooth etc.</b></p> <p><b>Acute rheumatological presentation</b></p> <ul style="list-style-type: none"><li>• Direct referral to rheumatology/advice and guidance</li></ul> <p><b>Referrals for acupuncture and/or aquatic therapy treatment as stand-alone treatments</b></p>

	<ul style="list-style-type: none"><li>• These therapeutic modalities are only accessible as an adjunct to other physiotherapy treatments and are only appropriate for certain conditions (add hyperlink to AT criteria)</li></ul> <p><b>Neurological conditions and neurodevelopmental disorders, acquired brain injury and conversion disorders.</b></p> <ul style="list-style-type: none"><li>• Adults refer to Neurological OP physiotherapy service ESHT</li><li>• Paediatrics refer to Children's integrated therapy services (CITS)</li></ul> <p><b>Under 16 years of age</b></p> <ul style="list-style-type: none"><li>• Direct referral via eRS to MSK Paediatric service (ESHT) for children aged 4-15)</li></ul> <p><b>Falls</b></p> <ul style="list-style-type: none"><li>• Direct referral to JCR by completing a HSCC form (insert hyperlink)</li></ul> <p><b>Fibromyalgia with no definitive acute musculoskeletal presentation</b></p> <ul style="list-style-type: none"><li>• For management in primary care with local signposting</li><li>• Consideration of referral to pain management service (via MSK service)</li></ul> <p><b>Chronic fatigue syndrome</b> (still known by some as ME)/Long Covid</p> <ul style="list-style-type: none"><li>• Direct referral to SCFT via eRS.</li></ul> <p><b>Long Covid</b></p> <ul style="list-style-type: none"><li>• Direct referral to PCASS using HSCC form (insert hyperlink)</li></ul> <p><b>Respiratory conditions requiring physiotherapy assessment and treatment</b></p> <ul style="list-style-type: none"><li>• Direct referral to Resps team using HSCC form (insert hyperlink)</li></ul> <p><b>Those who require diagnostic investigations which should be completed prior to referral</b></p> <p><b>Those requiring domiciliary treatment</b></p> <ul style="list-style-type: none"><li>• Referrer to redirect referral to JCR using HSCC form (insert hyperlink)</li></ul> <p><b>Facial Palsy/Bells Palsy</b></p> <ul style="list-style-type: none"><li>• Should be referred to specialist service in East Grinstead</li></ul> <p><b>Antenatal/Post-natal for labour related pain or urinary incontinence</b></p>
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	For referral to POGP specialist physiotherapist
<p><b>Urgent</b> MSK</p> <ul style="list-style-type: none"> <li>- Offer an appointment within 7 working days</li> <li>- Or as per Orthopaedic post op timescales.</li> <li>- Patients aged 16 years and above with the following</li> </ul>	<p><b>Spinal pain (could include arm/leg pain)</b></p> <ul style="list-style-type: none"> <li>• Debilitating function</li> <li>• Whiplash symptoms (up to 3 months since incident)</li> </ul> <p><b>Recent fractures less than 6 months</b></p> <ul style="list-style-type: none"> <li>• Unless re-referral due to healing complications.</li> </ul> <p><b>Post- operative less than 3 months.</b></p> <ul style="list-style-type: none"> <li>• Cases where surgery greater than 3 months to be considered on an individual basis.</li> </ul> <p><b>Continuation of rehabilitation from alternative NHS provider</b></p> <ul style="list-style-type: none"> <li>• Previous physiotherapy notes/treatment summary required</li> </ul> <p><b>Following injection therapy less than 1 month previous</b></p> <ul style="list-style-type: none"> <li>• To maximise rehabilitation potential from procedure.</li> </ul> <p><b>NHS staff</b></p> <ul style="list-style-type: none"> <li>• In accordance with Boorman review and 5 year forward view for staff health and well being IF meets urgent clinical criteria (otherwise managed as routine but expedited)</li> </ul> <p><b>Current members or veterans of the armed forces</b></p> <ul style="list-style-type: none"> <li>• To align to the Community Covenant in working together with Military, to improve the health of veterans, serving personal and families of serving personnel should be prioritised as urgent IF meets urgent clinical criteria (otherwise managed as routine but expedited)</li> </ul> <p><b>Individuals highlighted through Cemplicity data collection</b></p> <ul style="list-style-type: none"> <li>• LSOA criteria</li> <li>• Pain disability</li> </ul> <p><b>MSK symptoms resulting from Cancer treatment within last 6 months</b></p> <ul style="list-style-type: none"> <li>• Particularly if required to support ongoing treatment such as Arm ROM for radiotherapy</li> <li>• For referral to specific oncology trained MSK physiotherapist</li> </ul>

