Kootenay Orthopaedics & Sports Medicine

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OrthopaedicFoot&AnkleSurgery

Referral Guide

REFERRAL requirements:

- Choose ***either left or right side***. Referrals for bilateral pathologies will be returned.

- Indicate ***all interventions attempted*** and any clinical improvements with each intervention otherwise it will be assumed non operative treatments have not been attempted and referral will be triaged as less urgent.

- If patients' symptoms improve and no longer need to be seen please send a note to the office to take these patients off the waitlist.

All orthopaedic foot and ankle referrals need WEIGHTBEARING foot and ankle x-rays.

Please DO NOT refer:

- Peripheral neuropathy/toe paresthesias without deformity or ulcer formation. Neuropathic pain should be treated medically. There is no role for surgical intervention in these cases.

- Ulcers in patient with vessel calcification visible on foot x-rays and pulses that are not palpable. These patients need a CTA and if significant disease is present, vascular consultation should be considered first.

- Soft tissue masses (ie. ganglion cysts) without confirmatory imaging (US or MRI).

- Patients with pathologies not causing significant pain or dysfunction. Foot and ankle surgery will not be considered for cosmetic purposes.

Common Non-Operative Foot & Ankle Pathologies

Achilles tendinopathy
Plantar fasciopathy
Hallux valgus
Toe deformities
Morton's neuroma*
Ankle instability**

The above common foot and ankle pathologies often **DO NOT** need surgical intervention and are better treated conservatively. For these pathologies, surgical intervention should be the last resort and referral to an orthopaedic surgeon should only be made once conservative measures have been fully exhausted.

To help expedite getting patients with surgical pathologies seen for orthopaedic foot and ankle consultations, I have put together a toolbox on **Pathways** to help primary care practitioners conservatively manage these common foot and ankle issues.

Please refer to these to maximize non operative treatment modalities prior to referral.

For the above pathologies:

- Refer only after ***no improvement*** after a good trial of non operative treatment modalities for ***at least 3 months.***

- If patients are seeing some improvement at 3 months, then continue non operative treatment modalities until a plateau is reached. If at that point there is still significant functional disability then refer to orthopaedic surgery.

*All referrals for ***Morton's neuromas*** that have exhausted conservative management should have confirmatory imaging. Only lesions above 1cm in size are candidates for surgical excision.

Patients with ***Ankle instability* can benefit from surgery but surgery is only indicated after patients have had an adequate 3 month trial of physio (exercise program and strengthening) and bracing with persistent functional disability.