Evaluating Patients in the Orthopedic Urgent Care: A Systematic Approach

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SYMPOSIUM

Disclosures

- None

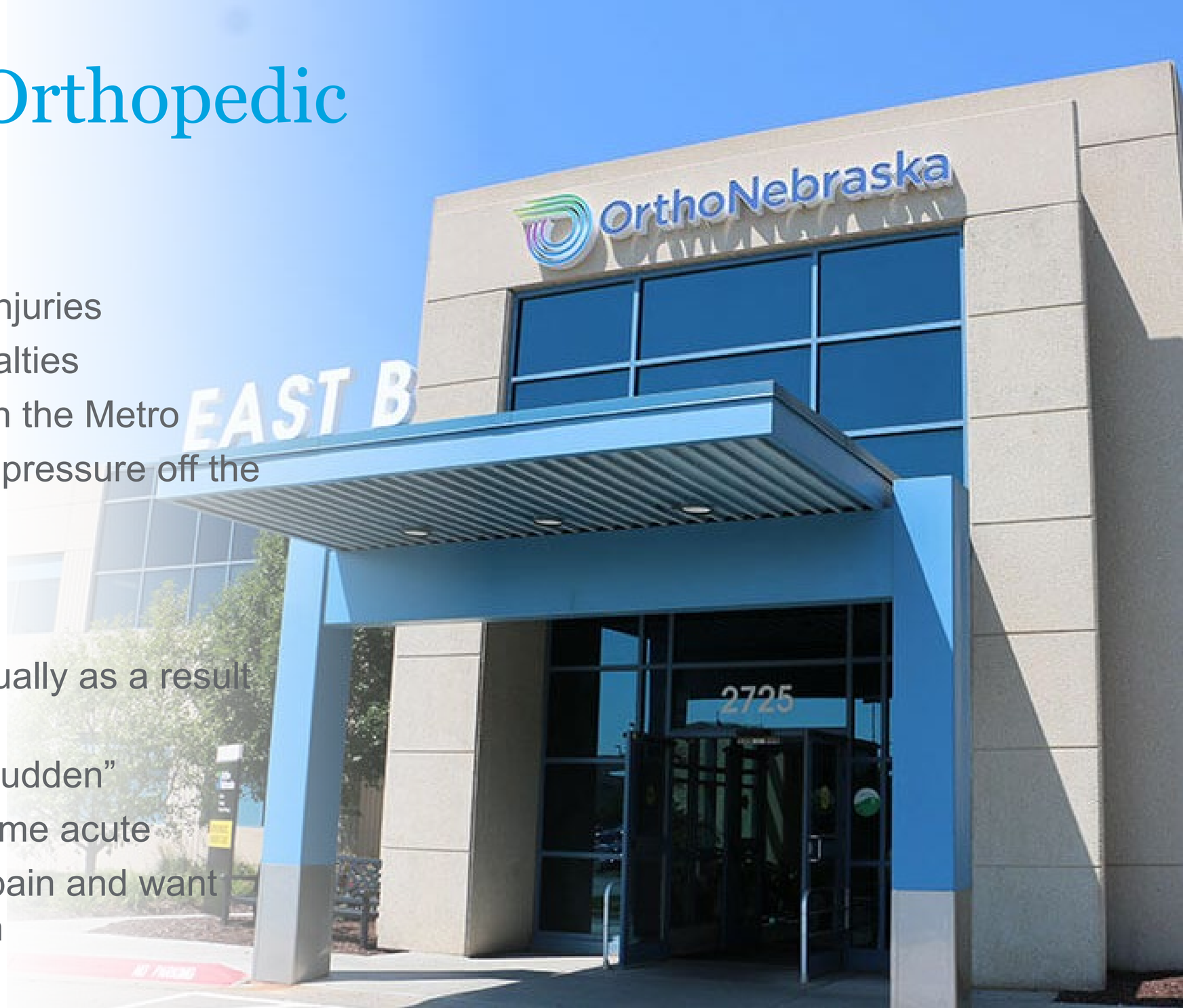
Learning Objectives

- Develop a systematic process to evaluate orthopedic injuries
- Evaluate acute orthopedic injuries and develop an immediate plan of care
- Determine and select appropriate treatment options for orthopedic injuries

