

# Provincial Adult Orthopedic & Spine Referral Pathway



## About this Pathway

Referral pathways help referring providers know where to send referrals and what information to include. These guidelines were created, updated, and co-designed with primary care, specialty care and patients.



We value all feedback to improve referral pathway. Please share your comments via [Online Survey](#) or scan the QR code.

## Review Clinical Pathway

(for guidance on referral process, if available)

A [clinical pathway](#) may be available to guide care options for your patient’s condition:

- Provincial**
- [Carpal Tunnel Syndrome Clinical Pathway](#)
  - [Hand and Wrist Soft Tissue Mass Clinical Pathway](#)
  - [Trigger Finger Clinical Pathway](#)
  - [Dupuytren’s Disease Clinical Pathway](#)
  - [Shoulder Assessment Clinical Pathways](#)
  - [Soft Tissue Knee Assessment Clinical Pathways](#)
  - [Spine: Low Back Assessment Clinical Pathway](#)

If you have any questions while using a clinical pathway or if a clinical pathway is not available, please request non-urgent advice.

## Request Urgent Advice

(when patient may need same day intervention and/or diagnostics without hospitalization; not life threatening)

Indications: Acute fractures including all fractures within 4 weeks of injury, acute tendon ruptures and torn ligaments, dislocation, metastatic bone tumors including impending pathologic fractures, acute pathologic fractures.

Note: For suspected primary or locally aggressive bone tumors, refer to Orthopedic Oncology (except in Lethbridge – Call orthopedic surgeon on call for Wrist).

Note: If the patient is already under the care of an orthopedic surgeon for this injury, please contact them.

Please refer to specific process for acute injuries below on Pages 4-5.

**North:** Call **Surgeon on Call** through **RAAPID North: 780-735-0811**.

**Edmonton:**

- For hand & wrist: Call **Plastic Surgeon or Orthopedic Surgeon on Call** through **RAAPID North: 780-735-0811**.
- For all other: Call **Orthopedic Consult Line** through **RAAPID North: 780-735-0811**.

**Central:** Call **Surgeon on Call** through **RAAPID North (North of Red Deer): 780-735-0811** or **South (in and south of Red Deer): 403-944-4486**.

**Calgary:** Call **Surgeon on Call** through **RAAPID South: 403-944-4486**.

**South:** Call **Surgeon on Call** to arrange urgent consult.

## Request Non-Urgent Advice

(when uncertain whether to submit a referral)

If you have been directed to seek Advice or need to connect with a Specialist:

**By electronic advice (Response within 5 calendar days):**

Use **Alberta Netcare eReferral eConsult** and submit requests. For more information, go to: [albertanetcare.ca/learningcentre/eReferral.htm](http://albertanetcare.ca/learningcentre/eReferral.htm)

**By telephone advice:**

**North & Edmonton Zones:** Call **ConnectMD** at 1-844-633-2263 or go online to [pcnconnectmd.com](http://pcnconnectmd.com) for more information.

## Request Emergency Consultation

(when patient needs to be seen immediately)

Call **RAAPID** or send to **Emergency Department via 911** as appropriate.

If stroke symptoms are evolving, call local stroke service via RAAPID.

## Request Non-Urgent Referral

(when patient requires non-urgent referral)

Submit a referral as per the process below:

- Complete a referral letter stating the reason for referral. Tip: review the [QuRE Referral/Consult Checklist](#) for high-quality referral guidelines. A [referral form](#) is also available
- Attach all mandatory information to the referral.
- Fax the completed referral to the FAST (Facilitated Access to Specialized Treatment) central access and intake program as listed in the [Program Contacts section](#).
- If you have questions about a previously submitted but unassigned referral, call the FAST office at 1-833-553-3278. If you have questions about an assigned referral, please contact the specialist office directly.

• A referral requires confirmation your patient does not qualify for expedited surgery through Workers' Compensation Board (WCB). For help or questions, call WCB's Physician HELP line: 1-855-498-4919 or check "Contact with WCB Physician" on the WCB report when you submit it.

Provincial Orthopedic & Spine Quick Reference and Table of Contents  
Non-Urgent Referral Requests Mandatory Imaging Requirements

Body Part	Requirements
<b><u>Shoulder:</u></b> Instability Stiffness Pain Retained Orthopedic Hardware	Within 6 Months of referral: <ul style="list-style-type: none"><li>X-rays of the affected shoulder: Shoulder Girdle: AP (with external rotation), AP oblique (Glenoid), PA/AP Oblique (Scapular Y), Axial.</li><li>For Instability Shoulder must also include: AP Axial (Stryker Notch), Inferosuperior Axial (West Point).</li></ul>
<b><u>Elbow:</u></b> Arthritis Non-Degenerative Joint Pathology (non-arthritic) Chronic Soft Tissue Pain Entrapment Neuropathies of upper limb Mass Olecranon Bursitis	Within 12 months of referral: <ul style="list-style-type: none"><li>X-rays of the affected elbow: AP, Lateral</li><li>For non-degenerative Joint pathologies, a CT scan must be ordered.</li><li>For Chronic Soft Tissue Pain and Entrapment Neuropathies electrodiagnostic studies must be ordered.</li></ul>
<b><u>Hand And Wrist:</u></b> Arthritis Pain Ligament Pathologies Deformity	Within 12 months of referral: <ul style="list-style-type: none"><li>X-rays of the affected joint.</li><li>For pain referrals only: specify location of pain.</li></ul>
<b><u>Hand and Wrist:</u></b> Carpal Tunnel Syndrome Median Nerve Entrapment Radial Nerve Entrapment Ulnar Nerve Entrapment	Within 12 months of referral: <ul style="list-style-type: none"><li>Electrodiagnostic study results.</li><li>Ulnar neuropathy only: If loss of motion at the elbow please provide x-ray of affected elbow.</li></ul> <p>*Please note carpal tunnel does not require electrodiagnostic study results, but does require a quality referral letter, please see referral pathway for details.</p>
<b><u>Hand and Wrist:</u></b> Tendon Pathologies Mass (Cyst, Tumor or Lump)	Within 12 months of referral: <ul style="list-style-type: none"><li>Ultrasound.</li></ul> Go to hand and wrist section for soft tissue mass requirements

