

Guidelines for Pediatric Orthopedic Referrals

Pediatric orthopedic patients can be referred to either Physical or Occupational Therapy/Hand Therapy here at Rady Children's Hospital San Diego. **But who are good candidates for referral and which therapy should you choose?**

General referral guidelines based on location of problem:

Physical Therapy:

- Lower extremities
- Trunk
- Back
- Neck
- Shoulders

Occupational Therapy/Hand Therapy:

- Elbows
- Forearms
- Wrists
- Hands
- Brachial plexus injuries

Fortunately most children with traumatic injuries do not need therapy but some that might benefit could have the following diagnoses:

Physical Therapy	Occupational Therapy
Injury with significant residual loss of motion and/or strength in the LE, back, shoulder or neck	Injury with significant residual loss of motion and/or strength in the elbow, wrist or hand
S/P nerve or tendon repair of LE	S/P nerve or tendon repair of UE
ACL repairs	Congenital deformities of the UE including camptodactyly, arthrogryposis, radial club deformities
Limb lengthening of the LE, which develops contractures or weakness	Limb lengthening of the UE which develop contractures or weakness
Persistent pain or RSD in LE	Persistent pain or RSD in UE
Patient with limitations in mobility, gait, gross motor development or transfer skills	Patient with limitations in functional arm use, such as, grasp & release, self-care skills, fine motor development or writing skills
Torticollis	Brachial plexus injuries
Juvenile rheumatoid arthritis in LE	Juvenile rheumatoid arthritis in UE
Tendon transfer/lengthening in LE which requires muscle re-education	Tendon transfer/lengthening in UE which requires muscle re-education
S/P Botox injections to LE	S/P Botox injections to UE