

Pediatric Orthopedics Tilley Drive

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Any patient with a musculoskeletal condition that is **under the age of 15** (i.e. the skeletally immature) is seen by the Pediatric Orthopedic team

- EXCEPTIONS:
 - Any age 0 – 110
 - SCFE
 - All benign and malignant bone tumors
 - All benign and malignant soft tissue tumors
 - ALL Spine issues are seen by the Spine Service (with the exception of torticollis)
 - Any toenail issues (ie. paronychia) are seen by Podiatry
 - All other foot issues seen by the Pediatric Orthopedic team

Resources available for Pediatric Orthopedic care at Tilley:

- Application and removal of casts for patients being seen in Peds clinic
- X ray
- DME
- Pediatric and adolescent cock up wrist splints, tall and short walking boots, Wee Walkers, Pediatric slings, Pavlik harnesses/ hip abduction orthosis, ankle braces, knee braces

What resources are NOT available at Tilley

- any procedure requiring any type of sedation/ IV/po medication
- same day MRI and other advanced imaging

PRE COVID Pediatric Patient Care

Pediatric Orthopedic scheduling

1.) Referral received through:

- EPIC from PCP/ED/urgent care, etc
- faxes to the office
- sign out from Orthopedic residents/attendings
- self referral

2.) Orthopedic schedulers are given protocol for all general pediatric referrals and all fracture (acute) referrals

- Fractures/Acute - 5-7 days after injury/ED/urgent care visit
- Gen Peds – per review

Any referral that does not fit into protocol or sent as urgent is sent via email to the Pediatric Orthopedic team. In addition, any referral for the following are sent out by email for daily review:

- Any infant/child hip problem
- Any infant foot deformity
- Any hip pain
- Other misc

Email is checked and reviewed multiple times throughout the day to provide timely and efficient care. There will always be few Pediatric Orthopedic patients (< 15 years old) that fall into a gray area. For example, some adolescent sports injuries (most often to the knee) would receive the most appropriate care in the Sports Medicine department. We touch base personally with the appropriate providers to coordinate those patient's appointments.

COVID Pediatric Patient Care

GOAL: to assist **as best as possible** to avoid unnecessary ED/Urgent care visits

PLAN:

- Unchanged from the past: Pediatric Orthopedic provider available Monday – Friday
- Changed from the past:
 - “In clinic” patient visits at Tilley restricted for now for acute Pediatric (and Adult) issues only.
 - All other non acute NPV and established patient visits conducted through telemedicine

ACUTE PEDIATRIC PATIENTS:

- Acute extremity injuries that clearly do not require sedated reduction/intervention in the ED
 - Acute visit with Pediatric Orthopedic provider can obtain XR and appropriate immobilization. In many cases soft roll cast can be placed at Tilley thus requiring no subsequent “in clinic” followup.
 - Family is given instructions for date of cast removal at home as well as any DME needed after cast discontinuation and a follow up telemedicine visit is scheduled
- Limping child that is clearly not systemically ill
- All clubfoot/CVT or other rule out pediatric foot deformities
- All infant DDH or rule out DDH
- Miscellaneous – any other issue that is felt to be acute and able to be managed in an outpatient setting

REFERRAL FLOW:

- To schedule a patient to be seen by Pediatric Orthopedic provider
 - Phone, email the office or page/cortext/email me with patient info and we will get patient scheduled and seen. Any barriers to care, call me directly