Purpose of the Orthopedic Urgent Care

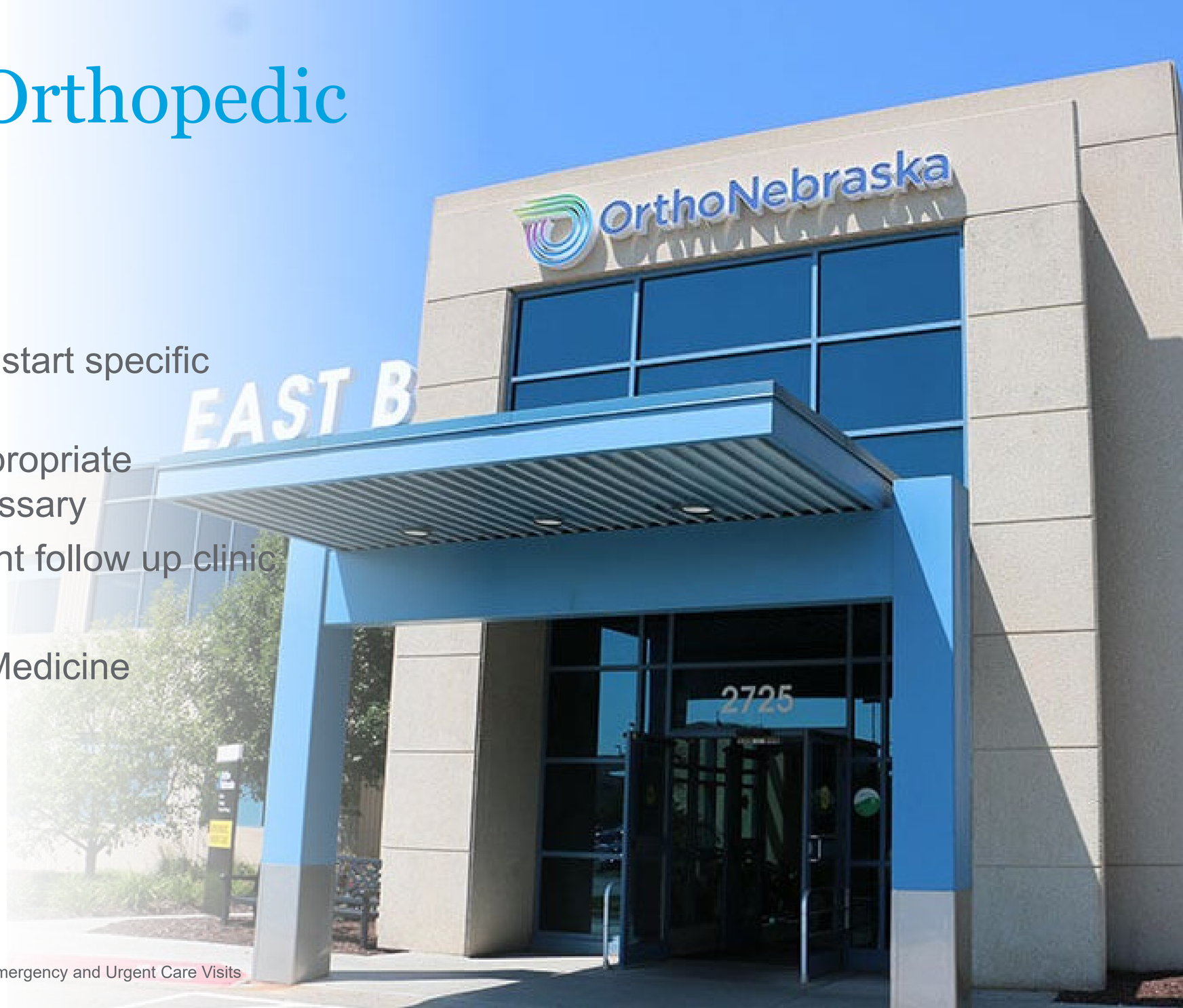
- Specific focus on Orthopedic Injuries
  - Medicine has different specialties
  - Multiple specialty hospitals in the Metro
  - Urgent cares started to take pressure off the Emergency Room

- Deal with Acute Injuries
  - “Sudden onset” of pain usually as a result of trauma
    - No defined timeline of “sudden”
  - Overuse injuries that become acute
  - People come because of pain and want the convenience of walk-in



Purpose of the Orthopedic Urgent Care

- Purpose
  - Diagnosis the injuries and start specific treatment plan
  - Move patient on to the appropriate Surgeon if surgery is necessary
  - Get the patient into the right follow up clinic
    - MD vs. APP
    - Family Practice Sports Medicine
    - No follow up



J Am Acad Orthop Surg Glob Res Rev. 2021 Sep; 5(9): Unplanned Emergency and Urgent Care Visits After Outpatient Orthopedic Surgery

Benefits of an Orthopedic Urgent Care

- Access – See an expert, fast
  - Convenient – Walk-in clinic open weekdays, weekends, and evenings
    - Saturdays are busy
    - Helps off load Monday clinics
    - After hours is convenient for people who can't get off work
  - Decrease Emergency Department visits
    - Are Sprains and Strains appropriate for the ED?
    - Decrease wait times and cost
      - Average 2 hours wait time to be seen in the Omaha area ED
      - Appropriate order of test
      - Appropriate bracing
- Post-op checks over the weekend
  - On call provider can send patient in on the weekend for a wound/splint check

