Orthopedic injuries/complaints which do not require orthopedics consultation in ED are listed below.
Please review list by condition with suggested follow-up, treatment and caution comments.
Follow up should be ON CALL ORTHOPEDICS ATTENDING NAME (can ask secretary for on call attending) unless otherwise specified (eg, PMD or HAND attending).

In discharge section please place name of on call attending and recommended follow-up.
All names should populate with University Orthopedics call center line which is 401-457-1500
Instruct patient to call call center and ask for appointment with orthopedist listed.

CONDITION	SUGGESTED FOLLOW-UP	TREATMENT	CAUTION
Broken or wet cast	Next available office or clinic	Remove; check skin; apply equivalent splint	If Fx is fresh or possibly unstable, consult ortho resident. Crutches if LE.
Clavicle fracture	7 days	Sling and swath vs. Figure 8	Skin intact; asses N-V status. Consider tx displacement profile
Undisplaced proximal humerus fracture	1-2 weeks	Sling and Swath	Consider Gleno-humeral dislocation needs 3V; Other injury, AP, scap-y, ax/ velp
Satisfactorily reduced shoulder dislocation	7-14 days	Sling and Swath or shoulder immobilize	Ensure satisfactory reduction
Painful elbow after injury, x-rays negative	7 days	Sling; Consider LA Splint	Consider Hemarthrosis
Olecranon bursitis, skin intact, no suspected infection	1-2 weeks & PMD	Long arm splint if significant	Aspiration, gram stain of bursa & C&S if infection concern
Wrist pain, negative X-rays	7-14 Days	Volar wrist splint	Assess Snuff-box tender - if scaphoid fx is considered: thumb spica splint.
Undisplaced fibula fracture, knee and ankle stable, NV intact	1 week	Crutches, prn; "RICE", analgesia	R/O compartment synd; peroneal palsy, knee or ankle ligament injury
Ankle sprain (includes minimal avulsion fractures)	1-2 Weeks	Crutches, prn; "RICE", S.L. Splint if very swollen or sore. Stirrup splint & walk, WBAT, in sneaker, if minor	Are you sure about Dx? Is lateral collateral (primarily anterior fibulo-talar) ligament tender? Is NV OK? X-Rays per Ottawa Rules.
Minimally displaced lateral malleolus fracture	1-2 weeks	Short Leg Splint, crutches	r/o subtle displacement of talus laterally
Minimally displaced metatarsal fractures	1 week	Short Leg Splint; crutches	Sensation and passive toe mvt/strength OK?
Toe Phalangeal Fractures	1 week	Buddy tape loosely, prn; shoe with adequater toe room (?"post-op" or cast shoe)	Confirm skin OK. Subungual hematoma to drain? Crutches prn.
Nondisplaced 2nd-5th metacarpal fractures(s)	Hand Attending - 1 week	Intrinsic plus splint (MP's @90 degrees) involved and adjacent digits.	Skin intact?; consider rotational alignment
Nondisplaced finger proximal phalanx fracture	Hand Attending - 1 week	Intrinsic plus splint - forearm to finger tips	Ensure truly non-displaced
Nondisplaced thumb MC or phalanx fracture, or thumb sprain	Hand Attending - 1 week	Thumb spica splint	Ensure truly non-displaced
Finger or thumb sprain, x-rays negative	Hand Attending - 1-2 weeks	Same as for undisplaced fractures, as above	Ensure truly non-displaced

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CONDITION	SUGGESTED FOLLOW-UP	TREATMENT	CAUTION
Finger fracture, middle or distal phalanx	Hand Attending - 1 week	Intrinsic plus splint (MP's @90 degree) involved and adjacent digits.	Ensure truly non-displaced
Neck Pain, negative X-rays, cooperative, alert, low-energy or no injury.	1-2 weeks PMD (Sooner if severe pain, any sign of neurologic abnormality) If radicular - Mod to severe radiculopathy or neuro deficit Need for Ortho F/U	Soft Collar; Neck Instructions	X-Ray interpretation, occult instability, r/o neurologic abnormality
Upper Back Pain	1-2 weeks PMD (Sooner if pain severe, any sign of neurologic abnormality D/W spine)	Analgesia, gentle stretching, rest as needed	Work Excuse
Lower Back Pain	1-2 weeks PMD (Sooner if pain severe, any sign of neurologic abnormality D/W spine)	Analgesia, gentle stretching, rest as needed	Work Excuse
Suspected or proven coccygeal fracture (or contusion)	1-2 weeks PMD	Reassurance, cushion, analgesia, limit activity if needed, bowel regiment	Work Excuse
Hip pain; no injury, no fracture on x-ray	1 week or sooner if severe pain 1 week ?PMD **May possibly need Ortho F/U**	Crutches or walker, limit activity, analgesia, ?NSAIDs	Consider Referred pain/Work Excuse
Thigh Contusion	1 week PMD	Stretching exercises; "RICE", crutches, analgesia	Assess for risk of developing compartment syndrome
Knee injury - X-Rays negative, knee stable; able to "straight-leg- raise" with or w/o effusion. With effusion - Ortho	1 week PMD	Crutches, limit activity, knee immobilizer, analgesia, "RICE", ?NSAIDs	Aspiration if tense effusion, or if injury not convincing (for stat gram stain, C&S, cell count/diff) - Call Ortho if aspiration is required
Pre-patellar or Infrapatella bursitis, w/o suspicion of infection	1 week PMD	Immobilizer, crutches, prn, Rest	Aspiration of bursa, gram stain & C&S if infection concern
Calf contusion; Calf muscle strain	1 week PMD	Crutches, prn; "RICE"	Palpate Achilles; Thompson Test to r/o rupture of AT, assess risk of compartment syndrome
Contusion of foot or ankle	1 week PMD	Short Leg Splint; crutches	Assess sensation and passive toe mvt/ strength, r/o subtle mid-foot injury