

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	Dr J Trevelyan/
	under review.	Benjamin Thomas
23 rd May 2023	Document reviewed and separated by	Michael
	speciality (Musculoskeletal/Pelvic	Mundy/Benjamin
	Health/Rheumatology)	Thomas

Prioritisation Levels - Pelvic Health Physiotherapy

Tier	Definition	Examples	Action
Priority 1 (<i>Urgent</i>)	Patients to be seen in <1 week	 Pelvic Girdle pain that cannot be managed with video advice 	Face to face usually required.
	VI WGGK	(List not exhaustive and clinical reasoning to be used)	Consider virtual management where possible based on patient preference and clinical reasoning. Able to offer at all sites
Priority 2 (Urgent)	Patients to be seen in <2 weeks	 Post-natal diastasis (between 2-4 weeks) Post-natal pelvic floor dysfunction Post-natal pelvic girdle pain 3rd/4th degree tears (seen on ward, telephone call at 6 weeks) Post lat dorsi reconstruction (4 weeks) Antenatal carpal tunnel Post natal de Quervains Tenosynovitis 	Face to face or virtual management based on patient preference and clinical reasoning. Able to offer at all sites
Priority 3 (Routine)	Patients to be seen in <3 months	 Pelvic floor dysfunction- including Stress urge incontinence/urge incontinence, prolapse, bowels problems Post urology surgery (prostatectomy, TURP) 	Face to face or virtual management based on patient preference and clinical reasoning. Able to offer at all sites

PHYSIOTHERAPY PATHWAY WAHT-TP-011



 Pelvic pain not related to pregnancy 	NHS
 Post uro-gynae surgery 	