Paediatric Physiotherapy

Referral Guidance / Service Directory (DRAFT)

 (For GP’s and other **external** referrers)

To minimise referral rejections please use the following table to ensure the child / young person is referred to the correct physiotherapy service. There are 7 options below with inclusion criteria outlined and the service name /referral process.

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|  **Physiotherapy MSK Outpatient Service****Referral via ERS**Speciality: PhysiotherapyClinic Type: MSKService name : Physiotherapy MSK | **Paediatric Rheumatology Outpatient service****Referral via ERS**Speciality: PhysiotherapyClinic type: MSKService name:Rheumatology RAS | **Paediatric Orthopaedic Physiotherapy Service****Referral via ERS**Speciality: PhysiotherapyClinical type: MSKService name:Physiotherapy Paediatric Orthopaedic RASFull referral guidance and advice is available on the RMS website[Paediatric Orthopaedic Physiotherapy Service (kernowccg.nhs.uk)](https://rms.kernowccg.nhs.uk/rms/primary_care_clinical_referral_criteria/primary_care_clinical_referral_criteria/orthopaedics/paediatric_orthopaedic_physiotherapy_service) |
| ***Patients aged 5 - 9 years*** *will be seen at their closest RCHT Outpatient MSK Physiotherapy dept.* ***Patients aged 10 years and above*** *will be seen by CPFT in their local hospital physiotherapy department**Referrals are triaged through the one referral service as above.*Inclusions: * Post Op management of fractures / trauma
* Post immobilisation management of fractures (if required)
* Traction Apophysitis

e.g. Severs, Osgood Schlatter's, Sinding Larsen’s* Soft tissue injury
* Single joint area hypermobility
* Single joint pain / acute soft tissue lesions due to Hypermobility

**Note re Spinal Pain**Please read the Paediatric Back Pain guidelines re specific red flags in the Paediatric population[Back Pain (kernowccg.nhs.uk)](https://rms.kernowccg.nhs.uk/rms/primary_care_clinical_referral_criteria/primary_care_clinical_referral_criteria/orthopaedics/rms/primary_care_clinical_referral_criteria/primary_care_clinical_referral_criteria/orthopaedics/paediatric_orthopaedic_physiotherapy_service/rms/BP)If red flags Paediatric admission requiredNB. Children 5 years and below with persistent Back and / or Neck pain must have Paediatrician review / Investigations to rule out serious pathology prior to referralIn absence of red flags:For patients age 0-9 years, refer to the Paediatric Orthopaedic Physiotherapy ServiceFor patients age 10 years and over, refer to this MSK serviceNB all known scoliosis without red flags 0-18 should be referred to the Paediatric Orthopaedic Physiotherapy serviceAcute spinal pain where there appears to be an obvious diagnosis should be seen by MSK. Chronic Spinal Pain may also need involvement of the paediatric clinical health psychology service.The patient needs to be under one of RCHT acute medical teams and referral is via maxims. Contact rcht.paediatricpsychology@nhs.netfor information.Pain Management RCHT may accept referrals for older adolescents (16-18) Consider a referral to Pain Clinic or the Bath Adolescent Chronic Pain Programme). | Please follow the RMS Paediatric Joint Pain and Hypermobility Guidelines[Joint Pain and Hypermobility (kernowccg.nhs.uk)](https://rms.kernowccg.nhs.uk/primary_care_clinical_referral_criteria/primary_care_clinical_referral_criteria/orthopaedics/rms/primary_care_clinical_referral_criteria/primary_care_clinical_referral_criteria/orthopaedics/paediatric_orthopaedic_physiotherapy_service/joint_pain_and_hyper)Referrals from Primary Care of children with suspected Rheumatological diagnosis should be directed to **General Paediatrics****Refer suspected JIA as urgent, do not wait for blood test results**Refer children with symptomatic hypermobility, known Rheumatological Conditions and those under investigation requiring Physiotherapy to the Paediatric Outpatient Rheumatology Service, including:* Juvenile Chronic Arthritis
* Juvenile Dermatomyositis
* Scleroderma
* Osteoporosis
* Ehlers-Danlos syndrome (EDS)
* Scheuermann's disease
* Inflammatory back pain
* Multiple area joint Hypermobility
* CRMO (Current Recurrent Multifocal Oesteomylitis)

**Note re Hypermobility Referrals** If Hypermobility is mild, or only causing single joint area Problems, please refer to Physiotherapy MSK Service insteadIf Hypermobility is presenting with developmental delay rather than pain / functional impairment (particularly in the under 5’s) please refer to Children’s Community Therapy Services If complex, repeat problems, multiple joints involved or queries exist over diagnosis, refer to the Physiotherapy Paediatric Rheumatology ServicePatients with complex hypermobility may need an MDT approach with access to Rheumatology, Paediatric Consultants as well as Physiotherapy and OT (to help with splinting for support).Pain Management may also be able to provide support / advice on pacing, stretching (but not to increase range of movement), and strengthening | **This service is NOT a general paediatric MSK service**:**The service accepts referrals for****Children and young people aged 0-18 years presenting with very specific paediatric orthopaedic conditions only.** * Congenital Talipes Equino Varus
* Positional Talipes Equino Varus
* Calcanovalgus feet
* Torticollis
* Plagiocephaly
* Erbs Palsy / Brachial Plexus Injury
* Developmental dysplasia of the hip
* Newly diagnosed DDH or suspected DDH
* Scoliosis (All aged 0-18) in the absence of red flags
* Gait abnormalities
* In toeing / out toeing if meet inclusion criteria

