Tool 10 Resource: Referral Guidelines from Southside Podiatry

Original document follows

Southside Coalition of Community Health Centers (SCCHC)
Podiatry Referral Guidelines (Clinic Referring to Podiatrist)

Condition / Symptoms	Preferred Primary Care Treatment Prior to Referral	Symptoms / Indicators Required for Referral	Diagnostic Studies Prior to Referral (if possible)	Medical Information to Include on Referral	Special Instructions for Patient for Podiatry Appointment	Special Follow-up Instructions
Diabetes Nail / Foot Care for Brittle Diabetics and / or Neuropathy	♦ General foot exam (inspection, sensitivity, pain)	♦ Frank neuropathy and / or ♦ Ongoing debride-ment required ♦ Specialty nail care	♦ None	♦ Brief history of symptoms to include duration, foot exam results	♦ None	♦ None
Ingrown Toenail(s)	♦ None	♦ Confirmation of condition	♦ None	♦ Brief history of symptoms, prev-ious treatment, relevant condition (PVD, DM)	♦ None	♦ None
Onychomycosis (fungal infection of toenails)	♦ Manual debride-ment or trimming unless brittle diabetic ♦ OTC and/or oral antifungal medications ♦ Improved foot hygiene by changing shoes and socks daily	♦ True mycosis – thickness, crumbly, significant discoloration	♦ Baseline liver function labs	♦ Brief history of symptoms and previous treatment(s) description and results ♦ Lab results	♦ None	♦ Follow-up liver function labs 8 weeks post treatment start

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Heel Pain Syndromes	♦ NSAIDS	♦ Symptoms or findings persist or worsen beyond 60 days ♦ Lack of ability to ambulate or bear weight during conservative treatment	♦ Foot x-ray, lateral view ♦ Repeat in 14 days if stress fracture suspicion ♦ X-ray, view dependent on pain location	♦ Brief history of symptoms to include duration, source, any trauma, any relationship to work, pain score (10 point scale) ♦ X-ray results	♦ Ask patient to bring x-ray film / CD to visit	♦ None
Neuroma / Tendonitis / Callus / Wart	♦ None	♦ Suspicion or confirmation of condition	♦ None	♦ Brief history of symptoms (dura-tion, source, pain score, treatment)	♦ None	♦ None
Deformities (i.e. flat foot, bone spurs, bunions, hammer toe, Sever's disease, Charcot's, etc.)	♦ None	♦ Suspicion or confirmation of condition	♦ Foot x-ray, view dependent on condition	♦ Brief history of symptoms and description of deformity	♦ Ask patient to bring x-ray film / CD to visit	♦ None

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Non-healing Ulcers / Wounds and Other Soft Tissue Conditions up to Knee	♦ Initial wound care	♦ Confirmation of condition	♦ If possible, C&S, gram stain ♦ X-ray, if needed	♦ Brief history of symptoms and previous treat-ment(s) descript-ion and results ♦ Lab and x-ray results (if done)	♦ Ask patient to bring medication(s)	♦ Vascular workup likely ♦ May be needed: o X-ray o C&S, gram stain o Bone scan o MRI
Skin Diseases resistant to Primary Care Treatment	♦ Initial skin care	♦ Confirmation of resistance to treatment	♦ None	♦ Brief history of symptoms and previous treat-ment(s) descrip-tion and results	♦ Ask patient to bring medication(s)	♦ None
Gout and Arthritis – foot related only	♦ General medical management / general condition management / shoe evaluation / braces / modifications	♦ Foot specific problem – pain, difficulty walking, deformity, etc.	♦ Preferred, not required: Foot x-rays, view is dependent on location of pain, source of difficulty	♦ Brief history of symptoms and previous treat-ment(s) descrip-tion and results ♦ X-ray results	♦ Ask patient to bring medication(s)	♦ Injections limited to 3x year ♦ If previously undiagnosed, baseline: o Sed rate- arthritis o Uric acid- gout
Suspected Osteomylelitis	♦ None	♦ Suspicion or confirmation of condition	♦ X-ray, view dependent on location ♦ Wound culture if appropriate	♦ Brief history of symptoms	♦ Ask patient to bring x-ray film / CD to visit	♦ Clinic follow-up to specialty referral likely

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Pediatric Conditions (club feet, toe walkers, poly-digalitic, metaductis, Fryberg's, etc.)	♦ In general, none except for some minor pain management	♦ Suspicion or confirmation of condition	♦ Lower extremity and walking assessment ♦ Preferred, not required: X-rays, depending on condition	♦ Brief history of symptoms and deformity description ♦ Results of extremity and walking assessments	♦ Ask patient to bring x-ray film / CD to visit	♦ New / additional x-rays may be needed ♦ Will refer to Shriner's Hospital as needed

Podiatric conditions which should be treated in Primary Care:

- Annual / Routine Diabetes Foot Care and Exams
- Arch Support
- Athlete's Foot – if unresponsive to treatment / second opinion – send to Podiatrist
- Cracked Heels
- Corns / Callus – if second opinion / procedure required – send to Podiatrist
- Infections – if persistent, unresolving – send to Podiatrist
- Minor Trauma
- Non-Mycotic Fungal Infection
- Sciatica
- Sprained ankle

Conditions which should be referred to Other Specialties:

- Back Pain
- Knee Pain
- Major Trauma
- Status Post Stroke
- Tarsal tunnel syndrome (Neurologist)

Podiatrist Contact Information:

- <removed>
- For Podiatry Appointments call <removed>
- Podiatry Clinic: <removed>