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.

Genu Varum Angular deformity of the proximal tibia in which the child appears "bowlegged"				
Diagnosis/symptom	Referring provider's initial evaluation and management:	When to initiate referral to Orthopedic Clinic:	What can referring provider send to Orthopedic Clinic?	Specialist's workup will likely include:
 Signs and symptoms Physiologic Genu Varum Genu varum (bowed legs) persisting after 18 months of age Usually pronounced by the child beginning ambulation Determine if change over time (better or worse) Family history: short stature, angular knee deformities Differential Diagnosis Physiologic bowing Hypophosphatemic Rickets Physiologic bowlegs Blounts Pseudoachondroplasia 	 Physical exam Recommendations Measure the child's height and weight Neuromuscular exam Supine exam technique Legs straight Patella directed upward Weight bearing exam technique Legs straight Patella directed straight forward Additional Information: OrthoKids - Bowed Legs & Knock Knees Physical Exam findings requiring further evaluation: Severe for age Unilateral varus One side worse than the other Bowing worsening after age 2 	 Unilateral Lateral thrust Worsening varus after walking Varus not resolved at about 2 years 	 Internal Provider using Epic: Place Ambulatory Referral to Orthopedics. External Provider using EPIC: Please complete the external referral order to CHW ORTHOPEDIC & SPORTS MEDICINE CLINICS or - Fax to Central Scheduling at (414) 607-5288 or - Online ambulatory referral form Patients will be seen in one of the following clinics: Well Child Lower Extremity Clinic: Otherwise healthy No history of motor delays, syndrome, underlying neurologic disorder, genetic disorder Seen by an APP or non-operative Physician 	 Birth & developmental milestone history Family history Neuromuscular exam including complete rotational profile Gait evaluation Possible radiographs Possible laboratory analysis



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 Focal fibrocartilaginous 	 Lateral thrust when walking: 	Patients with pain
dysplasia	abnormal translation of the knee	Patients with underlying disorders or
Osteogenesis imperfect	laterally when walking	developmental delays
	Height less than 25th percentile	Second opinion, previously seen by
		outside Orthopedic Surgeon
	Further evaluation recommendations:	
	Radiograph— AP standing leg lengths	Please send
	x-ray	 Pertinent images – either push to CHW PACS
	Laboratory Evaluation	or send with family on disc
	25-Hydroxy Vitamin D	 Radiologist reports if imaging obtained – send
	1-25 Dehydroxy Vitamin D	with family or fax to (414) 604-7509
	CBC with differential	
	CBC with differential	Clinic notes with hip / lower extremity exam
		Contact Information
	Ionized Calcium	Contact Information
		Call Physician Consultation Line at (414) 266-
	CMP	2460 if you would like to speak directly to
		Pediatric orthopedic surgeon prior to referral
	PTH	
		Contact Orthopedics (414) 604-7500 for
		general concerns
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- Do, T.T. (2001). Clinical and radiographic evaluation of bowlegs. Current Opinion in Pediatrics, 13(1), 42-46.
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*Approved by Specialty Medical Leader, CSG Clinical Integration, Primary Care Clinical Guidelines Core Team



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