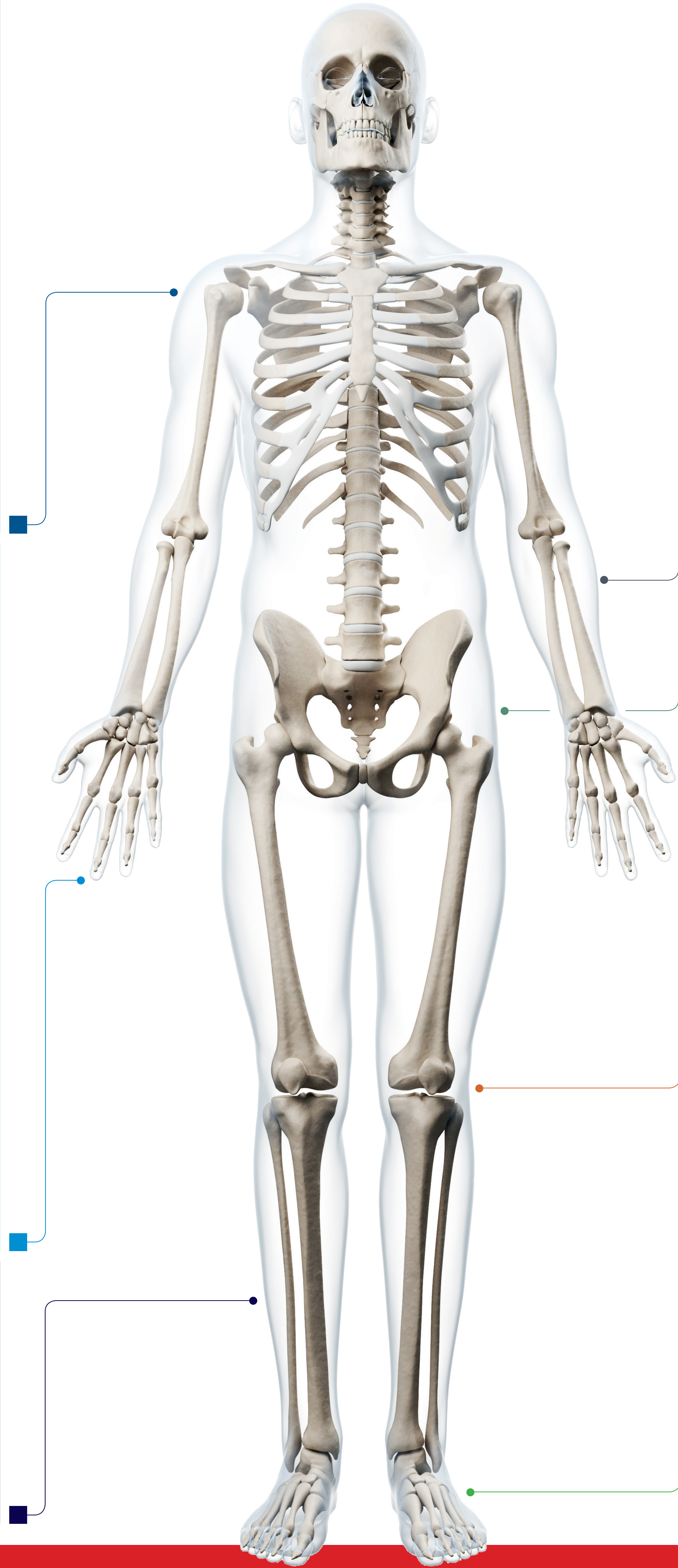


Shoulder and humerus			
Diagnosis	Initial treatment	Follow up	Specific info required of MPFC
Fractured clavicle Adult	Broad arm sling	Leaflet and MPFC	If undisplaced go to any fracture clinic If displaced / shortened comminuted go to shoulder clinic
Fractured clavicle Paediatric under 12 yrs of age	Broad arm sling	Leaflet and discharge	If displaced / off-ended go to MPFC
Fractured neck of humerus	Broad arm sling / collar and cuff	Leaflet and MPFC ? re nursing home / dementia patient	
Fractured shaft of humerus	Humeral brace	Leaflet and MPFC	
Dislocated shoulder	Broad arm sling	Leaflet and MPFC	<25 GMTS / SNSK clinics
Dislocated shoulder (irreducible) or fracture dislocation	Broad arm sling	ENP / doctor to refer to first on call to admit	
Acromio-clavicular joint sprain / separation injury	AP and axillary view, broad arm sling	Leaflet	If displaced >2mm to go to MPFC
Dislocated elbow	Reduce, x-ray and broad arm sling	Leaflet and if perfectly congruent refer to MPFC if no #; on call if #	
Supracondylar fracture humerus undisplaced Paediatric	Above elbow soft cast	Leaflet and MPFC	
Supracondylar fracture humerus displaced Paediatric	Above elbow back slab	ENP / doctor to refer to first on call to admit	
Fractured head / neck of radius undisplaced / minimally displaced	Broad arm sling	Leaflet and encourage movement	Aspirate if ↓ROM in adults
Fractured head / neck of radius – marginal / comminuted	Broad arm sling	Leaflet and MPFC	
Fractured olecranon undisplaced, extensor mechanism intact against gravity	Back slab and broad arm sling	Leaflet and MPFC	
Fractured olecranon displaced	Above elbow back slab and broad arm sling	ENP / doctor to refer to first on call – plan to admit to ORIF	Whether extensor mechanism intact again
Positive fat pad sign, no definitive fracture seen	Broad arm sling	Leaflet and discharge	