Current Orthopaedic Practice: May/June 2021 - Volume 32 - Issue 3 - p 284-289: Patients' perceptions of receiving orthopedic care during a pandemic: a patient survey
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Triage

- French for “sort or to select”
- Originally done in the military for casualties
- Immediate Injuries
    - Fractures
    - Dislocations
    - Infections
    - Open Wounds
    - Compartment Syndrome
    - Tendon or Ligament tears

- Minor Injuries
    - Sprains
    - Strains
    - Contusions

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Taking a Good History

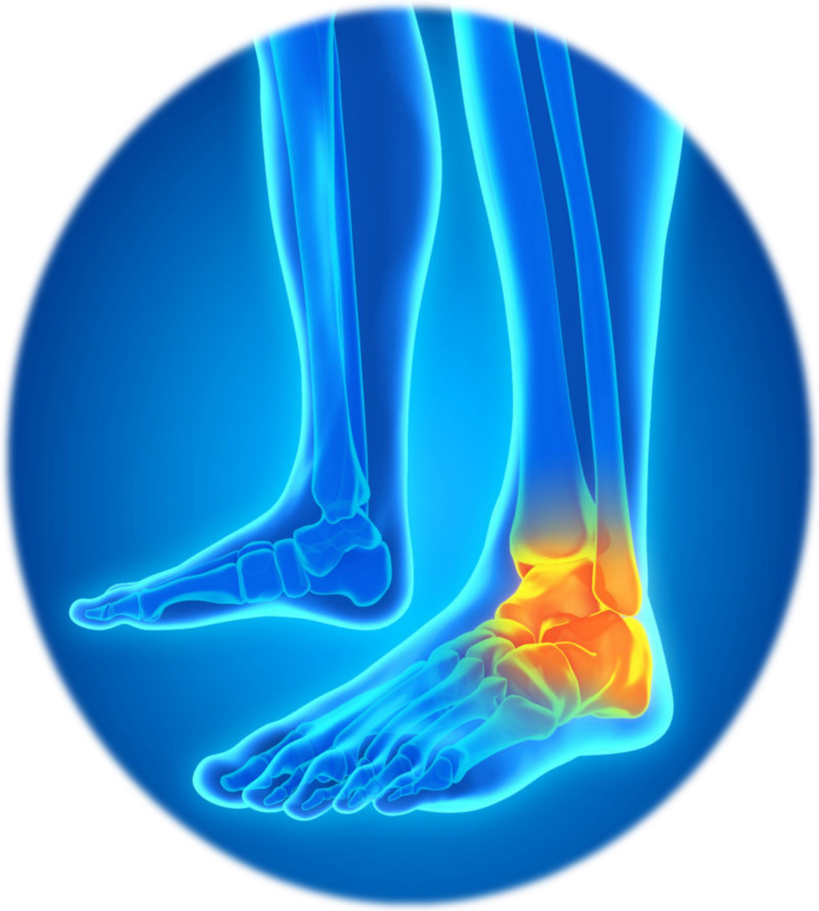
- It all starts with a good story
  - I like my stories in chronological order
- When did it happen?
- What happened?: Mechanism of Injury
  - Cell phone video
- Did you feel like something “BAD” happened?
- Could you bear weight on it? (LE injury)
- Can you move the joint?
- What treatment have you done and when?
  - Ice, heat, crutches, bracing/sing
  - Medication
    - Dosing and Frequency
    - Ointments
    - CBD

Taking a Good History

- Previous history of injury to body part
  - Acute or chronic?
  - Did they seek medical treatment?
  - Did it resolve?
  - Surgery?
  - Injury to the contralateral joint?

Pain

- The bodies normal response to injury
- Pain prospection is different for everyone
  - 10 out of 10 pain
  - “I have a high pain tolerance”
- Hyperalgesia is when you have extreme hypersensitivity to pain
  - Patients with chronic narcotic usage
- Referred Pain
  - Neck – Shoulder and scapula region
  - Shoulder – Proximal humerus/elbow
  - Lumbar – Gluteal area and pain down to lower leg
  - Hip – Groining and knee pain



Front Hum Neurosci. 2020; 14: 83. Published online 2020 Apr 9: Explicit and Implicit Own's Body and Space Perception in Painful Musculoskeletal Disorders and
Rheumatic Diseases: A Systematic Scoping Review

