

# Children's MSK Pathways in Tower Hamlets

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*Child <16yrs with musculoskeletal problem*

Acute injury or infection

Acute injury, not needing ED, eg fracture seen elsewhere or problem not responding to conservative management

MSK Symptoms limiting activity

6 week check ?Hip Dysplasia

Inflammatory joint disease

Neurodevelopmental

If stable, Ortho Reg on Call, for PAU assessment

Trauma and Orthopaedics Advice and Guidance on ERS

Acute Physio ERS menu Advice and Refer "medical other"

One Stop Baby Hip Clinic  
[Bartshealth.ddh@nhs.net](mailto:Bartshealth.ddh@nhs.net)

General Paeds ERS Advice and Guidance

SPA Children's Community Services form  
[thgpcg.spa@nhs.net](mailto:thgpcg.spa@nhs.net)

***In an urgent situation please contact Ortho Reg on call/PAU as appropriate.***

***If you are unsure where to send a non-urgent referral please send to T&O Advice and Guidance on ERS. The triaging clinician will signpost to the correct service and response is usually within 48-72hrs.***

# Acute Children's Physio, Royal London Hospital

***Refer to Paediatric MSK Physiotherapy via eRS (0-16 years old who have a GP in Tower Hamlets): For young people who will be 16 years by time of first appointment please refer to adult physiotherapy.***

- **Under 5 Specific Presentations:**

- Positional talipes
- Metatarsus Adductus
- Torticollis/head turn preferences/plagiocephaly
- Erb's palsy

- **Under/Over 5 Presentations:**

- Acute trauma (sprains, strains etc) without red flag concerns
- Mechanical back pain
- Symptomatic hypermobility
- Post fracture/post op atrophy or loss of range of movement
- Persistent pain presentations
- Growth related concern/pain Osgood Schlatter's, Severs disease etc

# Inflammatory Joint Disease

- Refer on ERS to A+R; Other Medical; General Paediatrics for assessment
- (Following diagnosis child may have tertiary referral to GOSH)
  - Suggested bloods: FBC, blood film, U&Es, LFTs, Bone profile, vitamin D, ESR, ANA CTD screen, HLAB27 (if older, adolescent, back pain), CK, LDH, ASOT, rheumatoid factor, anti-CCP, ferritin, dsDNA
  - If signs of vasculitis - ANCA, TFTs, immunoglobulins, complement
  - If features of sarcoidosis - Serum angiotensin converting enzyme

# Possible Hip Dysplasia

***Refer to the one stop baby hip clinic directly by email via:  
[bartshealth.ddh@nhs.net](mailto:bartshealth.ddh@nhs.net)***

## **Inclusion Criteria**

- Under 3 months old
- Hip concerns at 6 week check
- Asymmetrical creases
- Asymmetrical hip ROM
- Potential LLD
- **If uncertain or concerns beyond 3 years old please refer directly to paed ortho via A&G on ERS**

# Community Physio for Children, Mile End

*Refer to Paediatric Community Physiotherapy via the Single Point of Access referral form*

*(0-19 years old who live and have a GP in Tower Hamlets):*

- Have a confirmed neurodisability diagnosis resulting in gross motor delay or a difficulty with functional mobility
- Presenting with delayed gross motor development or who have experienced a regression in their gross motor development.
- Have experienced an illness or injury which is now affecting their long term functional mobility.
- Have Down Syndrome ONLY if they are NOT meeting milestones typical for Down Syndrome or they have another neurodisability diagnosis. All children with Down Syndrome are invited to a Down Syndrome family group which is led by a Speech and Language Therapist and attended once a term by a Physiotherapist and Occupational Therapist. Further support can be accessed via this group.
- **Please do not referral normal variance, under 5 or over 5 MSK presentations to this service**

# Access to walking aids

- Provision can be arranged after assessment in any T&O or PT led clinics.
- If a change in weight bearing status is considered (e.g. a child should be NWB with no access to walking aid) please direct to A&E for review.