

UVM Health ORTHOPEDICS HAND, WRIST AND ELBOW REFERRAL/CONSULT

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

HAND/WRIST:

Tendinopathies:

Indicate what has been tried under reason for referral. If concern about possible hand/wrist infection, then send to ED for emergent evaluation. Otherwise, ROUTINE referral for the following:

- Trigger finger
- De Quervain's
- Other tendinopathy (specify)

Hand numbness/tingling:

If EMG/nerve conduction testing has been completed and indicate **abnormal** findings, then ROUTINE referral.

- Be sure to include a copy of EMG results if not done within the UVM Health system. Indicate whether EMG findings are MILD, MODERATE, or SEVERE.

If EMG/nerve conduction testing has NOT been done and hand muscle wasting **is absent**, then recommend nighttime bracing of affected hand(s) for 1-2 months. If symptoms persist or worsen, ROUTINE referral. Consider EMG/NC testing prior to visit if possible.

If EMG/nerve conduction testing has NOT been done and hand muscle wasting **is present**, then URGENT referral. EMG is not needed if high clinical suspicion for median or ulnar neuropathy.

Hand/wrist mass(es):

Indicate what has been tried under reason for referral. ROUTINE referral for the following:

- Cyst (ganglion, mucoid)
- Dupuytren's
 - Indicate in the reason for referral if contracture is present
- Tendon sheath mass
- Other mass (specify)

Hand/wrist arthritis:

ROUTINE referral. Be sure images of XR of affected hand(s) and/or wrist are available in Epic.

Hand/wrist trauma:

URGENT referral for one of the following:

- Fracture (specify type in reason for referral)
 - Be sure xrays or other imaging are available for viewing in Epic.
- Tendon rupture or laceration (specify type)
- Other hand/wrist trauma (specify)

ELBOW/FOREARM:

ROUTINE referral for one of the following, unless urgent is specified:

- Elbow Arthritis
 - Be sure to do XR elbow, 3 views, prior to the visit.
- Elbow Bursitis
 - If any concern for infection (i.e., elbow is red, hot, and painful), then URGENT referral.
- Elbow Tendonitis/epicondylitis
 - Patient to try at least 4 weeks of PT prior to referral.
- Distal biceps rupture
 - URGENT referral. If an MRI has been done, make sure results are available in Epic for viewing.
- Forearm pain
 - If Posterior interosseous nerve (PIN) syndrome is suspected, be sure to have an EMG done prior to referral. ROUTINE referral once EMG has been done.