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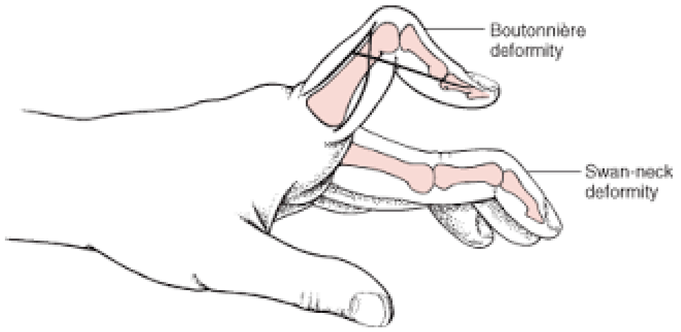
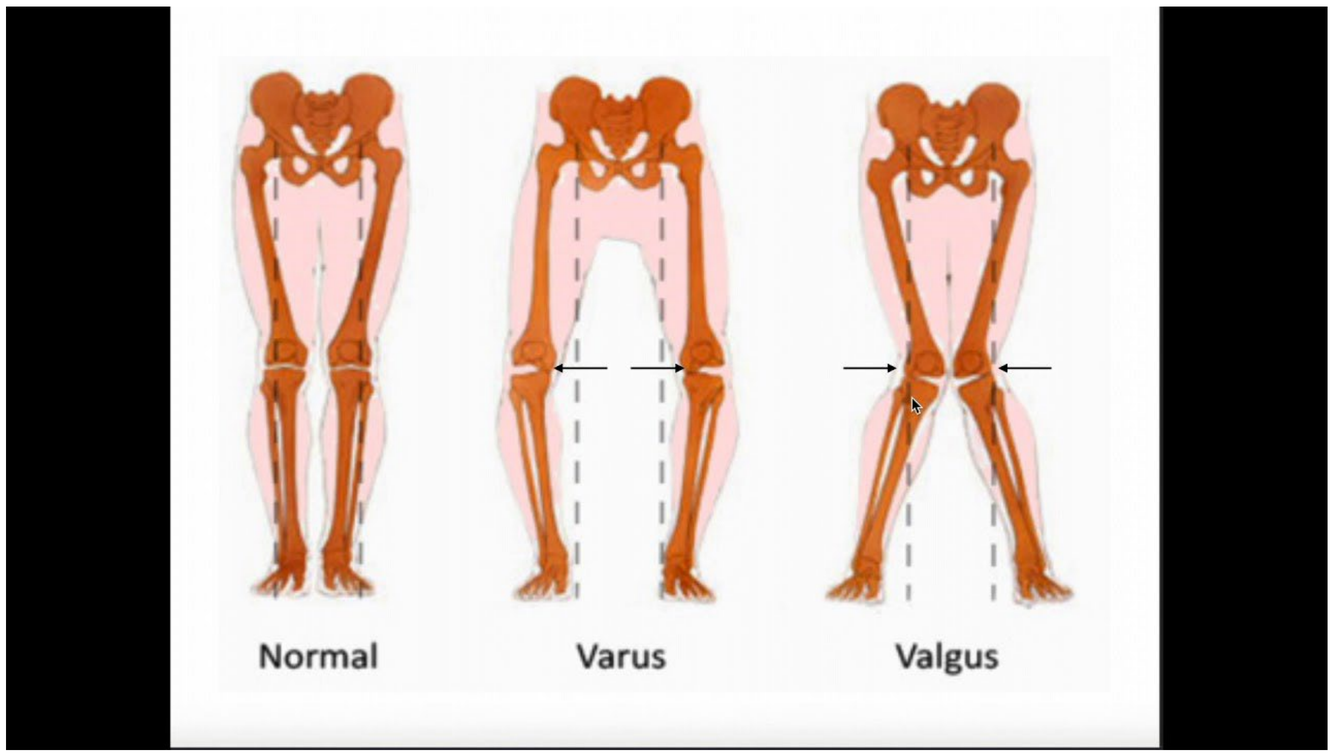
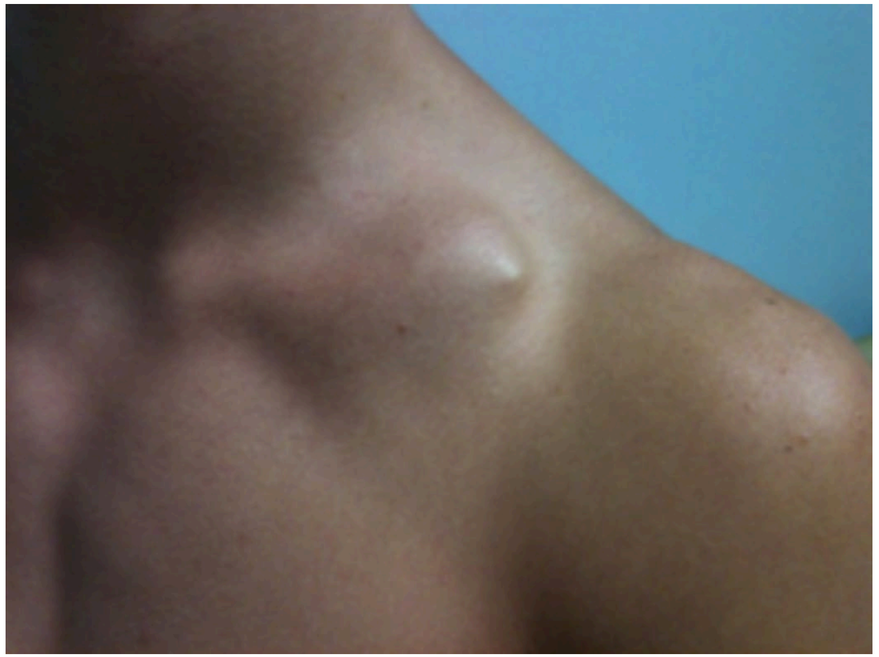
Exam - Inspection