Hand			
Diagnosis	Initial treatment	Follow up	Specific info required of MPFC
Scaphoid fracture completely displaced	Below elbow soft cast. Refer to ortho for fixation	Leaflet and on call to plan surgery	Hand clinic for fixation
Scaphoid fracture if proximal pole or any other displacement	Below elbow back slab. Refer to ortho for fixation	Leaflet and early hand fracture clinic	Hand clinic for fixation
Possible scaphoid fracture	Ossur (black) wrist splint	Leaflet and MPFC	Nurse-led wrist injury clinic
Base / shaft thumb metacarpal	Soft cast thumb spica / Bennett's back slab	Leaflet and MPFC	
Base / shaft 1 st metacarpal Bennett's (intra articular)	Soft cast thumb spica / soft cast	ENP/Doctor to refer to first on call and plan date for fixation	
5 th metacarpal neck fracture	Bedford finger stalls	Leaflet and discharge	Document rotation
Fractured metacarpal neck / shaft / base undisplaced	Futura splint and Bedford finger stalls. Check rotation or angulation >45 degrees and if present ref to first on call	Leaflet and MPFC	Good PA and oblique and true LAT views
Fractured metacarpal neck/ shaft / base displaced / deformity / rotation	Neighbour strap	ENP / doctor to refer to first on call and if needs surgery will organise date and do not bring to fracture clinic	Deformed or with rotational deformity will need surgery
Undisplaced fracture proximal / middle phalanx	Bedford finger stalls	Leaflet and MPFC	
Rotational deformity / displaced fracture proximal / middle phalanx	Neighbour strap	ENP / doctor to refer to first on call and if needs surgery will organise date and do not bring to fracture clinic	
Volar plate fracture of fingers	Bedford finger stalls	Leaflet and refer to hand therapist	
Dislocated MCP / IP joints	Reduce and neighbour strap and re X-ray	If reduced, leaflet. If not reduced, ENP / doctor to refer to first on call, likely to need open reduction	
Mallet finger injury bony without subluxation	Mallet splint with taping to allow full flexion / extension of DIPJ	Discharge to hand therapy for splint for 6/52	ORIF – X-ray in splint. If >25% of joint to MPFC
Mallet finger injury non bony	X-ray, mallet splint with taping to allow full flexion / extension of middle IPJ	Leaflet and discharge to hand therapy for splint for 8/52	
? Ulna collateral injuries	Wrist splint with thumb extension	Refer to on call for consideration of surgery	

Patella, tibia and fibula			
Diagnosis	Initial treatment	Follow up	Specific info required of MPFC
Fractured patella undisplaced	Cricket pad splint	Leaflet and MPFC	Record ability to SLR
Fractured patella displaced	Cricket pad splint	ENP/doctor to refer to first on call	Record ability to SLR
Tibial plateau undisplaced	Cricket pad splint	ENP/doctor to refer to first on call	? compartment syndrome
Tibial plateau displaced	Cricket pad splint	ENP/doctor to refer to first on call	? compartment syndrome, CT scan
Intra condylar tibial avulsion fracture	Cricket pad splint	ENP/doctor to refer to first on call	? compartment syndrome
Tibial shaft – closed and undisplaced	Above knee back slab and crutches	ENP/doctor to refer to first on call	? compartment syndrome
Tibial shaft – displdistal aced (intra articular tibia)	Above knee back slab and crutches	ENP/doctor to refer to first on call	Record presence of compartment syndrome
Undisplaced fractured shaft of fibula with no ankle involvement	Walking boot and crutches	Leaflet	Please record ankle examination



