

Referrals/consent pathway – Prioritisation of referrals

Owner:	Michael Mundy/Benjamin Thomas
Approved by	Therapies Clinical Governance Approval Group
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Key Amendments

Date	Amendments	Approved by:
25th January 2023	Document extended to 30th June 2023 whilst under review.	Dr J Trevelyan/ Benjamin Thomas
23 rd May 2023	Document reviewed and separated by speciality (Musculoskeletal/Pelvic Health/Rheumatology)	Michael Mundy/Benjamin Thomas

Prioritisation Levels – MSK Physiotherapy

Tier	Definition	Examples	Action
Priority 1 (Urgent)	Patients to be seen in <1 week	<ul style="list-style-type: none"> Post MUA or Capsular release surgery Hand tendon repairs/Splinting requirements inc Trapeziectomy, Dupuytren's – urgent referral to OT Nerve repairs Patients requiring changes to braces and/or boots – timings as per post op instructions and protocol List not exhaustive and clinical reasoning to be used 	<p>Face to face usually required.</p> <p>Consider virtual management where possible based on patient preference and clinical reasoning.</p> <p>Able to offer at all sites</p>
Priority 2 (Urgent)	Patients to be seen in <2 weeks	<ul style="list-style-type: none"> ACL Surgery Arthroplasty/revision/replacement surgery Acute trauma – soft tissue, ligamentous, bone (If seen by physio in trauma clinic may not need to be seen within 2/52) Achilles ruptures/repairs Oncology – mastectomy, lumpectomy, neck dissection Suspected Chronic regional pain syndrome Paediatric Musculoskeletal conditions <i>Priority 3 patients who have been waiting >3 months</i> List not exhaustive and clinical reasoning to be used 	<p>Face to face or virtual management based on patient preference and clinical reasoning.</p> <p>Able to offer at all sites</p>

Priority 3 (Routine)	Patients to be seen in <3 months	<ul style="list-style-type: none">• Chronic pain• OA• Degenerative non-urgent pathologies• Vestibular• List not exhaustive and clinical reasoning to be used	Face to face or virtual management based on patient preference and clinical reasoning. Able to offer at all sites
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