Body Part	Requirements
<b><u>Hip:</u></b> Arthritis Symptomatic Hip Arthroplasty	Within 6 months of referral: <ul style="list-style-type: none"><li>Weight Bearing Hip- Routine x-rays: AP pelvis centered at pubis, AP Hip of proximal half of affected femur, Lateral view (Lauenstein) of proximal half of affected femur.</li></ul>
<b><u>Hip:</u></b> Pain (Without Osteoarthritis) Hip Impingement Congenital Hip Dysplasia Bone Deformity Other Avascular Necrosis Synovial Disorder Residual Childhood Hip Disorder Retained Orthopedic Hardware	Within 6 months of referral: <ul style="list-style-type: none"><li>Weight Bearing Hip – Routine x-rays: AP pelvis, AP Hip, Lateral view (Lauenstein).</li></ul>
<b><u>Knee:</u></b> Arthritis Pain Instability Mechanical Knee Symptoms Retained Orthopedic Hardware	Within 6 months of referral: <ul style="list-style-type: none"><li>Bilateral Standing AP/PA.</li><li>Weightbearing affected knee- Standing PA with knee flexed 45o (Rosenburg), Lateral and Skyline views .</li></ul> <p>*If patient is unable to weight bear AP/Lateral x rays and 2 oblique views (Trauma Series).</p>
<b><u>Foot and Ankle:</u></b> Pain Instability Swelling Deformity Ulcer	Within 3 months of referral: <ul style="list-style-type: none"><li>Bilateral, weightbearing views foot and ankle.</li></ul> <p><b>AND</b></p> <ul style="list-style-type: none"><li>X-rays of the affected foot and/or ankle:<ul style="list-style-type: none"><li>Weight bearing Foot - Routine: AP Axial and Lateral</li><li>Weight bearing Ankle - Routine: AP, AP Oblique 15°-20° medial rotation, Lateral.</li></ul></li></ul>
<b><u>Spine:</u></b> Radiculopathy Myelopathy Neurogenic Claudication Intradural Pathologies	MRI required for direct surgical consideration. See referral pathway for additional details.

<b>Hand and Wrist:</b> Dupuytren's Contracture Trigger Finger	Dupuytren's Contracture: <ul style="list-style-type: none"><li>Degree of contracture (including Tabletop test result Trigger Finger</li><li>See referral pathway for additional details required in referral letter</li></ul>		<b>Spine:</b> Spine Deformity Back Pain Neck Pain	X-ray of affected region suggested. See referral Pathway for additional details
<b>Acute Injury</b>	Urgent Referral. See Referral pathway for additional details.			

Program Contacts

	North Zone	Edmonton Zone	Central Zone	Calgary Zone	South Zone
<b>Urgent Advice or Emergency Consultation</b>	RAAPID North Tel 1-800-282-9911 <a href="http://www.ahs.ca/RAAPID">www.ahs.ca/RAAPID</a>	RAAPID North Tel 1-800-282-9911 <a href="http://www.ahs.ca/RAAPID">www.ahs.ca/RAAPID</a>	RAAPID North Tel 1-800-282-9911  RAAPID South Tel 1-800-661-1700 <a href="http://www.ahs.ca/RAAPID">www.ahs.ca/RAAPID</a>	RAAPID South Tel 1-800-661-1700 <a href="http://www.ahs.ca/RAAPID">www.ahs.ca/RAAPID</a>	RAAPID South Tel 1-800-661-1700 <a href="http://www.ahs.ca/RAAPID">www.ahs.ca/RAAPID</a>
<b>Non-Urgent Advice</b>	ConnectMD <a href="#">Online request</a> Tel 1-844-633-2263 <a href="http://pcnconnectmd.com">pcnconnectmd.com</a>	ConnectMD <a href="#">Online request</a> Tel 1-844-633-2263 <a href="http://pcnconnectmd.com">pcnconnectmd.com</a>			
<b>Zone FAST* Team</b>	North Zone FAST Team  Tel 1-833-553-3278 ext. 1 Fax 1-833-627-7025	Edmonton Zone FAST Team Tel 1-833-553-3278 ext. 2 Fax: Elbow, Hand & Wrist: 780-643-1235 Other Orthopedic Referrals: 780-670-3221	Central Zone FAST Team  Tel 1-833-553-3278 ext. 3 Fax 1-833-627-7022	Calgary Zone FAST Team  Tel 1-833-553-3278 ext. 4 Fax 1-833-627-7023	South Zone FAST Team  Tel 1-833-553-3278 ext. 5 Fax 1-833-627-7024

\*FAST (Facilitated Access to Specialized Treatment) central access and intake program.

ACUTE INJURY			
If you identify any clinical pathway red flags, please follow urgent or emergent referral process.			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>Fracture ( &lt; 4 weeks)</b> Includes: Non-union, fractures treated (surgically or non-surgically) outside of patient's Zone but requiring treatment or follow up	<b>&lt; 4 weeks – URGENT REFERRAL:</b> <ul style="list-style-type: none"><li>• <b>North:</b> <b>Call Surgeon on Call through RAAPID</b> <b>(For Bonnyville and area, there is also the option to fax referrals to Dr. Ashokchand Baburam’s office at 780-826-6531).</b></li><li>• <b>Edmonton:</b><ul style="list-style-type: none"><li>○ For hand &amp; wrist: <b>Call Plastic Surgeon on call through RAAPID or Orthopedic Surgeon on Call at the Sturgeon Hospital through RAAPID.</b></li><li>○ For all other fractures: <b>Call Orthopedic Consult Line through RAAPID.</b></li></ul></li><li>• <b>Central:</b> <b>Call Surgeon on Call through RAAPID.</b></li><li>• <b>Calgary:</b> <b>Call Surgeon on Call through RAAPID.</b></li><li>• <b>South:</b> <b>Call Surgeon on Call to arrange urgent consult.</b></li></ul> <p><i>Note:</i> If the patient is already under the care of an Orthopedic surgeon for this injury, please contact them.</p>		
<b>Fracture ( &gt; 4 weeks)</b> Includes: Mal-union, non-union, fractures treated (surgically or non-surgically) outside of patient's Zone but requiring treatment or follow up	<b>All Zones: &gt; 4 weeks and patient is unattached to a surgeon, send referral to <u>Zone FAST Team</u>.</b> <p><i>Note:</i> If the patient is already under the care of an Orthopedic surgeon for this injury, please contact them.</p>	<b>For anything &gt; 4 weeks:</b> <ul style="list-style-type: none"><li>• X-ray of affected body part or joint.</li></ul>	
<b>Suspected Tendon Rupture (&lt;4weeks)</b> Includes: Distal biceps tendon, triceps tendon, quadriceps tendon, achilles tendon, proximal hamstring, pectoralis major, patellar tendon ruptures	<b>&lt; 4 weeks – URGENT REFERRAL:</b> <ul style="list-style-type: none"><li>• <b>North:</b> <b>Call Surgeon on Call through RAAPID.</b></li><li>• <b>Edmonton:</b><ul style="list-style-type: none"><li>○ For suspected tendon ruptures involving the hand &amp; wrist: <b>Call Plastic Surgeon on call through RAAPID or Orthopedic Surgeon on Call at the Sturgeon Hospital through RAAPID.</b></li><li>○ For all other suspected tendon ruptures: <b>Call Orthopedic Consult Line through RAAPID.</b></li></ul></li><li>• <b>Central:</b> <b>Call Surgeon on Call through RAAPID.</b></li><li>• <b>Calgary:</b> <b>Call Surgeon on Call through RAAPID.</b></li><li>• <b>South:</b> <b>Call Surgeon on Call to arrange urgent consult.</b></li></ul> <p><i>Note:</i> If the patient is already under the care of an Orthopedic surgeon for this injury, contact them.</p> <p><b>Suspected Rotator Cuff Tear or Proximal Biceps Tendon Rupture</b>, refer to <u>CLINICAL PATHWAY: SHOULDER ASSESSMENT</u>.</p> <p><b>Suspected Achilles Tendon Rupture</b>, place patient in plantar flexion (plantar splints) and non-weight-bearing as soon as injury is suspected.</p>		Additional imaging not required. Further tests will be obtained by the specialist if necessary.