Ulna and radius			
Diagnosis	Initial treatment	Follow up	Specific info required of MPFC
Isolated ulna / radius shaft fracture undisplaced	Above elbow soft cast	Leaflet and MPFC	
Isolated ulna / radius shaft fracture displaced	Above elbow back slab	ENP / doctor to refer to first on call to admit	
Distal radius fracture minimally displaced / undisplaced / greenstick / single cortex. Paediatric	Below elbow soft cast / wrist brace	Leaflet and discharge	
Distal radius torus / buckle fracture. Paediatric	Below elbow soft cast / wrist brace	Leaflet and discharge	Make sure pure torus not undisplaced bicortical fracture – MPFC
Distal radius displaced / angulated fracture. Paediatric	Below elbow back slab	ENP / doctor to refer to first on call to admit	
Distal radius undisplaced / minimally displaced fracture Adult	Below elbow soft cast / wrist brace	Leaflet and discharge	
Distal radius undisplaced / minimally displaced fracture but with no functional demand / dementia, paralysed limb (stroke). Adult	Below elbow soft cast (above elbow if non-compliant patient)	Leaflet and MPFC	Please record details of functional ability
Distal radius displaced fractures, high energy injury, open fracture, neurological deficit, fracture off end, volar displacement	Back slab	ENP / doctor to refer to first on call to admit	
Displaced forearm fractures. Monteggia dislocation or Galeazzi fracture dislocation	Refer to first on call	ENP / doctor to refer to first on call to admit	

Pelvis and femur			
Diagnosis	Initial treatment	Follow up	Specific info required of MPFC
Pelvic fracture	Treat hypovolaemia Pelvic binder	ENP / doctor to refer to first on call for admission	
Fractured pubic ramus.	Analgesia and crutches or similar	Seen in CDU Leaflet	? social problems / rapid access
Fractured neck of femur	Follow # NoF Pathway	ENP / doctor to refer to first on call and admit	Nerve block / analgesia
Fractured shaft of femur	Treat hypovolaemia – cross match	ENP / doctor to refer to first on call and admit	Nerve block / analgesia and splint

Soft tissue and knee injuries			
Diagnosis	Initial treatment	Follow up	Specific info required of MPFC
Knee dislocation	Analgesia	ENP / doctor to refer to first on call urgently	? Pulses
Patellofemoral dislocation 1 st time	Cricket pad splint	Leaflet and MPFC	
Patellofemoral dislocation – recurrent	No splint	Refer to GP follow-up	
Haemarthrosis – abnormal X-ray	Cricket pad splint and crutches	ENP / doctor to refer to first on call	
Haemarthrosis – normal X-ray	Cricket pad splint and crutches	Leaflet and MPFC	
Locked knee	No splint, but crutches	ENP / doctor to refer to first on call to plan waiting list for scope	
No haemarthrosis – normal X-ray	Crutches	Refer to GP follow-up	
Any concerns of soft tissue injury	Cricket pad splint and crutches	Leaflet and MPFC	

Foot and ankle			
Diagnosis	Initial treatment	Follow up	Specific info required of MPFC
Displaced / unstable ankle fractures (Weber c / Bimalleolar)	Reduce in a below knee back slab and crutches	NP / doctor to refer to first on call	
Weber a / b, lateral malleolus with no talar shift. Check deltoid ligament	Walking boot and crutches	Leaflet and MPFC	
Ankle sprain / soft tissue injury / avulsion fracture	Consider walking boot and crutches	Leaflet and discharge	Consider physiotherapy referral for rehabilitation
Calcaneal fracture extra articular	Walking boot and crutches	Leaflet and MPFC	
Calcaneal fracture intra articular	Below knee back slab and crutches	NP / doctor to refer to first on call	
Fractured tarsal undisplaced	Walking boot and crutches	Leaflet	
Fractured tarsal displaced	Walking boot and crutches	NP / doctor to refer to first on call	
Avulsion fracture 5 th metatarsal base, if Jones fracture	Walking boot and crutches	Leaflet and discharge MPFC	Distal metatarsal fractures to go to MPFC
Single fracture metatarsal 2–4	Heel wedge shoe / walking boot and crutches	Leaflet and MPFC	
Multiple metatarsal fractures / crushed foot / ? Lisfranc	Knee back slab and crutches	NP / doctor to refer to first on call	CT scan
Great toe metatarsal / hallux	DARCO shoe	Leaflet	
Tendo achilles rupture (squeeze test)	Walking boot 3 wedges	Leaflet and MPFC	