

Children’s Wisconsin

Co-Management Guidelines

To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children’s Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

Ankle Sprain				
Diagnosis / Symptom	Referring provider’s initial evaluation and management:	When to initiate referral to Sports Medicine/ Orthopedic Clinic:	What can referring provider send to Sports Medicine/ Orthopedic Clinic?	Specialist’s workup will likely include:
<p><u>Mechanism of Injury</u></p> <ul style="list-style-type: none"> Rotational/twisting mechanism (i.e. inversion, eversion) “High ankle sprain” (syndesmosis injury)- Forced dorsiflexion + eversion <p><u>Signs and symptoms</u></p> <ul style="list-style-type: none"> Pain Swelling Bruising Limping or difficulty bearing weight Instability <p><u>Differential Diagnosis</u></p> <ul style="list-style-type: none"> Ankle fracture 	<p><u>Physical Exam</u></p> <ul style="list-style-type: none"> Inspection, palpation, ROM, strength Special tests: <ul style="list-style-type: none"> Anterior drawer, Talar tilt tests for lateral ankle laxity Syndesmotoc squeeze test to assess for syndesmotoc injury <p><u>Diagnostic Tests</u></p> <p>Radiographs indicated if the following are present per the Ottawa ankle and foot rules:</p> <ul style="list-style-type: none"> <u>Ankle:</u> <ul style="list-style-type: none"> Bony tenderness over the medial or lateral malleolus 	<ul style="list-style-type: none"> Confirmed fracture Severe sprain Injury to syndesmosis Uncertainty regarding diagnosis, treatment or and/or return to activity <p>Worsening symptoms or no/minimal improvement in 7-10 days</p>	<p>Internal Provider using Epic: Place Ambulatory Referral to Sports Medicine</p> <p>External Provider using EPIC: Please complete the external referral order to CHW ORTHOPEDICS & SPORTS MEDICINE CLINICS - or - Fax to Central Scheduling at (414) 607-5288 - or - Online ambulatory referral form</p> <ul style="list-style-type: none"> Please send notes, imaging reports, labs Have images pushed into CHW system if possible, otherwise give family disc with images to bring to appointment. Call Sports Line for older (middle school and older) athletic patients 414.604.7512 	<p>After referral to ____ Clinic:</p>



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<ul style="list-style-type: none"> ○ Salter Harris injury in skeletally immature patients ○ Posterior malleolus fracture ○ Medial malleolus fracture ○ Juvenile Tilleaux fracture ○ Triplane fracture ● Syndesmosis injury ● Maisonneuve fracture ● Foot fracture 	<ul style="list-style-type: none"> ○ Inability to bear weight (4 steps) immediately after injury, in ED or physician's office <ul style="list-style-type: none"> ● Foot: <ul style="list-style-type: none"> ○ Bony tenderness of the base of the 5th metatarsal ○ Bony tenderness of the navicular ○ Inability to bear weight (4 steps) immediately after injury, in ED or physician's office <p>Recommended views</p> <ul style="list-style-type: none"> ○ Ankle - AP/lateral/mortise (weightbearing if possible) ○ Foot – AP/lateral/oblique (weightbearing if possible) ○ If clinically indicated: <ul style="list-style-type: none"> ▪ Tibia/fibula – AP/lateral <p>Management:</p> <ul style="list-style-type: none"> ● If no fracture: <ul style="list-style-type: none"> ○ Rest, Ice, Compression, Elevation ○ Ibuprofen/acetaminophen as needed for pain ○ ACE bandage wrap or lace-up ankle brace for compression/support ○ Crutches for protected weightbearing if limping/difficulty 		<ul style="list-style-type: none"> ● Contact Orthopedic Nurseline for younger patients 414.266.2411 with questions/concerns ● Call CHW Physician Consultation Line (414)266-2460 if you want to speak to Pediatric Orthopedist/Sports Medicine physician prior to referral. 	
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	<p>weightbearing. Wean off as tolerated.</p> <ul style="list-style-type: none"> ○ For severe sprains, consider walking boot if available and able to be applied and fitted appropriately <ul style="list-style-type: none"> ● If fracture present: <ul style="list-style-type: none"> ○ Apply splint ○ Crutches – no bearing weight ○ Refer to Orthopedics/Sports Medicine <ul style="list-style-type: none"> ● Return to activity after ankle sprain: <ul style="list-style-type: none"> ○ Physically ready to return: <ul style="list-style-type: none"> ▪ Able to ambulate and perform sport-specific activities (i.e. running, jumping and cutting) pain-free and with normal mechanics ○ Psychologically ready to return ○ Should perform ankle exercises for ROM, strength and neuromuscular control prior to return 			
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	<ul style="list-style-type: none"> ○ Recommend lace-up ankle brace with PE/sports to decrease risk of re-injury ○ Referral to PT if history of recurrent ankle sprains 			
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References

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*Approved by Specialty Medical Leader, CSG Clinical Integratio, CMG Clinical Guidelines Core Team

Medical Disclaimer

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