ACUTE INJURY			
If you identify any clinical pathway red flags, please follow urgent or emergent referral process.			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>Suspected Tendon Rupture (&gt;4weeks)</b> Includes: Distal biceps tendon, triceps tendon, quadriceps tendon, achilles tendon, proximal hamstring, pectoral major, patellar tendon ruptures	<b>All Zones: &gt; 4 weeks and patient is unattached to a surgeon, send referral to <u>Zone FAST Team</u>.</b> <i>Note:</i> If the patient is already under the care of an Orthopedic surgeon for this injury, please contact them. <b>Suspected Rotator Cuff Tear or Proximal Biceps Tendon Rupture</b> , refer to <u>CLINICAL PATHWAY: SHOULDER ASSESSMENT</u> . <b>Suspected Achilles Tendon Rupture</b> , place patient in plantar flexion (plantar splints) and non-weight-bearing as soon as injury is suspected.	<b>For anything &gt; 4 weeks:</b> <ul style="list-style-type: none"><li>X-ray of affected body part or joint.</li></ul>	
<b>Acute Ligament Pathologies- Hand &amp; Wrist</b> Includes: Ligament rupture or injury	<b>&lt; 4 weeks – URGENT REFERRAL:</b> <ul style="list-style-type: none"><li><b>North:</b> Call Surgeon on Call through RAAPID.</li><li><b>Edmonton:</b> Call Plastic Surgeon on call through RAAPID or Orthopedic Surgeon on Call at the Sturgeon Hospital through RAAPID.</li><li><b>Central:</b> Call Surgeon on Call to arrange urgent consult.</li><li><b>Calgary:</b> Call Surgeon on Call through RAAPID.</li><li><b>South:</b> Call Plastic Surgeon on call or South Health Campus Hand for Hand/Finger concerns and Ortho surgeon on call for Wrist concerns.</li></ul>		If available, x-ray of affected body part or joint.
<b>Dislocation</b> Includes: Hip, tibio-femoral, elbow (including locked dislocation), wrist, ankle, subtalar	<b>URGENT REFERRAL:</b> <ul style="list-style-type: none"><li><b>North:</b> Call Surgeon on Call through RAAPID.</li><li><b>Edmonton:</b><ul style="list-style-type: none"><li>For hand &amp; wrist: Call Plastic Surgeon on call through RAAPID or Orthopedic Surgeon on Call at the Sturgeon Hospital through RAAPID.</li><li>For all other dislocations: Call Orthopedic Consult Line through RAAPID.</li></ul></li><li><b>Central:</b> Call Surgeon on Call through RAAPID.</li><li><b>Calgary:</b> Call Surgeon on Call through RAAPID.</li><li><b>South:</b> Call Surgeon on Call to arrange urgent consult.</li></ul>		If available, x-ray of affected body part or joint.
<b>Impending Pathologic Fracture</b>	<b>URGENT REFERRAL:</b> <ul style="list-style-type: none"><li><b>North:</b> Call Surgeon on Call through RAAPID.</li><li><b>Edmonton:</b><ul style="list-style-type: none"><li>For hand &amp; wrist: Call Plastic Surgeon on call through RAAPID or Orthopedic Surgeon on Call at the Sturgeon Hospital through RAAPID.</li><li>For all other impending pathologic fractures: Call Orthopedic Consult Line through RAAPID.</li></ul></li><li><b>Central:</b> Call Surgeon on Call through RAAPID.</li><li><b>Calgary:</b> Call Surgeon on Call through RAAPID.</li><li><b>South:</b> Call Surgeon on Call to arrange urgent consult.</li></ul>		If available, x-ray of affected body part or joint.

SHOULDER			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
Instability- Shoulder	<ul style="list-style-type: none"><li>Refer to <u>CLINICAL PATHWAY: SHOULDER ASSESSMENT</u>.</li><li>All Zones: Send referral to <u>Zone FAST Team</u>.</li></ul>	< 6 months of referral: <ul style="list-style-type: none"><li>X-rays of the affected shoulder:<ul style="list-style-type: none"><li>Shoulder Girdle: AP (with external rotation), AP Oblique (Glenoid), PA/AP Oblique (Scapular Y), Axial</li><li>AND AP Axial (Stryker Notch), Inferosuperior Axial (West Point).</li></ul></li></ul>	Additional imaging not recommended. Further tests will be obtained by the specialist if necessary.  Central: For suspected painful rotator cuff tear without significant osteoarthritis, shoulder ultrasound is recommended.
Stiffness-Shoulder		< 6 months of referral: <ul style="list-style-type: none"><li>X-rays of the affected shoulder:<ul style="list-style-type: none"><li>Shoulder Girdle: AP (with external rotation), AP Oblique (Glenoid), PA/AP Oblique (Scapular Y), Axial.</li></ul></li></ul>	
Pain-Shoulder			
Retained Orthopedic Hardware-Shoulder	<ul style="list-style-type: none"><li>All Zones: Send referral to <u>Zone FAST Team</u> (direct to original surgeon if available).</li></ul>		