- Is the patient weight bearing?
  - Watch them walking to the exam room
  - Getting up from the chair on to the exam table
  - Limping
  - Crutches
  - Wheelchair
- Shoulder/Neck injuries need to inspect
- Compare one side to the other
- Does the story the patient told correlate to what you are seeing?
  - Does the story make sense?

Inspection Deformities







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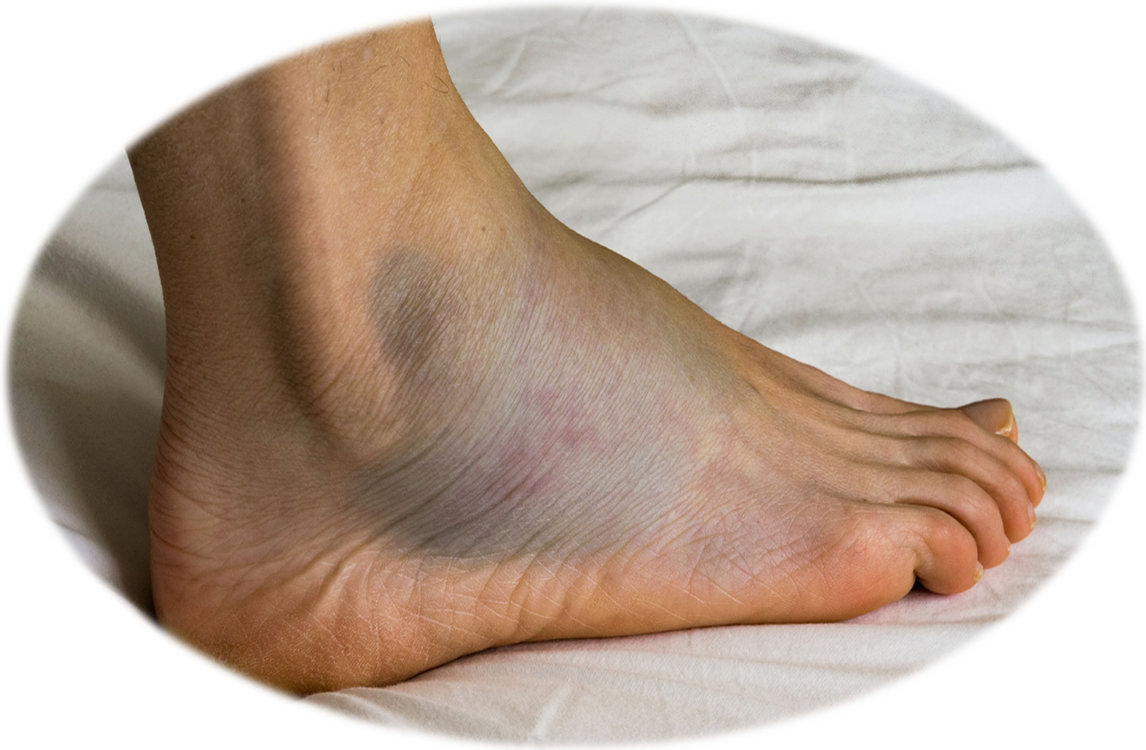
Exam - Swelling

- Timing of the swelling
- Amount
- Blood vs. fluid in a joint
- Ecchymosis
    - Bleeding into soft tissue – Painful
    - Superficial areas more likely to see bleeding
- Gravity will pull fluid distally
- Blood Thinners
    - Aspirin
    - Clopidogrel
    - Coumadin
    - Xa blockers



