

Condition	Management	Disposal
Pelvic Iliac Wing	<ul style="list-style-type: none"> - ATLS if significant mechanism - Analgesia 	<ul style="list-style-type: none"> - Referral to Orthopaedics (TTL if significant mechanism) - Consider CT imaging
Management of Lower Limb Injuries		
Isolated pubic rami fracture	<ul style="list-style-type: none"> - Analgesia 	<ul style="list-style-type: none"> - If FWB/PWB consider discharge with analgesia +/- Rapid Response Referral - NWB or medical/social concerns - refer to medical team - No orthopaedic follow up required
Dislocated prosthetic/native hip	<ul style="list-style-type: none"> - ATLS if significant mechanism - Analgesia - Consider periprosthetic fracture 	<ul style="list-style-type: none"> - Refer to Orthopaedics
Periprosthetic Fracture	<ul style="list-style-type: none"> - Analgesia - IV fluids - Bloods/ECG - Consider FIB/ femoral nerve block 	<ul style="list-style-type: none"> - Refer to Orthopaedics
Fractured neck of femur	<ul style="list-style-type: none"> - Analgesia - IV fluids - O2 if needed - ECG/bloods - Consider FIB 	<ul style="list-style-type: none"> - Refer to Orthopaedics
Traumatic hip pain, NWB or concerning features	<ul style="list-style-type: none"> - Analgesia - CT scan 	<ul style="list-style-type: none"> - If # identified - Orthopaedic referral - If no # & still NWB - medical referral - If no # & now FWB/PWB- discharge +/- rapid response referral
Femoral shaft fracture	<ul style="list-style-type: none"> - ATLS approach - 2 large bore cannulae - IV fluids - Analgesia - Femoral Nerve Block 	<ul style="list-style-type: none"> - Refer to Orthopaedics
Supracondylar fracture	<ul style="list-style-type: none"> - ATLS approach - 2 large bore cannulae - IV fluids - Analgesia - Femoral Nerve Block - Cylindrical cast 	<ul style="list-style-type: none"> - Refer to Orthopaedics

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Dislocated patella	<ul style="list-style-type: none"> - Entonox/ Analgesia - Straighten leg into full extension - Reduce patella - Check SLR - X-ray if first time - Cricket Pad Splint - VTE risk assessment +/- prophylaxis 	- Virtual Fracture Clinic follow up
Fractured patella	<ul style="list-style-type: none"> - Analgesia - Cylinder POP/ Cricket pad splint - VTE risk assessment +/- prophylaxis 	<ul style="list-style-type: none"> - Undisplaced - VFC follow up - Displaced/horizontal - refer to Orthopaedics
Intercondylar tibial avulsion	<ul style="list-style-type: none"> - Cricket pad splint 	- Refer to Orthopaedics
Significant ligamentous knee injury	<ul style="list-style-type: none"> - X-ray - Cricket Pad Splint - Crutches - PWB 	-Refer to Orthopaedics
Isolated ?Single ligamentous injury	<ul style="list-style-type: none"> - X-ray - Cricket Pad Splint - Crutches - PWB - VTE risk assessment +/- prophylaxis 	- VFC follow up
Significant knee STI without clear ligament problem	<ul style="list-style-type: none"> - Analgesia - Crutches - Cricket Pad Splint/Wool & Crepe if needed - VTE risk assessment +/- prophylaxis 	- Physiotherapy follow up
Tense haemarthrosis/ lipohaemarthrosis (post-trauma)	<ul style="list-style-type: none"> - Analgesia 	- Refer to Orthopaedics
Tibial plateau fracture	<ul style="list-style-type: none"> - Analgesia - Full length cylindrical cast/ backslab - NEB 	- Refer to Orthopaedics
Fibula head fracture	<ul style="list-style-type: none"> - Analgesia - Consider ankle x-ray - Check for foot drop - Cricket Pad splint - Crutches - PWB - VTE risk assessment +/- prophylaxis 	- VFC follow up
Quadriceps/ Patella tendon rupture	<ul style="list-style-type: none"> - Cricket Pad Splint 	- Refer to Orthopaedics