ELBOW			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
Arthritis- Elbow	<ul style="list-style-type: none"><li>All Zones: Send referral to <a href="#">Zone FAST Team</a>.</li></ul>	<p>&lt; 12 months of referral:</p> <ul style="list-style-type: none"><li>X-rays of the affected elbow: AP, Lateral.</li></ul>	Additional imaging not required. Further tests will be obtained by the specialist if necessary.
Non- Degenerative Joint Pathology (Non-Arthritic)-Elbow Includes: Loose bodies, osteochondritis dissecans (OCD)	<ul style="list-style-type: none"><li>All Zones: Send referral to <a href="#">Zone FAST Team</a>.</li></ul>	<p>&lt; 12 months of referral:</p> <ul style="list-style-type: none"><li>X-rays of the affected elbow: AP, Lateral.</li><li>CT scan (ordered).</li><li>Please specify locking if referring for medial and lateral elbow pain.</li></ul>	
Chronic Soft Tissue Pain- Elbow Includes: Lateral and medial epicondylitis	<ul style="list-style-type: none"><li>All Zones: Send referral to <a href="#">Zone FAST Team</a> if pain has persisted for over 1 year.</li><li>Calgary: Non-surgical specialist assessment could be considered prior to referral (such as advanced practice physiotherapist, physiatrist, sport medicine).</li><li>For Lateral and Medial Epicondylitis: Please avoid cortisone injection and refer the patient for physiotherapy (wrist flexion and extension stretching exercises and common extensor/flexor eccentric strengthening exercises respectively including the Tyler Twist Program). Please consider referral to <a href="#">Zone FAST Team</a> only if the patient has exhausted at least 6 months of nonoperative management with no significant response. For more information, you may look at "Five things to know about lateral epicondylitis" (<a href="https://www.cmaj.ca/content/194/7/E257">https://www.cmaj.ca/content/194/7/E257</a>).</li></ul>	<p>&lt; 12 months of referral:</p> <ul style="list-style-type: none"><li>X-rays of the affected elbow: AP, Lateral.</li><li>Electrodiagnostic study (ordered) if associated with hand numbness.</li></ul>	Additional imaging not required. Further tests will be obtained by the specialist if necessary.
Entrapment Neuropathies of Upper Limb-Elbow Includes: Median neuropathy, radial neuropathy, ulnar neuropathy	<ul style="list-style-type: none"><li>All Zones: Send referral to <a href="#">Zone FAST Team</a>. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton Zone.</li></ul>	<p>&lt; 12 months of referral:</p> <ul style="list-style-type: none"><li>X-rays of the affected elbow: AP, Lateral.</li><li>Electrodiagnostic study (ordered).</li><li>Please specify if wasting and weakness are present.</li></ul>	

ELBOW			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
Mass (Tumor or Lump) - Elbow	<ul style="list-style-type: none"><li>• <b>All Zones:</b> For suspected or proven malignancies, aggressive tumors (sarcoma), send referrals to <b>Orthopedic Oncology in Calgary or Edmonton</b>.</li><li>• For all other concerns send to <u>Zone FAST Team</u>.</li><li>• <b>*Lethbridge</b> – Will accept all reasons for referral - Send to <u>Zone FAST Team</u></li></ul>		
<b>Olecranon Bursitis</b> Includes: Gouty tophi	<ul style="list-style-type: none"><li>• Consider a referral to <u>Zone FAST Team</u> if <b>bursitis</b> has not resolved with 1 year of conservative management.</li><li>• For <b>Gouty Tophi</b>, always maximize medical gout management before considering a referral to <u>Zone FAST Team</u>.</li></ul>	<b>&lt; 12 months of referral:</b> <ul style="list-style-type: none"><li>• <b>X-rays of the affected elbow:</b> AP, Lateral</li></ul>	



HAND & WRIST			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>Arthritis of Hand</b> <ul style="list-style-type: none"><li>Including thumb and fingers</li><li>i.e. osteoarthritis</li></ul>	<ul style="list-style-type: none"><li><b>North:</b> Send referral to <u>Zone FAST Team</u>.</li><li><b>Edmonton:</b> Send referral to <u>Zone FAST Team</u> **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton Zone.</li><li><b>Calgary:</b> Send referral to <u>Zone FAST Team</u>. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Calgary Zone.</li><li><b>Central/South:</b> Send referral to <b>Plastic Surgery</b></li></ul>	<p><b>&lt; 12 months of referral:</b></p> <ul style="list-style-type: none"><li>X-ray of the affected area.</li><li>Specify previous treatments (such as injections).</li></ul> <p>Additional imaging not required. Further tests will be obtained by the specialist if necessary.</p>	
<b>Arthritis of Wrist</b>	<ul style="list-style-type: none"><li><b>North:</b> Send referral to <u>Zone FAST Team</u>.</li><li><b>Edmonton:</b> Send referral to <u>Zone FAST Team</u> **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton Zone.</li><li><b>Calgary:</b> Send referral to <u>Zone FAST Team</u>. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Calgary Zone.</li><li><b>Central/South:</b> Send referral to <u>Zone FAST Team</u></li></ul>	<p><b>&lt; 12 months of referral:</b></p> <ul style="list-style-type: none"><li>X-ray of the affected area.</li><li>Specify previous treatments (such as injections).</li></ul> <p>Additional imaging not required. Further tests will be obtained by the specialist if necessary.</p>	
<b>Hand Pain</b>	<ul style="list-style-type: none"><li><b>North:</b> Send referral to <u>Zone FAST Team</u>.</li><li><b>Edmonton:</b> Send referral to <u>Zone FAST Team</u>. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton Zone.</li><li><b>Calgary:</b> Send referral to <u>Zone FAST Team</u> **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Calgary Zone.</li><li><b>Central/South:</b> Send referral to <b>Plastic Surgery</b>.</li></ul>	<p><b>&lt; 12 months of referral:</b></p> <ul style="list-style-type: none"><li>X-ray of the affected area.</li><li>Specify location of pain (thumb, metacarpal, phalangeal) and chronicity of pain.</li></ul> <p>If pain is related to another reason for referral, please order the appropriate investigations.</p>	

