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.

Internal Tibial Torsion Medially rotated tibia				
Diagnosis/symptom	Referring provider's initial evaluation and management:	When to initiate referral/ consider refer to Orthopedic Clinic:	What can referring provider send to Orthopedic Clinic?	Specialist's workup will likely include:
 Signs and symptoms Parents report child is clumsy and trips frequently "pigeon toed", or walks with feet pointed inward Affects males and females equally Identified more often in children under age 3 yo Differential Diagnosis Femoral anteversion Metatarsus Adductus Cerebral palsy 	Physical Exam Recommendations: Rotational Profile Exam The Quick Rotational Profile Exam Video • Internal & external hip rotation • Thigh foot axis • Transmalleolar axis • Heel bisector angle • Foot progression angle with walking Additional Resources https://orthokids.org/conditions/in-toeing/ Radiographs Indicated for: • Short stature • Abnormal hip examination • Marked limb asymmetry • Pain	 Provider or arent concern Patients with pain Femoral anteversion / intoeing over 10 years old Patients with underlying disorders or developmental delays Second opinion, seen by outside Orthopedic Surgeon 	 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 evaluated 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



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Treatment • Observation, as natural history points to spontaneous resolution • Surgical intervention may be indicated in the following groups if functional issues: • older than 10 years with a marked deformity • underlying neuromuscular condition • Education • splinting, shoe modifications, exercises and braces has proved to be ineffective • no association between increased femoral anteversion and DJD	 <u>General Orthopedic Clinic</u> Patients with pain Patients with underlying disorders or developmental delays Second opinion, previously seen by outside Orthopedic Surgeon <u>Please send</u> Pertinent images – either push to CHW PACS or send with family on disc Radiologist reports if imaging obtained – send with family or fax to (414) 604-7509 Clinic notes with hip / lower extremity exam
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Medical Disclaimer

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