

**Paediatric
Orthopaedic
Physio**

Children (age 0-18 if in fulltime education) presenting with paediatric specific orthopaedic conditions:

- Congenital Talipes Equino Varus
- Positional Talipes (Equino varus or Calcaneovalgus feet)
- Torticollis
- Plagiocephaly / Brachycephaly
- Erbs Palsy / Brachial Plexus Injury
- Developmental dysplasia of the hip
- Symptomatic Gait abnormalities
- Symptomatic Torsional variations
- Symptomatic Pes planus
 - (under 5 years only)
 - (Over 5 years refer to Podiatry Department)
- Traction Apophysitis e.g. Sever's or Osgood Schlatter's
- Any congenital orthopaedic abnormality in a neonate including congenital absence of limbs (congenital amputees)

Post-operative follow up of paediatric specific orthopaedic conditions e.g.:

- Ilizarov (*external fixation for leg lengthening or non-union*)
- Leg 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 required.

All children under 5 with MSK complaints/post fracture etc

A child of any age who had previously seen an MSK physio or where a second opinion was asked for

Request to give advice or treat a child of any age if after MSK assessment it was felt they had paediatric specific problems, their symptoms did not fit a musculoskeletal pattern, or there was difficulty with their treatment

Children under 10 who have back pain in the absence of paediatric specific red flags (see "RCHT Care Pathway and Guidelines for the Physiotherapy Management of Paediatric Back Pain")

Children under 5 with a rheumatology problem in absence of neuro / development delay (these go to Childrens community therapy services)

<p>Rheumatology Physio</p>	<p>Children over 5 yrs old, presenting with, or being investigated for, Rheumatological Conditions such as:</p> <ul style="list-style-type: none"> • Juvenile Chronic Arthritis • Juvenile Dermatomyositis, • Scleroderma, • Osteoporosis, • Ehlers-Danlos syndrome (EDS), • Scheuermann's disease, • Inflammatory back pain. • Single and Multiple joint Hypermobility <p>Hypermobility Referrals –</p> <p>If Hypermobility is mild, or only causing single joint problems e.g. Knee pain in a keen sports person then general MSK should be able to manage the patient.</p> <p>If complex, repeat problems or multiple joints involved in single presentation or queries exist over diagnosis then Rheumatology Physio should manage them.</p> <p>If Hypermobility presenting with developmental delay rather than pain / functional impairment (particularly in the under 5's) refer to Children's Community Therapy Services (ex CDC)</p> <p>They may need MDT Approach with access to Rheumatology, Paediatric Consultants as well as Physiotherapy and OT (to help with splinting for support).</p> <p>Pain Management may also be able to provide support / advice on pacing, stretching (but not to increase range of movement), and strengthening,</p>
<p>General MSK O/P Physio</p>	<p>Non paediatric specific conditions e.g.:</p> <ul style="list-style-type: none"> • Post Op management of fractures / trauma • Post immobilisation management of fractures (if required) • Soft tissue injury • Single joint pain / Acute soft tissue lesions as a result of Hypermobility <p>10 years old and over → refer to local O/P Physio dept.</p> <p>Between 5 and 10 → refer to closest RCHT O/P Physio dept (based at RCHT, WCH, Stennack Surgery, St Michaels Hospital)</p> <p>Under 5 → refer to Paediatric Orthopaedic Physio service via RMS</p> <p>Spinal Pain</p> <p>See the "RCHT Care Pathway and Guidelines for the Physiotherapy Management of Paediatric Back Pain"</p>

	<p>Should be seen by experienced /Senior MSK physio not Junior staff</p> <p>Chronic Spinal Pain may need involvement of the child psychologists based at the children's centre. The psychologists may then work with the physios based there.</p> <p>Pain Management RCHT may accept referrals for older adolescents (16-18)</p> <p>You might also consider suggesting a referral to Pain Clinic or the Bath Adolescent Chronic Pain Programme).</p>
Respiratory Physio	<p>Cystic Fibrosis Team</p> <ul style="list-style-type: none"> • All children diagnosed with Cystic Fibrosis <p>Paediatric Team</p> <ul style="list-style-type: none"> • Non-CF Respiratory Conditions • Advice to CCTS staff regarding management of respiratory complications for children with neuro-developmental conditions (with shared treatments if required)
Hydrotherapy (direct referral)	<ul style="list-style-type: none"> • Juvenile Idiopathic Arthritis • Juvenile Ankylosing Spondylitis • Ehlers-Danlos Syndrome • Scheuermann's Disease • Single and multiple joint pain as a result of Hypermobility (see notes above) • Inflammatory back pain / low back pain (see Spinal Pain advice above) <p>Post OP:</p> <ul style="list-style-type: none"> • Leg lengthening • DDH • Perthes • Fractures/trauma • Slipped epiphysis
Women's Health / Continence Physiotherapy	<ul style="list-style-type: none"> • Incontinence associated with co-morbidity e.g. CF • Teenage Pregnancy post-delivery complications e.g. 3°/4° tears, 2+ risk factors, post-partum urinary/faecal incontinence
Children's Community Therapy Services (ex CDC)	<ul style="list-style-type: none"> ▪ Children with Neurological or developmental conditions. ▪ Children with a medical condition that results in the main presenting problem being developmental delay rather than pain / functional impairment e.g. Hypermobility, osteogenesis imperfecta, Achondroplasia. ▪ Children needing intensive rehab in the community e.g. Post amputation, burns, <i>Acquired Brain Injury</i>, post meningitis

	<ul style="list-style-type: none"> ▪ Children who need community follow-up following Non-Neuro Specialist Physio assessment / in-put e.g. for education / reassurance to parents / carers / teachers or to implement a treatment plan as defined by the specialist e.g. Rheumatology / Respiratory / Paediatric Orthopaedics/oncology. ▪ The specialist Physio will provide any training required for the CCTS therapy staff to do this, and may be asked to provide a management plan.
<p>Not a Physiotherapy Referral</p>	<ul style="list-style-type: none"> ▪ ME / Chronic Fatigue – not traditionally a Physiotherapy role but if Physiotherapy in-put is required it can be provided by CCTS as long as the specialist ME Services case manage the patients and advise the CCTS staff of the in-put required. ▪ Obesity management