HAND & WRIST			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
Wrist Pain	<ul style="list-style-type: none"><li>North: Send referral to <a href="#">Zone FAST Team</a>.</li><li>Edmonton: Send referral to <a href="#">Zone FAST Team</a> **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton Zone.</li><li>Calgary: Send referral to <a href="#">Zone FAST Team</a>. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Calgary Zone.</li><li>Central/South: Send referral to <a href="#">Zone FAST Team</a>.</li></ul>	<p>&lt; 12 months of referral:</p> <ul style="list-style-type: none"><li>X-ray of the affected area.</li><li>Specify location of pain (radial, central or ulnar, dorsal, volar) and chronicity of pain.</li></ul> <p>If pain is related to another reason for referral, please order the appropriate investigations.</p>	
Ligament Pathologies- Wrist Includes: Scapholunate, triangular fibrocartilage complex (TFCC) / distal radial ulnar joint (DRUJ) instability	<p>&gt; 4 weeks, send referral to:</p> <ul style="list-style-type: none"><li>North: Send referral to <a href="#">Zone FAST Team</a>.</li><li>Edmonton: Send referral to <a href="#">Zone FAST Team</a>. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton Zone.</li><li>Calgary: Send referral to <a href="#">Zone FAST Team</a>. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Calgary Zone.</li><li>Central/South: Send referral to <a href="#">Zone FAST Team</a>.</li></ul>	<p>&lt; 12 months of referral:</p> <ul style="list-style-type: none"><li>X-ray of the affected area.</li><li>Consider For Scapholunate – Please also order bilateral x-ray clenched fist view.</li></ul>	<p>Please consider printing this article for your patient to bring with them to complete the bilateral clenched fist view x-ray: “<i>The “Clenched Pencil” View: A Modified Clenched Fist Scapholunate Stress View, JHS 2003.</i></p> <p>Additional imaging not required. Further tests will be obtained by the specialist if necessary.</p>
Ligament Pathologies- Hand Includes: Chronic rupture of ulnar collateral ligament of thumb, Chronic tear of ligament of finger or thumb	<p>&gt; 4 weeks, send referral to:</p> <ul style="list-style-type: none"><li>North: Send referral to <a href="#">Zone FAST Team</a>. Edmonton: Send referral to <a href="#">Zone FAST Team</a> **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton Zone.</li><li>Calgary: Send referral to <a href="#">Zone FAST Team</a>. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Calgary Zone.</li><li>Central/South: Send referral to <a href="#">Plastic Surgery</a>.</li></ul>	<p>&lt; 12 months of referral:</p> <ul style="list-style-type: none"><li>X-ray of the affected area.</li></ul>	<p>Please consider printing this article for your patient to bring with them to complete the bilateral clenched fist view x-ray: “<i>The “Clenched Pencil” View: A Modified Clenched Fist Scapholunate Stress View, JHS 2003.</i></p> <p>Additional imaging not required. Further tests will be obtained by the specialist if necessary.</p>

HAND & WRIST			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>Deformity- Hand or Wrist</b> Includes: Tendon related deformity (mallet finger, jersey finger, boutonniere's).	<ul style="list-style-type: none"><li>• <b>North:</b> Send referral to <a href="#">Zone FAST Team</a>.</li><li>• <b>Edmonton:</b> Send referral to <a href="#">Zone FAST Team</a>. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton Zone.</li><li>• <b>Calgary:</b> Send referral to <a href="#">Zone FAST Team</a>. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Calgary Zone.</li><li>• <b>Central:</b> Send referral to <a href="#">Plastic Surgery</a> for <b>Hand</b>. If related to an <b>acute rupture of deformity</b>, contact Plastic Surgeon on call.</li><li>• <b>South:</b> Send referral to <a href="#">Plastic Surgery</a> for <b>Hand/Finger</b> and to <a href="#">Zone FAST Team</a> for <b>Wrist</b>.</li></ul>	<b>&lt; 12 months of referral:</b> <ul style="list-style-type: none"><li>• X-ray of the affected area.</li></ul>	
<b>Carpal Tunnel Syndrome</b>	<ul style="list-style-type: none"><li>• Refer to <a href="#">CLINICAL PATHWAY: CARPAL TUNNEL SYNDROME</a></li><li>• <b>North:</b> Send referral to <a href="#">Zone FAST Team</a>. <b>Edmonton:</b> Send referral to <a href="#">Zone FAST Team</a> **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton Zone.</li><li>• <b>Calgary:</b> Send referral to <a href="#">Zone FAST Team</a>. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Calgary Zone.</li><li>• <b>Central:</b> Send referral to <a href="#">Plastic Surgery</a> for <b>Hand/Finger</b> and to <a href="#">Zone FAST Team</a> for <b>Wrist</b>.</li><li>• <b>South:</b><ul style="list-style-type: none"><li>○ <b>Medicine Hat:</b> Send referral to <a href="#">Zone FAST Team</a> or to <a href="#">Plastic Surgery</a>.</li><li>○ <b>Lethbridge:</b> Send referral to <a href="#">Plastic Surgery</a>.</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Include within the referral letter (Refer to clinical pathway for additional support):<ul style="list-style-type: none"><li>○ Description of symptom onset and duration</li><li>○ Specify if atrophy or weakness present, as this impacts triage.</li><li>○ Functional status limitations</li><li>○ Treatments initiated and responses.</li></ul></li></ul>	Electrodiagnostic studies should be ordered concurrently if atrophy/weakness present (i.e. severe carpal tunnel syndrome)
<b>Median Nerve Entrapment</b> Other than carpal tunnel syndrome. Includes: Pronator Syndrome, Lacertus Syndrome.	<ul style="list-style-type: none"><li>• <b>North:</b> Send referral to <a href="#">Zone FAST Team</a>.</li><li>• <b>Edmonton:</b> Send referral to <a href="#">Zone FAST Team</a>. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton Zone.</li><li>• <b>Calgary:</b> Send referral to <a href="#">Zone FAST Team</a>. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Calgary Zone.</li></ul>	<b>&lt; 12 months of referral:</b> <ul style="list-style-type: none"><li>• Electrodiagnostic study results required as results impacts triage decisions.</li><li>• Please specify if wasting and weakness are present.</li></ul>	

