GP Update

Allied
Health Professionals
Suffolk

Notifications:

Virtual/Face to Face Clinics

- We are operating a virtual first policy in line with the Chartered Society of Physiotherapy guidelines during COVID; this means patients will initially have a telephone call and/or video call.
- We are continuing to see face to face patients with strict criteria, where clinically needed and risk assessments have been completed.
- Any patients who you feel require BaNS, Peripheral ESP, Physiotherapy or Orthopedic input can be referred through SPoA and triaged directly from here.

Hip/Knee Pathway

- Those who may require a TKR or THR will need to see physiotherapy for a referral to be completed.
- The threshold criteria for total hip and knee replacements is a **BMI of 35 or under**
- **We are currently unable to order routine x-rays for hip/knee replacement referral due to COVID.** Therefore, unless there is already an x-ray demonstrating OA in the past **6 months** these patients will be placed on a waiting list until radiology resume routine x-rays.

A&E Pathway

- If you suspect a **partial or total Achilles rupture, finger tendon, quadriceps tendon or distal biceps tendon rupture** please refer immediately to **A&E** not to Physiotherapy
- If you suspect a patient has **Cauda Equina** please refer immediately to **A&E** not through SPoA or to Physiotherapy.

As a reminder, we are not contracted to see the following, these groups are treated by Ipswich Hospital:

- Trigger Finger/Thumb, Ganglion's and Cysts (T9 threshold pathologies)- referred **via SPOA** by GP if indicated by Threshold guidelines.
- Women's/Men's health**- via SPoA**
- Treat anyone aged under 16- **via SPoA**
- Pregnancy associated MSK pain- **via SPoA or patient can self-refer to Finn Clinic (details on the front on patient's maternity notes)**
- Central Neurological problems/balance problems- **via e-refer to IHT**
- Post-operative Physiotherapy (up to 6 months Post-op)- **via GP Post-Operative Outpatient form via email**
- Vestibular pathologies- **via e-refer to IHT**

Carpal Tunnel pathway:

Mild/moderate symptoms should usually be managed conservatively in primary care for 6/12 and have nocturnal splinting and up to x2 steroid injections before referral considered. Severe symptoms should be referred on immediately on the pathway– e.g., sensory blunting/muscle wasting/weakness on thenar abduction/ or symptoms significantly interfering with daily activities. **Referral by GP directly to consultant via SPoA.**

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