Paediatric Orthopaedic Triage Service (POTS) - GP Information

1) Is this being done anywhere else in New Zealand/the world?

Yes, internationally the UK, Canada, Australia, and some Nordic countries, have well established paediatric orthopaedic physiotherapy clinics seeing a wide range of conditions. Demonstrated outcomes include improved patient journey and satisfaction, cost effectiveness and surgical conversion rates.

A number of DHBs around New Zealand are adopting paediatric physiotherapy involvement within their orthopaedic departments.

2) How can I refer to the Paediatric Orthopaedic Triage Service (POTS) service?

On BPAC use: BOPDHB – Public, Surgery, Orthopaedic - Paediatric Orthopaedic Triage Service (POTS)

3) Who should I refer?

Children (16 years and under) with non-urgent paediatric postural variants requiring specialist orthopaedic assessment. This includes:

Intoeing/OuttoeingFlat FeetToe WalkersCurly ToesBow LegsKnock Knees

4) Who should not be referred?

- Musculoskeletal conditions not listed above in scope
- Adults (16 years and over)
- ACC patients

5) Will this pilot service see ACC patients?

No

6) How do I know which patients require specialist orthopaedic assessment?

Not all paediatric patients with non-urgent postural variants require a specialist assessment. Localised Healthcare Pathways for primary practise will be available to access to assist with the assessment and management of patients with non-urgent paediatric postural variants. The Health Pathways include information on red flags, assessment advice, and appropriate management, as well as patient handouts and clear information on who to refer and when.

7) How do I access the Health Pathways?

Midland Region Community Health Pathways can be accessed via your PMS software or directly via the internet:

Health Pathways – BPAC Health Pathways – Mohio Health Pathways – Indici Health Pathways – Internet

For assistance or login issues please email <u>healthpathways@healthshare.co.nz</u>

Search "Orthopaedics" and click on "Orthopaedic – Child" for a range of paediatric postural conditions. New localised health pathways will be made available for the following:

Intoeing/Outtoeing Flat Feet Toe Walkers Curly Toes Bow Legs Knock Knees

8) Where will the patients be seen?

POTS clinics will operate from the Orthopaedic Outpatients Clinic at Tauranga Hospital. This is to allow for co-location with the paediatric orthopaedic surgeons so physiotherapists can consult with surgeons directly if required.

Once established, clinics will then be set up within Whakatāne Hospital. The long-term intent is to relocate these clinics into the community based on community need.

9) Are there any costs involved?

No, there is no cost to patient or GP.

10) Once I have referred a patient what can I expect?

An appointment will be made to see a paediatric orthopaedic physiotherapist within four weeks of referral. The patient will be assessed, provided with education, treatment, and a management plan, which will be outlined in a clinic letter back to the referrer.

The plan may involve monitoring of the condition, onward referral to another service if indicated (i.e. paediatrics or Child Development Service), ongoing paediatric physiotherapy management (such as casting), or referral back to primary care with advice and education.

11) What is a paediatric orthopaedic physiotherapist?

An experienced and highly skilled physiotherapist (greater than 10 years' clinical experience) in paediatric physiotherapy. All hold a post-graduate qualification relevant to paediatric physiotherapy and have a strong commitment to ongoing education, maintaining national and international networks and delivering training opportunities.

12) Can the physiotherapist screen for serious pathology?

Yes, evidence suggests that experienced paediatric physiotherapists are just as likely to detect serious pathology as a trained doctor.

International evidence also suggests that paediatric physiotherapists are able to accurately identify patients requiring surgery and demonstrate substantial agreement with Consultants on surgical management decisions.