HAND & WRIST			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>Radial Nerve Entrapment</b> Includes: Radial Tunnel, PIN Compression, Wartenberg's Syndrome	<ul style="list-style-type: none"><li>• <b>Central:</b> Send referral to <b>Plastic Surgery</b> for <b>Hand/Finger</b> and to <b><u>Zone FAST Team</u></b> for <b>Wrist</b>.</li><li>• <b>South:</b><ul style="list-style-type: none"><li>◦ <b>Lethbridge:</b> Send referral to <b>Plastic Surgery</b> for <b>Hand/Finger</b> and to <b><u>Zone FAST Team</u></b> for <b>Wrist</b>.</li><li>◦ <b>Medicine Hat:</b> Send referral to <b>Plastic Surgery</b>.</li></ul></li></ul> <i>For traumatic nerve injuries refer to the</i> <ul style="list-style-type: none"><li>• <b>North/Edmonton/Central:</b> <i>Peripheral Nerve Injury Clinic.</i></li><li>• <b>Central/Calgary:</b> <i>Refer to Plastic Surgery, SHC Hand Program or Peripheral Nerve Injury Clinic.</i></li><li>• <b>South:</b> <i>Traumatic nerve injuries distal to brachial plexus refer to Plastic Surgery or send to ER as appropriate.</i></li></ul>	<b>&lt; 12 months of referral:</b> <ul style="list-style-type: none"><li>• Electrodiagnostic study required as results impact triage decisions.</li><li>• Please specify if wasting and weakness are present.</li></ul>	
<b>Ulnar Nerve Entrapment</b> Includes: Cubital Tunnel, Guyon's Syndrome		<b>&lt; 12 months of referral:</b> <ul style="list-style-type: none"><li>• Electrodiagnostic study results required as results impact triage decisions.</li><li>• Please specify if wasting and weakness are present.</li></ul> <p>If loss of motion at the elbow, please provide x-ray of the affected elbow completed within 12 months.</p>	

HAND & WRIST			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>Tendon Pathologies- Hand or Wrist</b> Includes: Instability, tendonitis, tear, tenosynovitis, DeQuervain's Tenosynovitis.	<ul style="list-style-type: none"><li>• <b>North:</b> Send referral to <b>Zone FAST Team</b>.</li><li>• <b>Edmonton:</b> Send referral to <b>Zone FAST Team</b> **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton Zone.</li><li>• <b>Calgary:</b> Send referral to <b>Zone FAST Team</b>. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Calgary Zone.</li><li>• <b>Central:</b> Send referral to <b>Zone FAST Team</b> for ECU/FCR instability and tendinopathy. For other reasons, send referral to <b>Plastic Surgery</b>.</li><li>• <b>South:</b> Send referral to <b>Plastic Surgery</b>.</li></ul>	<b>&lt; 12 months of referral:</b> <ul style="list-style-type: none"><li>• If suspecting tear or instability of tendon: Ultrasound.</li><li>• Please specify how many cortisone injections the patient has tried.</li></ul>	
<b>Cyst of Hand or Wrist</b> <ul style="list-style-type: none"><li>• Includes simple cystic mass (i.e. ganglion cyst)</li></ul>	<ul style="list-style-type: none"><li>• Refer to <b>Clinical Pathway: Hand and Wrist Soft Tissue Mass</b></li><li>• <b>Calgary, Central, Edmonton, and North Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li>• <b>South Zone:</b> For hand, refer direct to plastic surgery as per current zonal practice. For wrist, refer to <b>Zone FAST Team</b> for orthopedic surgery</li><li>• Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones**</li></ul>	<ul style="list-style-type: none"><li>• Trial of 3 aspirations (<b>OR</b> reason why unable/inappropriate to aspirate)</li><li>• X-ray of affected joint</li></ul>	<ul style="list-style-type: none"><li>• For cystic masses, order ultrasound when uncertain whether cystic or solid mass</li></ul>
<b>Mass of Hand or Wrist -suspected benign</b> (solid mass with significant symptoms)	<ul style="list-style-type: none"><li>• Refer to <b>Clinical Pathway: Hand and Wrist Soft Tissue Mass</b></li><li>• <b>Calgary, Central, Edmonton, and North Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li>• <b>South Zone:</b> For hand, refer direct to plastic surgery as per current zonal practice. For wrist, refer to <b>Zone FAST Team</b> for orthopedic surgery</li><li>• Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones**</li></ul>	<ul style="list-style-type: none"><li>• Imaging results demonstrating solid mass</li><li>• MRI ordered</li></ul>	<ul style="list-style-type: none"><li>• Significant symptoms include: severe pain, functional impairment impacting activities of daily living, spontaneous discharge of fluid, significant nail deformity, and numbness/tingling</li></ul>

HAND & WRIST			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>Mass of Hand or Wrist – suspected malignant</b>	<ul style="list-style-type: none"><li>Refer to <a href="#">Clinical Pathway: Hand and Wrist Soft Tissue Mass</a></li><li><b>Calgary Zone Oncology:</b> send referrals to <b>Orthopedic Oncology in Calgary</b> (see <a href="#">Alberta Referral Directory</a> for clinic details)</li><li><b>Edmonton Zone Oncology:</b> Send referral to <b>Zone FAST Team</b>.</li></ul>	<ul style="list-style-type: none"><li>Urgent MRI results</li></ul>	
<b>Dupuytren’s Contracture</b>  Fixed progressive flexion contracture of palmar fascia	<ul style="list-style-type: none"><li>Refer to <b>Clinical Pathway:</b> <a href="#">Clinical Pathway: Dupuytren’s Disease</a></li><li><b>North:</b> Send referral to <a href="#">Zone FAST Team</a>.</li><li><b>Edmonton:</b> Send referral to <a href="#">Zone FAST Team</a>. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton Zone.</li><li><b>Calgary:</b> Send referral to <a href="#">Zone FAST Team</a>. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Calgary Zone.</li><li><b>Central:</b> Send referral to <a href="#">Plastic Surgery</a> for <b>Hand</b>. If related to an <b>acute rupture of deformity</b>, contact Plastic Surgeon on call.</li><li><b>South:</b> Send referral to <a href="#">Plastic Surgery</a> for <b>Hand/Finger</b> and to <a href="#">Zone FAST Team</a> for <b>Wrist</b>.</li></ul>	<ul style="list-style-type: none"><li>Please specify degree of contracture<ul style="list-style-type: none"><li>Tabletop Test Result: Operative intervention is primarily offered to patients who are unable to place their hand flat on the table, or to those with significant tenderness.</li><li>Presence of tender nodules, if present.</li><li>Presence of work/life limitations, if present.</li></ul></li></ul> <p><i>Diagnostic ultrasound is not necessary.</i></p>	
<b>Trigger Finger</b>  Intermittent triggering/locking/clicking with digital flexion/ extension	<ul style="list-style-type: none"><li>Refer to <a href="#">Clinical Pathway: Trigger Finger</a></li><li><b>North:</b> Send referral to <a href="#">Zone FAST Team</a>.</li><li><b>Edmonton:</b> Send referral to <a href="#">Zone FAST Team</a> **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton Zone.</li><li><b>Calgary:</b> Send referral to <a href="#">Zone FAST Team</a>. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Calgary Zone.</li><li><b>Central:</b> Send referral to <a href="#">Zone FAST Team</a> for ECU/FCR instability and tendinopathy. For other reasons, send referral to <a href="#">Plastic Surgery</a>.</li><li><b>South:</b> Send referral to <a href="#">Plastic Surgery</a>.</li></ul> <p>***For a digit that cannot be manually unlocked send through FAST and it will be prioritized.</p>	<ul style="list-style-type: none"><li>Include within the referral letter:<ul style="list-style-type: none"><li>If the patient has previous intermittent locking/triggering and is unable to extend the finger at all even with passive extension.</li><li>Please comment on how many cortisone injections the patient has tried.</li></ul></li><li><b>For a digit that cannot be manually unlocked it is a priority referral</b></li></ul> <p><i>Diagnostic ultrasound is not necessary</i></p>	<ul style="list-style-type: none"><li>Prior to referral, please consider up to 3 cortisone injections approximately 3 months apart, with a lifetime maximum of 3 injections.</li></ul>

