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How can a Family Physicians led Triage Clinic help reducing Orthopaedics referral for patients with chronic low back pain and knee pain?

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Introduction

In order to enhance the gatekeeping role of family physicians, Family Medicine Triage Clinic (FMTC) was set up in KEC in August 2017 to manage stable patients with predefined orthopaedics conditions referred to Orthopaedics Specialist Outpatient Clinic (SOPC). Comprehensive assessment and pharmacological treatment by FM specialists according to evidence-based clinical guidelines, early non-pharmacological intervention by physiotherapists and occupational therapists are provided.

Objectives

To evaluate the diagnoses and outcomes of patients with chronic low back pain and chronic knee pain referred to FMTC

Methodology

All patients with chronic low back pain and chronic knee pain referred to FMTC from 18th August 2017 to 15th September 2017 were reviewed. Relevant clinical data were retrieved from CDARS.

Result

91 patients were referred to FMTC. 36 and 48 patients were referred for chronic low back pain and chronic knee pain respectively. 7 patients were referred for both conditions. Mean age of patients was 64.8 years old and 70.3% were female. 69.2% and 5.5% patients were referred for physiotherapy and occupational therapy respectively.

For the 55 patients referred for knee pain, 80% were diagnosed to have osteoarthritis; 7.3% and 3.6% were diagnosed to have patellofemoral pain syndrome and tendinopathy respectively. 9.1% were diagnosed to have bursitis, meniscal injury and medial plica syndrome, fractured femoral condyle and iliotibial band syndrome.

For the 43 patients referred for back pain, the most prevalent diagnosis was lumbar

disc disorder (37.2%), followed by lumbar spondylosis (20.9%), vertebral collapse (14.0%), spondylolisthesis (7%) and facet joint disease (7%), non-specific back pain (4.7%) and back muscle pain (4.7%), piriformis syndrome (2.3%) and sacroiliac joint pain (2.3%).

For those who had attended the clinic for more than once, 49.5% patients reported symptoms improvement after treatment. Only 15 (16.5%) patients required referrals to the Orthopaedics SOPC for further management. The indications for referrals were lumbar disc disorder with significant neurology, intra-articular loose bodies, meniscal injury, severe osteoarthritis, fracture femoral condyle and intramedullary bony infarct of the knee.

Conclusion:

Family physicians led Triage Clinic could manage adult patients with high prevalent orthopaedics conditions successfully, make timely diagnosis and referrals for those with serious diseases and reduce the workload in secondary care.