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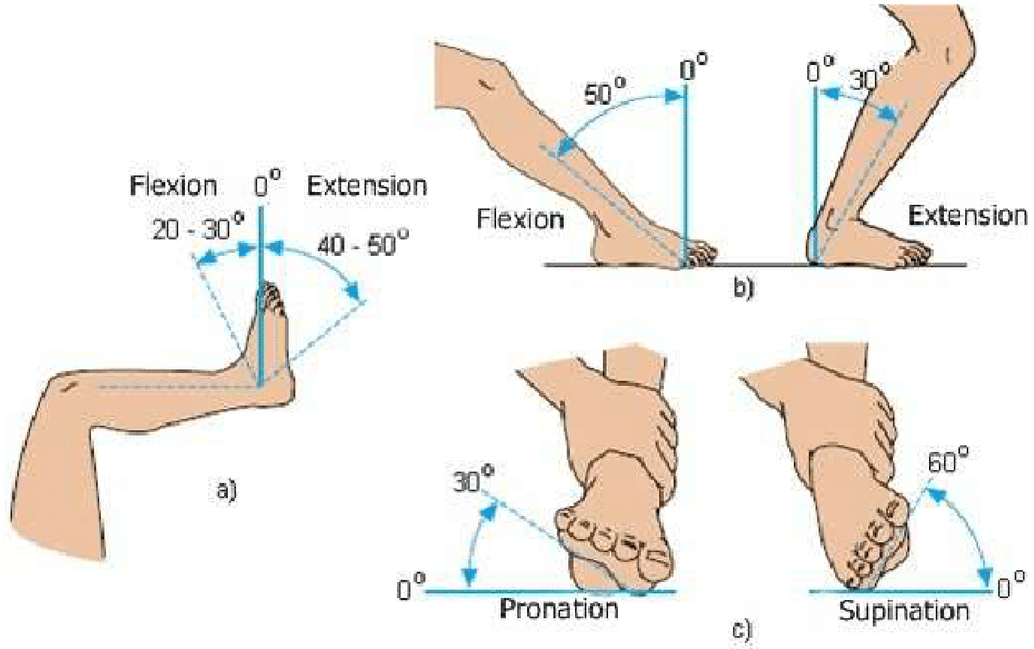
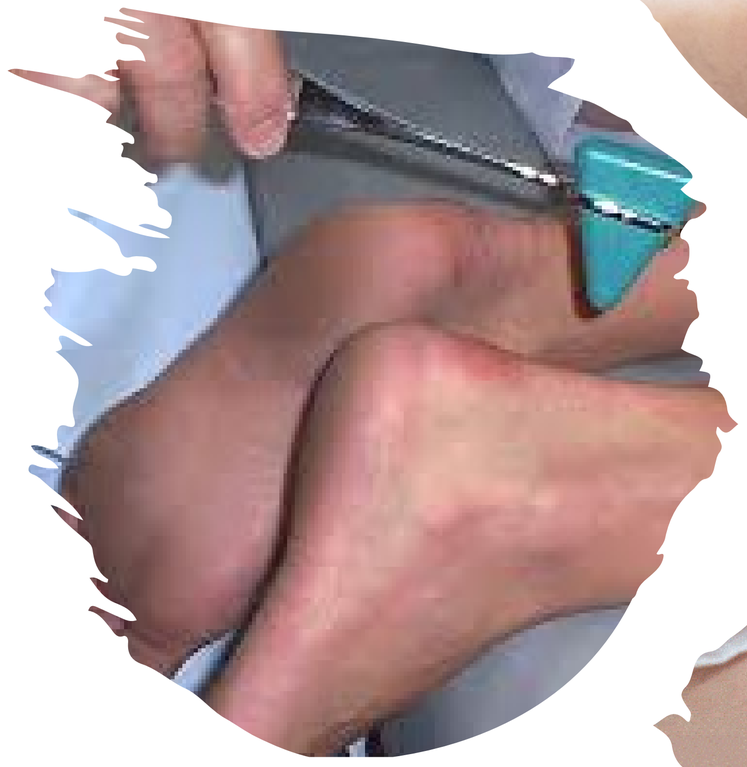
Exam - Range of Motion

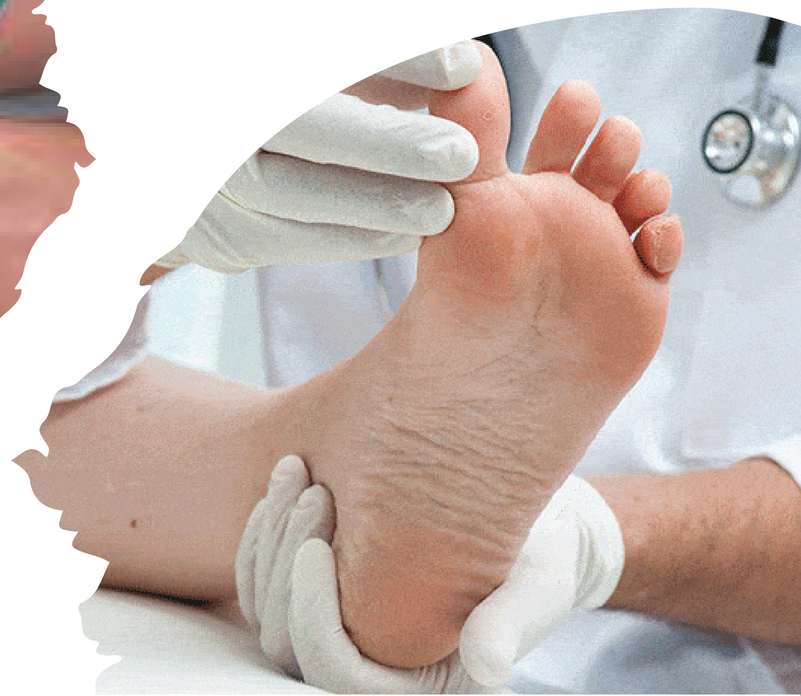
- Start with Active ROM
  - Compare movement to contralateral side
- Look at Passive ROM
  - If Passive ROM > Active ROM think muscle or tendon injury
  - If Passive ROM = Active ROM think bone injury