HAND & WRIST			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
Rheumatoid Hand	<ul style="list-style-type: none"><li>Refer to Rheumatology in order to medically optimize prior to surgery use <a href="#">Alberta Referral Directory</a> to find out referral information.</li><li>For surgical referral: Send referral to <a href="#">Zone FAST Team</a>.</li></ul>		

HIP			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
Arthritis- Hip Includes: Osteoarthritis, rheumatoid arthritis, inflammatory arthritis	<ul style="list-style-type: none"><li><b>All Zones:</b> Send referral to <a href="#">Zone FAST Team</a>.</li></ul>	<b>&lt; 6 months of referral:</b> <ul style="list-style-type: none"><li>Routine x-rays: weight bearing AP pelvis centred at pubis, AP Hip of proximal half of affected femur, Lateral view (Lauenstein) of proximal half of affected femur.</li></ul>	Choosing Wisely recommends <b>not ordering</b> a hip MRI when x-rays demonstrate osteoarthritis and symptoms are suggestive of osteoarthritis as the MRI rarely adds useful information to guide diagnosis or treatment.
Symptomatic Hip Arthroplasty			
Pain (Without Osteoarthritis)- Hip	<ul style="list-style-type: none"><li><b>All Zones:</b> Send referral to <a href="#">Zone FAST Team</a></li></ul>	<b>&lt; 6 months of referral:</b> <ul style="list-style-type: none"><li>Routine x-rays: Weight bearing AP pelvis, AP Hip, Lateral view (Lauenstein).</li></ul>	Additional imaging not required. Further tests will be obtained by the specialist if necessary.  For a patient with normal x-rays and hip pain - MRI is not required.
Hip Impingement (Femoral acetabular impingement)			
Congenital Hip Dysplasia (Without Osteoarthritis)			

HIP			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>Bone Deformity Other- Hip</b>  Includes: Length inequality, rotational problem			
<b>Avascular Necrosis (AVN) (Without Osteoarthritis)- Hip</b>			
<b>Synovial Disorder- Hip</b> Includes: Pigmented villonodular synovitis (PVNS), osteochondromatosis	<ul style="list-style-type: none"><li>• <b>All Zones:</b> Send referral to <u>Zone FAST Team</u>.</li><li>• <b>Calgary zone:</b> For suspected or proven malignancies, send referral to Orthopedic Oncology.</li></ul>	<b>&lt; 6 months of referral:</b> <ul style="list-style-type: none"><li>• Routine x-rays: Weight bearing AP pelvis, AP Hip, Lateral view (Lauenstein).</li></ul>	Additional imaging not required. Further tests will be obtained by the specialist if necessary.  For a patient with normal x-rays and hip pain - MRI is not required.
<b>Hip Disorder Residual Childhood</b> Includes: Perthes and slipped capital femoral epiphysis (SCFE)	<ul style="list-style-type: none"><li>• <b>All Zones:</b> Send referral to <u>Zone FAST Team</u></li></ul>		
<b>Retained Orthopedic Hardware-Hip</b>	<ul style="list-style-type: none"><li>• <b>All Zones:</b> Send referral to <u>Zone FAST Team</u> (direct to original surgeon if available).</li></ul>		



KNEE			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>Arthritis-Knee</b> Includes: Osteoarthritis, inflammatory arthropathy	<ul style="list-style-type: none"><li><b>All Zones:</b> Send referral to <a href="#">Zone FAST Team</a>.</li></ul>	<p><b>&lt; 6 months of referral:</b></p> <ul style="list-style-type: none"><li>X-ray of the affected knee: Weightbearing* – Knee Routine: Standing PA with Knee Flexed 45° (Rosenburg), Lateral, Skyline and Bilateral standing AP/PA views.</li></ul> <p>*If patient is unable to weight bear AP/Lateral x rays and 2 oblique views (Trauma Series).</p> <ul style="list-style-type: none"><li>Include within the referral letter:<ul style="list-style-type: none"><li>Description of symptom onset and duration.</li><li>Functional status limitations (example: impact on sleep, work, activities of daily living)</li><li>Treatments initiated and responses.</li></ul></li></ul>	Choosing Wisely recommends <b>not ordering</b> a knee MRI when weight-bearing x-rays demonstrate osteoarthritis and symptoms are suggestive of osteoarthritis as the MRI rarely adds useful information to guide diagnosis or treatment.
<b>Pain</b> (Without Osteoarthritis)-Knee	<ul style="list-style-type: none"><li>Refer to <a href="#">CLINICAL PATHWAY: SOFT TISSUE KNEE ASSESSMENT</a></li><li><b>All Zones:</b> Send referral to <a href="#">Zone FAST Team</a>.</li></ul>		<p>Additional imaging not recommended. Further tests will be obtained by the specialist if necessary.</p> <p>Knee ultrasound is not generally recommended unless trying to confirm a tendon rupture.</p>
<b>Instability-Knee</b>	<ul style="list-style-type: none"><li>Refer to <a href="#">CLINICAL PATHWAY: SOFT TISSUE KNEE ASSESSMENT</a></li><li><b>All Zones:</b> Send referral to <a href="#">Zone FAST Team</a>.</li></ul>		
<b>Mechanical Knee Symptoms</b> Includes: Locking, catching, swelling, effusion	<ul style="list-style-type: none"><li>Refer to <a href="#">CLINICAL PATHWAY: SOFT TISSUE KNEE ASSESSMENT</a></li><li><b>All Zones:</b> Send referral to <a href="#">Zone FAST Team</a>.</li></ul>		
<b>Retained Orthopedic Hardware- Knee</b>	<ul style="list-style-type: none"><li><b>All Zones:</b> Send referral to <a href="#">Zone FAST Team</a> (direct to original surgeon if available).</li></ul>		

