



# Echuca Regional Health

## ERH Fracture Clinic (EFC) Referral

(See reverse for referral guidelines) v2021.05

Orthopaedic Surgeon

Patient label (if available)

Please send referral to EFC The Hopwood Centre via  
fax | **03 5485 5833** or email | **echucafractureclinic@erh.org.au**

IDENTIFY

Patient Name: \_\_\_\_\_ Mobile/Phone: \_\_\_\_\_  
 Date of birth:            /            /            Email Address: \_\_\_\_\_  
 Medicare No.: \_\_\_\_\_ Next of Kin: \_\_\_\_\_  
 General Practitioner: \_\_\_\_\_ NOK Contact: \_\_\_\_\_  
 Date of referral:            /            /            Ref Source:     ED     INPATIENT     GP

SITUATION

Date of injury:            /            /            Injured side:     Left     Right  
 Injury/s Identified: \_\_\_\_\_  
 \_\_\_\_\_  
 Mechanism of Injury: \_\_\_\_\_  
 \_\_\_\_\_  
 Imaging located at: \_\_\_\_\_

BACK GROUND

Comorbidities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ASSESSMENT/ TREATMENT

D/W Ortho Registrar:     Yes     No    Name: \_\_\_\_\_  
 Initial Management: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 EFC will inform patient if re x-ray required prior to appt.

Clinician: _____	Provider No: _____	Signature: _____	Contact Number: _____
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RECOMMEND

**EFC – Triage**  
 Date Triaged:            /            /            Outcome:     Telehealth     Face to Face     Plaster     Not Appropriate  
 Imaging on Arrival:     Yes             No            Appointment Date and Time: \_\_\_\_\_

	GP or Private Physio	Echuca Fracture Clinic Referral	Inpatient Orthopaedics
	Refer patient to GP or Physio for follow-up for:	Refer patient to # clinic (Face to Face or Telehealth) for	Discuss case with Orthopaedic Registrar (Bendigo) for:
General	Simple isolated un-displaced fractures Significant soft tissue injuries, specific fractures or dislocations	Significant fractures that are likely to require orthopaedic input for management. Complex, closed fractures.	Open, complex, comminuted, displaced fracture that are likely to need time critical / urgent surgical management. Any neurovascular change or compromise (e.g., compartment syndrome, limb ischaemia)
Shoulder	ACJ sprain (Grade 1-2) Rotator cuff injuries Recurrent shoulder dislocations Simple, mid-shaft clavicle fractures	First time shoulder dislocations, or new Hill-Sachs/Bankart lesions Complex clavicle fracture (>2cm shortening, lateral 3 <sup>rd</sup> clavicle) Acute, traumatic rotator cuff injuries. ACJ disruption (Grade 3-4) Scapular fractures (intra-articular and body)	ACJ sprains (Grade 5-6) SCJ dislocations
Upper Arm	Nil	All SNOH (incl paediatric) or Greater Tuberosity fractures (minimally displaced). Midshaft humerus fractures	Midshaft humerus fracture <u>WITH</u> neurovascular compromise
Elbow	Radial head (Mason Type 1) fractures (review at 1 week)	Radial head (Mason type 2-3) fractures Gartland 1 Supracondylar humerus fractures (Paediatric) Biceps ruptures Olecranon, coronoid, capitellum, medial/lateral epicondylar fractures	Complex elbow injuries (e.g. terrible triad) Gartland 2-3 Supracondylar Humerus fractures Elbow dislocations (reduce in Emergency 1 <sup>st</sup> )
Wrist Forearm	Minimally or undisplaced buckle or greenstick fractures. Wrist sprains (inc. triquetral avulsions)	Distal radius fractures (all ages) Scaphoid fractures (proximal, waist and tubercle) Reduced radial and ulna fractures	Irreducible/significantly displaced and/or angulated fractures or have an acute carpal tunnel syndrome
Hand	Closed phalangeal, undisplaced rotationally stable fractures	Metacarpal fractures, PIPJ and DIP joint injuries.	Open metacarpal fractures. Open fracture/dislocations
Hip Leg	Nil	ASIS, AIIIS avulsion fractures (Paediatric) Ischial avulsion fractures	Femur/pelvis fractures, Neck of Femur fractures
Knee	Subacute ligamentous/meniscal injuries Un-displaced patella fractures Recurrent patella dislocations	Acute ligament injuries (Segond fractures) Meniscal injury causing locked knee. Tibial spine (ACL footprint) avulsion fractures. Reduced traumatic patella dislocation (1 <sup>st</sup> time) Quad/patella tendon rupture	Knee dislocations (Adult) Proximal tibial physeal injury (Paediatric) Displaced patella fractures Tibial plateau fractures
Ankle	Lateral ligament injuries (Grades 1-2-3) Minimally displaced Weber A fracture (CAM Boot)	Ligamentous injury (Gr 3) with unstable ankle Achilles rupture (place in equinus slab) Weber B and C ankle fractures (<2mm minimally displaced)	Ankle fracture dislocation/open fractures Displaced Weber B/C (despite reduction attempts) Tibial plafond ankle fractures
Foot	Undisplaced fractures (EXCEPT talus) Soft-tissue injury with inability to weight bear.	Base of 5 <sup>th</sup> Metatarsal fractures Closed minimally displaced Tarso/metatarsal (Lisfranc) injuries	Calcaneal or talus fractures. Fracture dislocations e.g., peri-talar dislocations
Toe	Closed, un-displaced, rotationally stable fractures	Displaced 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> toe fractures All great toe fractures Plantar plate injuries	Open fractures

