



Optimal Care: Orthopedic



Orthopedic referral equals MRI

- Early referral increases imaging utilization/costs
- Incidental findings can lead to unnecessary surgery

Orthopedic Management – Knee and Acute/Chronic Spine

- Two thirds of young adults did not require ACL repair for disruption. Instability is the major indication.¹
- 87% of acute lumbar herniated discs improve in three months. Surgical and nonsurgical outcomes are equivalent at one year.²
- Three sham controlled studies have shown that there is no benefit to vertebroplasty or kyphoplasty.²

PCP Treatment and Referral Recommendations

Treatment

Opioids, TCA's, benzodiazepines, and muscle relaxants **are not indicated** for musculoskeletal pain including osteoarthritis of the spine

Knee arthroscopic meniscectomy **is not indicated** in the presence of knee osteoarthritis

Rarely use viscosupplementation

Routine **spine** imaging **is not indicated** in the young or old in the absence of **red flag signs**

ESI's have limited short term benefit only in the setting of radicular pain, and no benefit in the absence of radicular pain

Shoulder impingement syndrome and chronic rotator cuff tears require surgical opinion only after maximal attempt at rehabilitation

Referral

In the absence of acute injury requiring immediate attention, a trial of **conservative therapy** is indicated prior to orthopedic referral

In the absence of **red flag signs and symptoms**, spine referral should be sent to physiatry prior to consideration of a surgical opinion

% of asymptomatic individuals with positive MRI findings:

36% have completely normal discs

Up to 50% with disc herniation

Up to 70% with degeneration of lumbar disc

Conservative Therapy

NSAID's

Home exercise program and weight loss

Physical therapy in person or virtual

Cortisone injections when appropriate

Unloader brace

Time

Red Flag Signs and Symptoms

Acute onset of bilateral sciatica

Acute foot drop

Sensory level on the trunk/saddle anesthesia

Bowel/bladder incontinence/retention

Fever

Shared Decision Making – "The Pinnacle of Patient-Centered Care"³

- ✓ 15% to 30% of patients decline surgery
- ✓ Postoperative outcomes are improved

- ✓ Patient satisfaction and liability risk improved
- ✓ Physician and patient compliance are difficult

¹Frobell, R. B., Roos, E. M., Roos, H. P., Ranstam, J., & Lohmander, L. S. (2010). A randomized trials of treatment for acute anterior cruciate ligament tears. *NEJM*, 363, 331-342. doi:10.1056/NEJMoa0907797

²Gugliotta M, da Costa BR, Dabis E, et al. Surgical versus conservative treatment for lumbar disc herniation: a prospective cohort study. *BMJ Open* 2016;6:e012938. doi:10.1136/bmjopen-2016-012938

³Barry, M. J., & Edgman-Levitan, S. (2012). Shared decision making- The pinnacle of patient-centered care. *NEJM*, 366, 780-781. doi:10.1056/NEJMp1109283