[Intoeing (kernowccg.nhs.uk)](https://rms.kernowccg.nhs.uk/rms/primary_care_clinical_referral_criteria/primary_care_clinical_referral_criteria/orthopaedics/rms/primary_care_clinical_referral_criteria/primary_care_clinical_referral_criteria/orthopaedics/paediatric_orthopaedic_physiotherapy_service/rms/INT)[Outtoeing (kernowccg.nhs.uk)](https://rms.kernowccg.nhs.uk/rms/primary_care_clinical_referral_criteria/primary_care_clinical_referral_criteria/orthopaedics/rms/primary_care_clinical_referral_criteria/primary_care_clinical_referral_criteria/orthopaedics/paediatric_orthopaedic_physiotherapy_service/rms/OUT)* Flat feet age 5 yrs and below if meet inclusion criteria

[Flat Feet (kernowccg.nhs.uk)](https://rms.kernowccg.nhs.uk/rms/primary_care_clinical_referral_criteria/primary_care_clinical_referral_criteria/orthopaedics/rms/primary_care_clinical_referral_criteria/primary_care_clinical_referral_criteria/orthopaedics/paediatric_orthopaedic_physiotherapy_service/rms/FF)* Any congenital orthopaedic abnormality in a neonate including congenital absence of limbs (congenital amputees)
* Back/neck pain age 0-9 years only in the absence of red flags

NB. Children 5 years and below with persistent Back and / or Neck pain must have Paediatrician review / Investigations to rule out serious pathology prior to referralPost operative follow up of paediatric specific orthopaedic conditions e.g.: * Limb lengthening
* DDH Surgery
* Perthes
* Sternomastoid release
* Brachial Plexus Surgery
* Surgery following paediatric foot disorders (unless already known to the CCTS)

Any child undergoing planned orthopaedic surgery where the child is known to another Paediatric Physio team but where specialist orthopaedic skills are required. |
|  **Physiotherapy Respiratory** **Outpatient Service****Referral Via ERS****Speciality:** Physiotherapy**Clinical type:** Respiratory**Service Name:** Physiotherapy Respiratory | **Hydrotherapy Outpatient service****Referral Via ERS****Speciality:** Physiotherapy**Clinical type:**Not otherwise specified**Service Name:**Hydrotherapy RAS |  |
| ***Cystic Fibrosis Team*** * All children diagnosed with Cystic Fibrosis

***Paediatric Team*** * Non-CF Respiratory Conditions
* Advice to CCTS staff regarding management of respiratory complications for children with neuro-developmental conditions (with shared treatments if required)
 | * Juvenile Idiopathic Arthritis
* Juvenile Ankylosing Spondylitis
* Ehlers-Danlos Syndrome
* Scheuermann’s Disease
* Single and multiple joint pain due to Hypermobility (see notes above)
* Inflammatory back pain / low back pain (see Spinal Pain advice above)

Post OP:* Leg lengthening
* DDH
* Perthes
* Fractures/trauma
* Slipped epiphysis
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| **Children’s Community Therapy Services (CTTS)****Make Referral via letter / referral form to****rch-tr.ChildrensCommunityTherapy@nhs.net****.**Referral forms are available from the email address above. | **Chronic Fatigue Syndrome / Myalgic Encephalomyelitis Service****Referral Via ERS****Service name**:Chronic Fatigue (CFS/ME) Clinical Immunology |
| For any patient with Neurological presentation refer to PaediatricsFor any patient with Physical Disability concerns including co-ordination problems, please see Community Paediatric referral guidelines [Physical Disability Concerns including Coordination Problems (kernowccg.nhs.uk)](https://rms.kernowccg.nhs.uk/primary_care_clinical_referral_criteria/rms/primary_care_clinical_referral_criteria/paediatrics/primary_care_clinical_referral_criteria/rms/primary_care_clinical_referral_criteria/paediatrics/community_paediatrics_/physical_disability_concerns_including_c)The Children’s Community Therapy Services Team see patients with:* 0-18yr’s with Neurological presentation or diagnosis and/or Developmental delay.
* 0-18 yrs with a medical condition that results in the main presenting problem being developmental delay / functional impairment.
* 0-18 yrs presenting with complex needs on discharge from regional centres, needing intensive rehab in the community.
* The team also see 0-18 yrs who need community follow-up following Non-Neuro Specialist Physiotherapy assessment / in-put, and where prior discussion and agreement has been reached.

 e.g. to implement a treatment plan as devised by the specialist.The specialist Physio will provide any training / upskilling required for CCTS therapy staff to implement, and will be asked to provide a management plan. . | Under 16 years must be under a paediatrician for referral to the Chronic fatigue / ME service.This service has 3 pathways- Therapy is provided by Occupational therapists in the team. Referral is made to the one ERS option above.Please contact the email below if you have queries about the CF/ME servicercht.cfsme@nhs.net |