



OptimalCare for orthopedics

Evidence driven ~ Better outcomes ~ Lower cost

Referral recommendations

- Orthopedic referral typically equals MRI - Early referrals increase imaging utilization/costs and incidental findings can lead to unnecessary surgery.
- 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 or pain management prior to consideration of a surgical opinion.

Conservative therapy: Weight loss, home exercise program, NSAID's, time, cortisone injections when appropriate, physical therapy in person or virtual.

Red flags: Sensory level on the trunk/saddle anesthesia, acute onset of bilateral sciatica, bowel/bladder incontinence/retention, acute foot drop, fever.

Shared decision-making

“The Pinnacle of Patient-Centered Care”¹

- 15 to 30 percent of patients decline surgery.
- Better postoperative outcomes.
- Improved patient satisfaction and liability.

Treatment recommendations

- Opioids, TCA's, benzodiazepines, and muscle relaxants are not indicated for musculoskeletal pain including osteoarthritis of the spine.²
- Knee arthroscopic meniscectomy is not indicated in the presence of knee osteoarthritis.
- Rarely use viscosupplementation.
- Routine spine imaging is not indicated at any age in the absence of red flag signs.
- ES1's have very limited short-term benefit and 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. Long term success of chronic rotator cuff surgery is only about 50 percent.

Orthopedic management of knee and acute/chronic spine

- Two thirds of young adults did not require ACL repair for disruption. Instability is the major indication.³
- Three sham-controlled studies have shown that there is no benefit to vertebroplasty or kyphoplasty.⁴
- 87% of disc herniations improve in three months.⁵
- Microdiscectomy is an option and may be effective for persistent radicular symptoms after four months of conservative therapy.

1. NEJM, 366, 780-781. doi:10.1056/NEJMp1109283

2. *Jama*. 2017;318(1):68. doi:10.1001/jama.2017.7918.

3. NEJM, 363, 331-342. doi:10.1056/NEJMoa0907797

4. *New England Journal of Medicine*. 2020;382(12):1093-1102. doi:10.1056/nejmoa1912658.

5. *BMJ Open*. 2016;6(12). doi:10.1136/bmjopen-2016-012938.

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