



<p>Team Name: Rehabilitation Services</p> <p>Team Lead: Director - Rehabilitation</p> <p>Approved by: Regional Lead – Community & Continuing Care</p>	<p>Reference Number: CLI.6310.SG.004</p> <p>Program Area: Rehabilitation/Therapy Services</p> <p>Policy Section: General</p>
<p>Issue Date: October 11, 2017</p> <p>Review Date:</p> <p>Revision Date: November 14, 2022</p>	<p>Subject: Referral Prioritization for Outpatient Hand Therapy (Occupational Therapy and Physiotherapy)</p>

Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.

STANDARD GUIDELINE SUBJECT:

Referral Prioritization for Outpatient Hand Therapy (Occupational Therapy and Physiotherapy)

PURPOSE:

The occupational therapist (OT) and or physiotherapist (PT) will review referral information to determine referral priority status based upon the following guidelines.

IMPORTANT POINTS TO CONSIDER:

Cross referrals will be prioritized based on need.

PROCEDURE:

1. The OT and or PT will document assigned priority status as Priority 1, Priority 2 or Priority 3 on the Rehab Services Outpatient Referral Form (CLI.6310.SG.002.FORM.01)
2. The OT and or PT will indicate time frame for first appointment if appropriate.
3. The OT and or PT will then return the referral to the Rehabilitation Services support staff to complete the referral intake process.
4. Priority 3 clients will be informed of approximate wait time.

Priority

Priority 1 is the highest priority, most urgent, and Priority 3 is the lowest priority.

Based upon referral information, Priority 1 status will be assigned to referrals requiring more urgent assessment/intervention. Priority 1 referrals will be seen for initial appointment before Priority 2 and Priority 3 referrals.

Referral priority status is subject to change based on new information which impacts the urgency of assessment and intervention.

Priority 1 clients, with the following needs, should be seen in the time frame indicated below unless indicated otherwise by Surgeon/Physician:

DIAGNOSIS	TARGET TIME FOR 1 ST APPOINTMENT
Tenolysis	3 days post op
Capsulotomy/capsulectomy	3 days post op
Burns	1-2 days post discharge for Partial thickness, 7-10 days post full thickness
ORIF (lag screws/tension wires/plates)	3-5 days post op
Dislocations	1-3 days post reduction
Ligament injuries – surgical and conservative	3-5 days post op/injury
Tendon repairs	3-5 days post op
Mallet deformity repairs	3-5 days post op
Dupuytren's release	3-5 days post op
Amputations	3-5 days post op or 10-14 days post suture removal
Nerve repairs	3-5 days post op for digital, 5-7 days post op for wrist to forearm
Percutaneous pins	3-5 days post op
Tendon transfers	10-14 days post op. Unless Zancolli, ECRL to FDP, BR to FPL, FDS to FPL then 3-5 days post op.
Arthrodesis	3-5 days post op for digits, 10-14 days post op for wrist
Fractures	3-5 days post op/injury

Priority 2 clients, with the following needs, should be seen within two weeks from receipt of referral:

- Trigger finger: conservative management
- deQuervains: conservative management
- Complex Regional Pain Syndrome

Priority 3 clients will be seen as appointment spaces become available and may wait for extended periods.

- Chronic pain
- Chronic arthritis
- Joint protection

REFERENCE:

CLI.6310.SG.002.FORM.01 Rehabilitation Services Outpatient Referral Form
Diagnosis and treatment manual for physicians and therapists. 5th edition (Indiana Hand to Shoulder Centre)