Children's Hospital Of 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 Hospital of Wisconsin. Co-management guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

Femoral Anteversion

The angular difference between the femoral neck axis and the transcondylar axis of the knee

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 (1,11) • Parents report children characteristically sit with their legs in the "W" position (1,3,4,11) • Often familial (3) • Typically bilateral (3,4) • Affects females more than males (3) • One in ten children "in-toe" between the ages of two and five years (4) **Diagnosis:** • Differential Diagnosis a) Internal tibial torsion b) Cerebral palsy	**Diagnostic Tests** • Radiographs ○ Short stature ○ Abnormal hip examination ○ Marked limb asymmetry ○ Pain **Treatment** • Observation, as natural history point to spontaneous resolution (1,2,4,5,6,9,10,11) • Education ○ Treatment with splinting, shoe modifications, exercises and braces has	Parental or provider concern • For patients under 10, otherwise healthy and without symptoms-Well Child Lower Extremity Clinic (APP run screening clinics) • For patients with symptoms/pain General Orthopedic Clinic • Referral to General Ortho MD if over 10, neuromuscular, second opinion	**1. Using Epic** • Please complete the external referral order **In order to help triage our patients and maximize the visit, the following information would be helpful include with your referral order:** • Urgency of the referral • What is the key question you would like answered? Note: Our office will call to schedule the appointment with the patient. **2. Not using Epic external referral order:** • In order to help triage our patients maximize the visit time, please **fax**	**After referral to Orthopedic Clinic:** • Comprehensive birth history • Family history • HPI • Neuromuscular exam • Gait evaluation • Evaluate for hip dysplasia (9) • Complete rotational profile (internal and external hip rotation, thigh-foot axis, transmalleolar axis, heel bisector angle, foot progression angle) (1,3,4)

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c) MTA d) Spina bifida e) Rickets f) DDH	proved to be ineffective (1,2,4,5,6,8,9,10,11,12) ○ Reassure families there is no association between increased femoral anteversion and DJD (1,4,10) ○ Surgical intervention may be indicated in a child older than 10 years with a marked cosmetic or functional deformity or child with underlying neuromuscular condition with functional impacts(1,3,6,10)		the above information to **(414-607-5288)** • It would also be helpful to include: • Chief complaint, onset, frequency • Recent progress notes • Labs and imaging results • Other Diagnoses • Office notes with medications tried/failed in the past and any lab work that may have been obtained regarding this patient's problems.	
<u>Causes</u> • Limb buds appear in the fifth week in utero, subsequent intrauterine molding causes external rotation at the hip and internal rotation of the tibia (1,3) • At birth neonates have an average of 40 degrees of femoral anteversion. By age 8 years, average anteversion decreases to the typical adult value of 15 degrees (1,2,3,4,7,10) • Femoral anteversion typically increases until age 5 years and then resolves by age 8, after this point no significant change in anteversion occurred (1,4,5,6,8,9,10,11)			**<u>Follow up Recommendations</u>** • Follow up with PA/NP as needed • If age/developmentally appropriate, physiologic, family would like follow-up for reassurance • Follow up with surgeon ○ If child older than 10 years of age ○ If child has marked functional or cosmetic deformity in which family would like surgical intervention ○ Abnormal neuromuscular exam or bony pathology • Second opinion	

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