

North-East London Musculoskeletal Referral Criteria

REVIEWED NOVEMBER 2025

MSK PATHWAYS IN NORTH EAST LONDON

All Community MSK services in North East London offer **routine and urgent pathways**, which will include clinical triage of referrals and allocation to appropriate clinical assessments and treatments, including diagnostics. Please see below table for details on Tier 1 & Tier 2 Services, referral details, as well as guidance on and Urgent & Routine Referral criteria.

	Physiotherapy (tier 1)	Advanced Practice / Extended Scope Physio (tier 2)
Staffing	B5-7 Physiotherapists	Advanced Practice Practitioners / Extended Scope Physiotherapists (B8)
Complexity	Low to moderate	Moderate to High
Interventions	<ul style="list-style-type: none"> MSK Assessment Treatment – Personalised care approach to patient needs - can include manual therapy, exercise prescription, group exercise classes, personalised rehabilitation programmes, referral to community programmes, advice & education. 	<ul style="list-style-type: none"> MSK Assessment Diagnostics for MSK <u>Can</u> include: MSK Prescribing, Injection therapy. Links with secondary care for MDTs and direct onward referral to neurosurgery, orthopaedics, rheumatology.
Routine Referral Criteria	<ul style="list-style-type: none"> Joint, muscle or bony injury requiring rehabilitation. Patient suitable for outpatient MSK therapy Does not meet urgent criteria Please also ensure patient is directed to Get U Better to start self-management GetUBetter – North East London 	<ul style="list-style-type: none"> Referrals for specialist opinion for assessment, diagnosis (+/- investigations) of musculoskeletal conditions potentially requiring surgery or advanced intervention (e.g. joint injection, joint replacement needs, complex spinal issues). Complex patients that have not improved with physiotherapy input and MSK intervention is still required.
Urgent Referral Criteria	<p>Urgent Physiotherapy patients are defined as:</p> <ul style="list-style-type: none"> patients who have had recent surgery/procedure requiring rehabilitation and/or patients who have had a recent injury, fracture or dislocation requiring 	<p>Urgent Advanced Practice Physiotherapy patients are defined as:</p> <ul style="list-style-type: none"> Acute and severe neck or back pain with or without associated or worsening neurological deficit. Ensure sufficient safety netting has been provided. If, however major motor weakness (grade 3 or less – please refer to ED).

	<ul style="list-style-type: none"> rehabilitation and/or patients with acute and/or new complex needs with high levels of pain leading to significant loss of function and/or disturbed sleep, and/or an inability to work or undertake caring responsibilities. 	<ul style="list-style-type: none"> Suspected cauda equina over 2 weeks with no new or deteriorating symptoms. Please reference pathway for a step by step guide Spinal – Suspected Cauda Equina Syndrome 1a – GIRFT – Pathways. Ensure sufficient safety netting has been provided. For acute cases please refer to ED as per pathway. Suspected acute / severe degenerative cervical myelopathy. Ensure sufficient safety netting has been provided. Degenerative cervical myelopathy pathway. For deteriorating gross functional deficit, please refer to ED. See guidance – Serious Pathology Guide MSK - for Primary Care Presentation is causing significant functional impairment e.g. a carer for a dependent or recently off work due to the problem and not suitable for urgent physiotherapy assessment. Also See Emergency & Urgent Referral Guidance – Appendix 2
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EXCLUSION CRITERIA FOR COMMUNITY MSK SERVICES – also see resource links below

- Suspected spinal metastases** – please reference relevant cancer pathways
- Suspected metastatic spinal cord compression** (MSCC). This should be treated as a medical emergency and the referrer should be advised to contact the MSCC co-ordinator for advice and support – please see Appendix 2
- Acute (<2/52) symptoms of Cauda equina syndrome:** the local pathway should be followed [Spinal – Suspected Cauda Equina Syndrome 1a – GIRFT – Pathways](#).
- Suspected acute vertebral fragility fracture with neurological deficit:** Please reference [VFF pathway final.html](#)
- Suspected infection** e.g. spinal discitis, septic arthritis: the referrer should be advised to refer to the emergency department
- Non-musculoskeletal pathology e.g. neurological disorder
- Gross motor neuropathy of < 6 week onset e.g. foot drop** – patients should be referred to the emergency department
- Acute spinal cord compression e.g. acute myelopathy** (gross functional deficit +/- bladder/bowel/saddle sensory change/sexual dysfunction): the referrer should be advised to direct these patients to the emergency department.