Exam - Neurological and Vascular

- Manual Muscle Testing – Gross evaluation
- Reflexes
- Skin color
- Pulses
- Capillary return





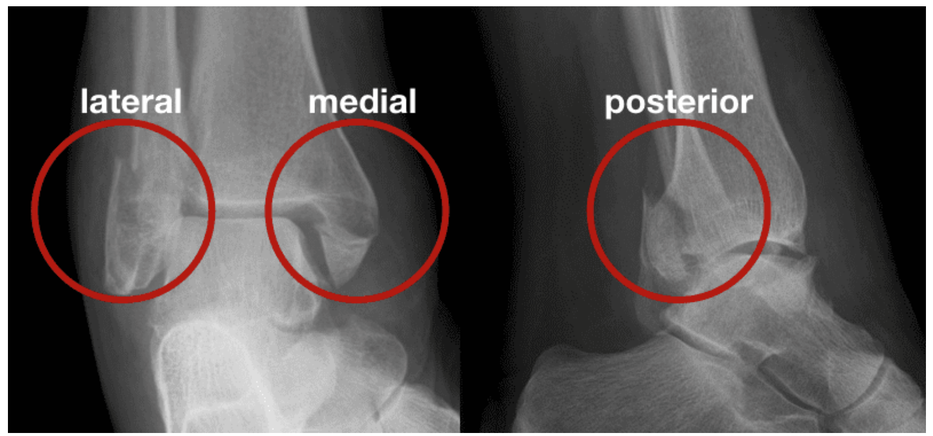
Diagnosis

- We all would like the story to match the mechanism of injury; to mirror what we see from the exam; to come up with a diagnosis, but you can have multiple injuries

Rodin 1904

X-rays

- What to rule in or out my diagnosis
- Multiple views
    - Typically, 3 views
    - Standing views for knees
    - Outlet and axillary views for shoulders
    - Flexion and extension views for lumbar
- Will repeat x-rays if not clear or the correct views
- MRI
    - X-rays can help tell you about the soft tissue



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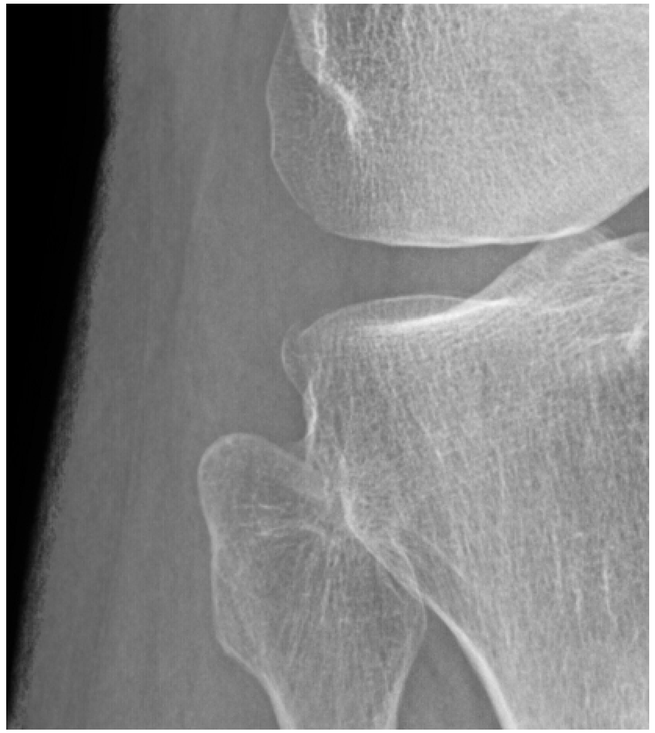