	<p><b>Musculoskeletal symptoms related to postnatal phase – LBP, PGP or De Quervains tenosynovitis (3-12 months post-natally)</b></p> <ul style="list-style-type: none"><li>• To ensure timely care relevant to caring role for young child</li></ul> <p><b>Prehab to facilitate pending surgery if agreed pathway with surgeon</b></p> <ul style="list-style-type: none"><li>• i.e. ACL as per internal agreed pathway with ESHT/HH surgeons</li></ul> <p>The following functional problems will be taken into consideration when triaging a referral and may move a routine referral into an urgent one: If felt crucial to whole patient presentation. These symptoms will need to be clearly documented on referral.</p> <ul style="list-style-type: none"><li>• Unable to work (where employed) due to recent injury/current MSK condition</li><li>• Acute pain affecting sleep</li><li>• Patient is main carer and dependent care is compromised</li></ul> <p><b>Anything that has not met urgent criteria or meets exclusion criteria</b></p>
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Pelvic Health Service	
<b>Exclusions</b>	<p><b>The following referrals are to be forwarded to Bladder and Bowel as per bladder and bowel pathway:</b></p> <ul style="list-style-type: none"> <li>• Intermittent Self Catheterisation(ISC)/Dilatation (ISD)</li> <li>• Recurrent UTIs</li> <li>• Bladder Pain</li> <li>• Nocturia / enuresis</li> <li>• Neuro patients</li> <li>• Irrigation</li> </ul> <p><b>All MSK patients &gt; 3/12 post natal to be referred to MSK Physio team</b></p> <p><b>All other referrals not specific to the pelvic health service specification to be rejected with advice to referrer regarding onward referral.</b></p>
<b>Urgent</b>	<p><b>All ante-natal referrals (MSK / Urogynae)</b></p> <p><b>All post natal referrals with a pelvic floor dysfunction up to 1 year post natal</b></p> <p><b>All MSK post natal referrals up to 3/12 post natal</b></p> <p><b>RARPs</b></p> <p><b>OASI</b></p>
<b>Routine</b>	<p><b>Dyspareunia</b></p> <p><b>Perineal / vaginal / chronic pelvic pain</b></p> <p><b>Prolapse</b></p> <p><b>SUI</b></p> <p><b>MUI</b></p>

	<p><b>Urogynae with Obstructive defecation</b></p> <p><b>All PN referrals over 1 year PN with urogynae symptoms</b></p> <p><b>Faecal/anal incontinence patients who need further specialised pelvic floor training i.e. stim / biofeedback</b></p>
<b>Aquatic Physiotherapy</b>	
<b>Indications for Aquatic Physiotherapy</b>	<p><b><u>ACUTE/SUB-ACUTE REHABILITATION</u></b></p> <p>Aquatic physiotherapy can be especially beneficial for patients who find "dry land" rehabilitation difficult and/or painful. Patients can be seen individually or in groups and the number of pool sessions prescribed will depend on the patients' progress, and on the agreed goal(s) of treatment.</p> <p><b>SUITABLE CONDITIONS:</b></p> <p>Upper/lower limb fracture/dislocation (can be FWB, PWB, NWB); stable spinal fracture; investigated acute back pain; arthroplasty; MUA; amputees; peripheral/spinal joint decompressions; tendon/ligament injury and repairs e.g. ACL's, rotator cuff, Achilles tendon, ankle sprains etc. Also patients who are unwilling to mobilise due to loss of confidence following a fall.</p> <p><b><u>NON-ACUTE PAIN MANAGEMENT</u></b></p> <p>Patients with chronic pain who wish to learn how to help themselves can access short-term input to learn a self-management program. They would be expected to continue at their local pool and/or our self-help groups.</p> <p><b>If patients are unable/unwilling to self manage their condition – DO NOT REFER TO AQPT – as we are unable to provide ongoing NHS treatment for chronic conditions.</b></p> <p><b>SUITABLE CONDITIONS:</b></p> <p>Multiple joint problems, mechanical spinal pain, osteoarthritis, osteoporosis, hypermobility, failed spinal surgery, CRPS, axial spondyloliarthropathy, rheumatoid arthritis (must have a stable cervical spine).</p> <p>NB : See separate guidelines for <b><u>neurological referrals</u></b>.</p>