FOOT & ANKLE			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
Pain- Foot & Ankle	<ul style="list-style-type: none"><li>All Zones: Send referral to <a href="#">Zone FAST Team</a>.</li></ul>	<p>&lt; 3 months of referral:</p> <ul style="list-style-type: none"><li>Bilateral, weightbearing views foot and ankle.</li><li>Weight bearing <b>Foot - Routine</b>: AP Axial and Lateral.</li><li>Weight bearing <b>Ankle - Routine</b>: AP, AP Oblique 15°- 20° medial rotation, lateral.</li><li>If the patient has diabetes, please include HbA1c.</li></ul>	Additional imaging not recommended. Further tests will be obtained by the specialist if necessary.
Instability- Ankle			
Swelling- Foot & Ankle			
Deformity- Foot			
Ulcer- Foot			

SPINE			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>Radiculopathy</b> (Cervical or Lumbar) Symptoms of pain, weakness or numbness attributable to one or several nerve roots	<ul style="list-style-type: none"><li>Refer to <a href="#">CLINICAL PATHWAY: SPINE LOW BACK ASSESSMENT</a></li><li><b>South, Central, North Zone:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>Edmonton and Calgary Zone:</b> Send referral to specialist as per local zone processes. Refer to Alberta Referral Directory for referral information.</li></ul>	<b>&lt; 12 months of referral:</b> <ul style="list-style-type: none"><li>Patients who have had previous spinal surgery: Gadolinium-enhanced scans are suggested.</li><li><b>Referrals intended for direct surgical consideration (or patients for named surgeon/neurosurgical spine triage and assessment clinic):</b> MRI Required prior to referral.</li><li><b>Referrals intended for Spine Assessment and Management:</b> MRI not required prior to referral. <i>Advanced imaging will be ordered by specialty as required.</i></li><li>Include description of neurological signs and symptoms that are present.</li><li>Include reports of previous interventional procedures, x-rays and relevant surgical interventions.</li></ul>	<ul style="list-style-type: none"><li>Oblique and flexion/extension x-rays are not recommended.</li><li>Electrodiagnostic testing not recommended unless needed to rule out alternate diagnosis.</li><li>CT scans are not recommended for diagnosis of nerve root or cauda equina compression unless MRI scan is contraindicated for implants such as pacemakers.</li></ul>
<b>Myelopathy</b> (Cervical or Thoracic) Includes: Symptoms of upper motor neuron dysfunction including, but not limited to, numbness, balance disturbance, bladder dysfunction, loss of dexterity with concordant spinal cord compression	<ul style="list-style-type: none"><li><b>South, Central, North Zone:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>Edmonton and Calgary Zone:</b> Send referral to specialist as per local zone processes. Refer to Alberta Referral Directory for referral information.</li></ul>		
<b>Neurogenic Claudication</b> Includes: Lumbar, lower extremity numbness, pain or weakness associated with walking or standing	<ul style="list-style-type: none"><li>Refer to <a href="#">CLINICAL PATHWAY: SPINE LOW BACK ASSESSMENT</a></li><li><b>South, Central, North Zone:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>Edmonton and Calgary Zone:</b> Send referral to specialist as per local zone processes. Refer to Alberta Referral Directory for referral information.</li></ul>		
<b>Spinal Deformity</b> Includes: Scoliosis	<ul style="list-style-type: none"><li>Refer to <a href="#">CLINICAL PATHWAY: SPINE LOW BACK ASSESSMENT</a></li><li><b>South, Central, North Zone:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>Edmonton and Calgary Zone:</b> Send referral to specialist as per local zone processes. Refer to Alberta Referral Directory for referral information.</li></ul>	<b>&lt; 12 months of referral:</b> <ul style="list-style-type: none"><li>Scoliosis AP/lateral x-ray (must be completed in an AHS facility).</li><li>If neurological symptoms (claudication, radiculopathy, myelopathy) are also present, MRI is strongly recommended.</li></ul>	
<b>Neck Pain</b> (Without Neurological Symptoms or Referred Pain) Includes: Benign tumors	<ul style="list-style-type: none"><li>If available, non-surgical specialist assessment should be considered prior to referral (such as physiatry, sport medicine).</li><li><b>South, Central, North Zone:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>Edmonton and Calgary Zone:</b> Send referral to specialist as per local zone processes. Refer to Alberta Referral Directory for referral information.</li></ul>	<b>&lt; 12 months of referral:</b> <ul style="list-style-type: none"><li>Upright/standing cervical spine x-ray strongly suggested.</li></ul>	Oblique and flexion/extension x-rays are not recommended.

SPINE			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>Back Pain</b> (Without Neurological Symptoms or Referred Pain)	<ul style="list-style-type: none"><li>Refer to <a href="#">CLINICAL PATHWAY: SPINE LOW BACK ASSESSMENT</a></li><li>If available, non-surgical specialist assessment should be considered prior to referral (such as physiatry, sport medicine).</li><li>For <b>insufficiency fractures</b> - Consider referral to a specialist only if insufficiency fracture with pain not responsive to medical therapy or with progressive deformity.</li><li><b>South, Central, North Zone:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>Edmonton and Calgary Zone:</b> Send referral to specialist as per local zone processes. Refer to Alberta Referral Directory for referral information.</li></ul>	<p><b>&lt; 12 months of referral:</b></p> <ul style="list-style-type: none"><li>Upright/standing thoracic and/or lumbar spine x-ray strongly suggested.</li><li>MRI may be considered for patients with pain refractile to exhaustive medical therapy with pain suggestive of discogenic origin.</li></ul>	Oblique and flexion/extension x-rays are not recommended.
<b>Intradural Pathologies</b> Includes: Intradural tumors, tethered spinal cord, chiari malformation, intradural anatomic derangement, vascular malformation	<ul style="list-style-type: none"><li>Send referral to specialist as per local zone processes. Refer to Alberta Referral Directory for referral information.</li><li>For patients with <b>acute neurological symptoms</b>, please consult the <b>Neurosurgeon on call</b> in <b>Calgary</b> or <b>Edmonton</b>.</li></ul>	<ul style="list-style-type: none"><li>This reason for referral is seen by <b>Spine Neurosurgery</b> and <u>not</u> Orthopedics.</li></ul>	<p>Tumours include: Schwannoma, peripheral nerve sheath tumor, meningioma, ependymoma, glioma.</p> <p>Intradural structural derangements including arachnoid cysts, spinal cord herniation.</p>