University of Vermont Health

UVM Health ORTHOPEDICS FOOT & ANKLE Referrals/Consult

All referrals must include the most recent visit note and imaging reports. Be sure imaging done outside UVMH is sent to UVMMC Film Library with reports. Below we offer guidance for popular referrals.

Infection/Open Wound WITHOUT a history of diabetes

URGENT referral with consideration of the following:

- If evidence of infection extends above the ankle and patient is ambulatory/outpatient, recommend the patient seek emergency care.
- If there are no palpable pulses, order an URGENT Ankle-Brachial Index study (US ABI and physiologic study), and do not refer until results are known.
    - ABIs are normal, URGENT referral to Ortho.
    - ABIs are abnormal, URGENT referral to Vascular Surgery.

Required tests:

- CBCD, CRP, x-rays of involved foot and/or ankle (order X-rays as URGENT). *Testing to be done during the current acute episode.*

DIABETES-RELATED (Ulcer/infection/red, hot and swollen foot without wound/ulcer)

URGENT referral with consideration of the following:

- If signs and/or symptoms that the foot is dysvascular, seek emergency care.
- With ulcer or sign of infection, indicate an absence of sensation on monofilament testing OR an absence of sensation on light touch testing.
- Indicate how long the ulcer has been present under reason for referral.

Required tests:

- CBCD, CRP, x-rays of the involved foot and/or ankle (order X-rays as URGENT). Order HbA1c if not done WITHIN THE PAST 6 MONTHs. *Testing to be done during the current acute episode.*

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Trauma

If a patient CANNOT bear weight due to injury, it is recommended that patients seek emergency care. If the patient has already received emergency care, URGENT referral. Indicate the date of the injury under the reason for referral. Include XR of involved foot or ankle during the current acute episode.

>Foot/toe Fractures

- **Fracture of a toe *other than the great* toe:** If the toe can be held straight with buddy taping, buddy tape for 4-6 weeks, depending on symptoms. Orthopedics referral is not needed unless there are ongoing symptoms for 6 weeks or more (other than swelling, which can last several months).
- **Fracture of a great toe involving an articular surface (a joint)**: URGENT referral.
- **5th metatarsal fracture**
  - **Fracture of the base:** Treat with walking boot for 4-6 weeks (depending on symptoms). ROUTINE referral if still symptoms after 6 months.
  - **Fracture at site OTHER THAN BASE of 5th metatarsal** -- URGENT referral.

>Sprained ankle suspected

ROUTINE referral if patient is still symptomatic after trying at least one month of conservative treatment (walking boot, ankle splint, proprioceptive physical therapy).

Corns, Callouses

ROUTINE referral with consideration of the following:

- **Patient has associated deformities (bunions, hammertoes, for example)** Refer if patient has failed at least a THREE-MONTH trial of conservative treatment (pumice stone, padding, shoe wear with adequate space).
- **Patient has NO associated deformities (bunion, hammertoes, etc.)** Refer only if the patient has neuropathy or severe vascular disease.

Required tests: Standing x-rays of the involved foot.

- Under the reason for the referral, indicate if referral is due to: Pain / shoe wear problems / appearance / diabetes with neuropathy / other.

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Toenail problems

>Ingrown or infected toenail:

- Conservative treatment for 3 months, including treating with soaks, local skin care, and appropriate shoe wear. If not improving, consider ROUTINE referral.

>Onychogryphosis (fungal toenail infection)

- Patient has diabetes: ROUTINE referral for nail care. There is limited availability; it may take several months for the patient to be seen in clinic.
- Patient does NOT have diabetes: There are currently no resources to provide nail care to non-diabetic patients.