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Fibula shaft fracture	<ul style="list-style-type: none"> - Analgesia - Splint if needed - Crutches - PWB - VTE risk assessment +/- prophylaxis 	- VFC follow up
Tibial shaft fracture	<ul style="list-style-type: none"> - IV Analgesia - Full leg backslab - Straighten if angulated/displaced 	- Refer to Orthopaedics
Fracture Dislocation of ankle	<ul style="list-style-type: none"> - IV Opioid/Entonox +/- sedation - Reduction prior to x-ray - Backslab with stirrups - X-ray once recovered 	- Refer to Orthopaedics
Weber A ankle fracture	<ul style="list-style-type: none"> - Analgesia - Consider splint/air cast boot - Crutches - Weight bearing as pain allows - VTE risk assessment +/- prophylaxis 	- Discharge with advice leaflet
Weber B ankle fracture	<ul style="list-style-type: none"> - Analgesia - Below knee backslab - Crutches - NWB Lower Leg - VTE risk assessment +/- prophylaxis 	<ul style="list-style-type: none"> - VFC follow up - Refer to Orthopaedics if talus shift or medial tenderness
Weber C ankle fracture	<ul style="list-style-type: none"> - Analgesia - Below knee backslab 	- Refer to Orthopaedics
Isolated medial malleolus fracture	<ul style="list-style-type: none"> - Assess for proximal fibula fracture - Backslab/ Aircast boot - Crutches - VTE risk assessment +/- prophylaxis 	- VFC follow up
Ankle Sprain	<p>If weight bearing</p> <ul style="list-style-type: none"> - Analgesia <p>If not weight bearing</p> <ul style="list-style-type: none"> - Analgesia - Crutches - Splint/ Aircast boot if severe - VTE risk assessment +/- prophylaxis 	<ul style="list-style-type: none"> - Discharge with advice - Physiotherapy follow up
Talus fracture	<ul style="list-style-type: none"> - Below knee backslab 	- Refer to Orthopaedics
Intra-articulate distal tibia fracture (pilon#)	<ul style="list-style-type: none"> - Above knee backslab - Analgesia 	- Refer to Orthopaedics
Calcaneal fracture	<ul style="list-style-type: none"> - Analgesia - Below knee backslab 	- Refer to Orthopaedics
Achilles' tendon rupture	<ul style="list-style-type: none"> - Consider urgent ultrasound - Equinus BK backslab/ wedged boot - VTE risk assessment +/- prophylaxis 	- Refer to Orthopaedics for trauma meeting
Avulsion injuries to foot/ ankle	- Treat as STI	Treat as STI

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Lisfranc fracture	<ul style="list-style-type: none"> - Analgesia - Wool & Crepe 	- Refer to Orthopaedics
Base of 5th metatarsal fractures	<ul style="list-style-type: none"> - Equalizer boot - Crutches if severe - Analgesia - VTE risk assessment +/- prophylaxis 	- Advice leaflet
5th metatarsal beak/ shaft fractures	<ul style="list-style-type: none"> - Equalizer boot - Crutches if severe - Analgesia - VTE risk assessment +/- prophylaxis 	- VFC follow up
Other isolated undisplaced metatarsal fractures	<ul style="list-style-type: none"> - Equalizer boot - Crutches if severe - Analgesia - VTE risk assessment +/- prophylaxis 	- VFC follow up
Multiple metatarsal fractures/ crushed foot/ high energy injury	<ul style="list-style-type: none"> - Padded wool & crepe - Analgesia 	- Refer to Orthopaedics
Big toe fractures/ dislocations	<ul style="list-style-type: none"> - Reduce if dislocated - Toe Spica +/- Crutches - Analgesia - VTE risk assessment +/- prophylaxis 	- VFC follow up
Other toe fractures/ dislocations	<ul style="list-style-type: none"> - No X-ray unless deformed - MUA if needed - Neighbour strap - VTE risk assessment +/- prophylaxis 	- Discharge with advice leaflet