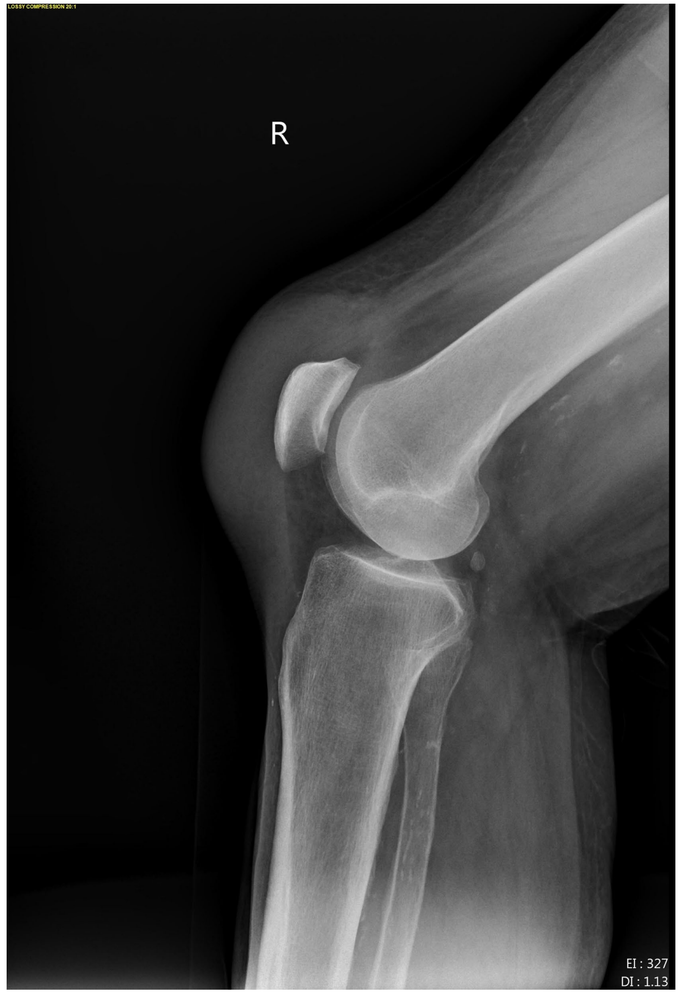

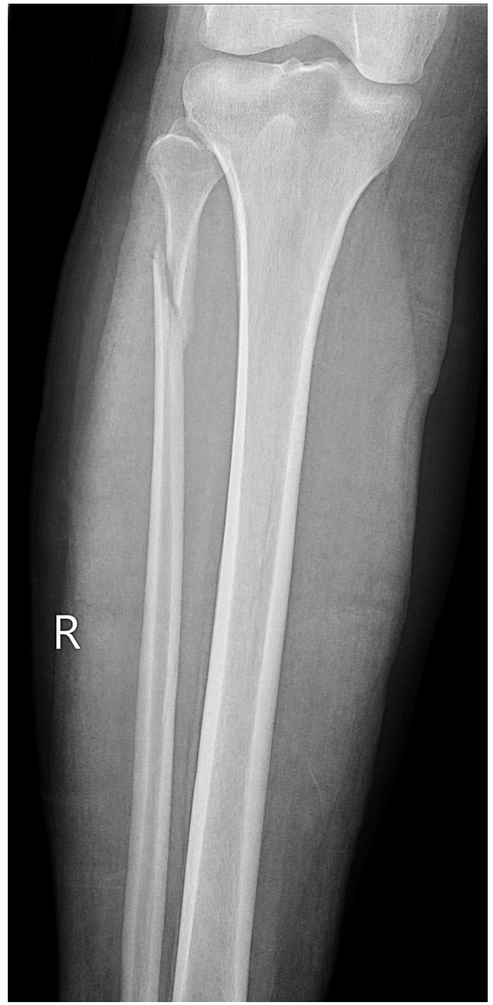

Treatment

- It’s OK to over treat
- It’s OK to tell a patient you don’t know
- Ice
    - 20 minutes on, 40 minutes off
    - First 72 hours - critical to minimize swelling
    - Add in elevation
    - Compression
- NSAIDs and acetaminophen
    - Don’t prescribe a lot of narcotics
    - NSAIDs work by taking them on a regular basis
- Splint, sling, CAM boot, crutches
    - Taking weight off the extremity or immobilizing the extremity is pain management

Clinical Bottom Line

- Orthopedic urgent care is an integral part of the care delivery value-chain.
  - Study participants reported they were more comfortable seeking orthopaedic care at an orthopedic urgent care facility (8% not comfortable) versus an emergency room (41% not comfortable). When thinking about receiving care at orthopaedic clinics, participants were most concerned about the risks of getting sick from other patients (18% extremely, 26% very).
- Urgent care often provides convenient hours of operation compared to clinic appointments.
- Urgent care often offers lower costs for care compared to the emergency department.
- To offer efficient and thorough clinical care, develop an evidence based evaluation method and keep it consistent.

Comadoll, Shea MDa; Reams, Megan MAb; Only, Arthur J. MDc; Cunningham, Brian P. MDc Patients' perceptions of receiving orthopaedic care during a pandemic: a patient survey, Current Orthopaedic Practice: May/June 2021 - Volume 32 - Issue 3 - p 284-289

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