- **Suspected axial spondyloarthropathy** – the referrer should be advised to direct these to the rheumatology service or complete an Advice & Guidance referral. [Msk-Think-SpA-NICE-guidance-on-recognition-and-referral-of-Spondyloarthritis.pdf](#)
- **Lumps/bumps**: any lumps or bumps need to be investigated first; the referrer should be advised to consider a referral to local radiology
- **Acute soft tissue trauma** e.g. suspected tendon rupture should follow the acute soft tissue/fracture clinic pathways
- **Referral for only diagnostics** – patients will be assessed as per MSK Best Practice Pathways and diagnostics will be ordered as per clinical judgement. Direct liaison and referral to specialist services i.e. orthopaedics / rheumatology will be made by the MSK team as required.

MSK Resources for Emergency or Urgent Referrals

- [Criteria for MSK Conditions requiring emergency or urgent referral](#)
- [Serious Pathology Guide MSK - for Primary Care](#)
- [Spinal – Suspected Cauda Equina Syndrome 1a – GIRFT – Pathways.](#)
- [VFF pathway final.html](#)
- [Degenerative cervical myelopathy template](#)
- [Msk-Think-SpA-NICE-guidance-on-recognition-and-referral-of-Spondyloarthritis.pdf](#)
- [USC-Sarcoma-clinical-guide-Aug-2024.pdf](#)

MSK REFERRAL ROUTES NEL

Borough / (Provider)	Website	GP Referrals (for tier 1 & tier 2 services, unless specified)	Self Referral
Newham (East London Foundation Trust)	Newham MSK	Routine & Urgent: Via EMIS	Via form at: Physiotherapy - Musculoskeletal Service (Newham) East London NHS Foundation Trust
City & Hackney (Homerton University Trust - Locomotor Service)	Locomotor Service	Routine: Via e-RS Locomotor Physiotherapy - City & Hackney – RQX Extended Scope Physiotherapy (ESP) Assessment Service - St Leonard's- RQX20 Urgent: Email: Locomotor@nhs.net	Via: Physiotherapy Self Referral Homerton Healthcare NHS Foundation Trust
Redbridge (BHRUT)	BHR MSK	Routine: Via e-RS (Rego); Urgent: Email: bhr-tr.kghphysio@nhs.net	No self-referral at present
Harvering (NELFT)	NELFT MSK	Via eRS: Tier 1 urgent Physiotherapy- URGENT Physiotherapy Musculoskeletal Service- NOT SMAS- Harold Wood Polyclinic- RAT ; Physiotherapy- Musculoskeletal Walking Aid Clinic - Harold Wood Polyclinic - RAT ; Havering Tier 1 routine Physiotherapy- Physiotherapy Musculoskeletal Service- NOT SMAS- Harold Wood Polyclinic- RAT ; Tier 2 SMAS MSK Secondary care SPA (Orthopaedics, Pain, Spine and Rheumatology)- King George Hospital RF4	No self-referral at present
Barking & Dagenham (NELFT)	NELFT MSK	Via eRS Tier 1 urgent Physiotherapy- URGENT Physiotherapy Musculoskeletal Service - NOT MCATS- Porters Avenue H/C- RAT ; Physiotherapy- Musculoskeletal Walking Aid Clinic - Porters Avenue H/C- RAT ; Tier 1 routine Physiotherapy- Physiotherapy Musculoskeletal Service - NOT MCATS- Porters Avenue H/C- RAT ; Tier 2 (MCATS) MSK Secondary care SPA (Orthopaedics, Pain, Spine and Rheumatology)- King George Hospital RF4	No self-referral at present
Waltham Forest (Barts Health)	Physiotherapy - Barts Health NHS Trust	Via e-RS: Waltham Forest Community MSK RAS – Barts Health Trust – R1H; Urgent & Routine	No self-referral at present
Tower Hamlets (Barts Health)	Physiotherapy - Barts Health NHS Trust	Via e-RS: MSK Physiotherapy – RAS – (RLH) – Barts Health NHS Trust (Tier 1); MSK CAS – RAS – (RLH) – Barts Health NHS Trust (for APP / Tier 2 services)	No self-referral at present

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