**Evelina London Community Paediatric Physiotherapy**

**Referral Criteria**

**Acceptance criteria:**

1. **Children must be registered with a Lambeth or Southwark GP**
2. **Children may be offered school only input in absence of a Lambeth/Southwark GP if they attend a Lambeth or Southwark school with an EHCP (in negotiation with local borough)**
3. **Self / parent referrals for children discharged within 12 months with the same concerns will be considered**

**Conditions accepted:**

**Babies/Children with a motor difficulty or delay**:

* Delayed head control – i.e. baby unable to control head and neck position when moved between positions by 3 months
* Not sitting by 8 months
* Not rolling from front to back and back to front by 8 months
* Not pulling to stand or weight bearing by 14 months
* Not walking by 18 months (23 months if bottom shuffling)
* Children between 3 – 5 years that have difficulties with higher level gross motor skills e.g jumping, stairs climbing and running and this is impacting function
* Children over 5 that do not meet the Developmental Coordination Disorder (DCD) OT/Paediatric clinic criteria that have higher level balance / coordination difficulties impacting function
* Babies/children with a diagnosis of Down’s syndrome to be accepted if there are multiple comorbidities such as long hospital stay, cardiac difficulties and other high risk features as outlined below.

**High risk and premature infants:**

* + All babies who were born under 32 weeks gestational age
  + Any preterm infants showing unusual movement patterns, postures or altered tone
  + Stormy neonatal course: Hypoxic-Ischaemic Encephalopathy (HIE), Intraventricular haemorrhage (IVH)
  + Significantly delayed head control
  + Significant asymmetry in limb movements / use of limbs; parents describing ‘handedness’ under age of 2, toe walking on one side only
  + Excessive floppiness or concerns with uncoordinated and jerky movements
  + Stiffness; often reported by parents in relation to difficulties with dressing, changing nappy, cleaning under arms
  + Unusual movement patterns / posturing ie. arching back ++ ‘banana-ing’
  + Gross motor skill regression

**Emerging and/or confirmed Neurodisability e.g.**

* Emerging motor disorder
* Cerebral palsy
* Neonatal/childhood stroke
* Acquired brain injuries
* Epilepsy with associated movement difficulties
* Metabolic disorders
* Genetic conditions
* Spinal dysraphism
* Neuromuscular conditions
* Gross motor skill regression

**Rheumatological Conditions**

Only where the child is unable to attend an outpatient based clinic and there is a clear functional community specific goal e.g. completing stairs to enable access to community.

**Acute orthopaedic rehabilitation**

In absence of a neurodisability diagnosis **only** where the child is unable to attend an outpatient based clinic and there is a clear functional community specific goal e.g. completing stairs to enable access to community and this assessment could not be completed as an inpatient, or if the child has ongoing prosthetic requirements that will regularly impact function / participation within the school / community e.g. Proximal Femoral Focal Deficiency (PFFD).

**Babies with orthopaedic conditions**

* Torticollis / head turn preference with associated head shape abnormalities
* Babies with Erbs palsy / Obstetric Brachial plexus injury where it is causing developmental difficulties / impacting the acquisition of other gross motor skills or if there are concerns that there may be underlying neurodevelopmental difficulties associated with traumatic birth

**\*N.B** MSK team at ELCH accept referrals for babies with Erbs under 12 months. Community OT will see if issues persisting are specifically around upper limb ROM / upper limb function.

**\*\*N.B** Concerns regarding asymmetrical hip/buttock creases or clicky hips will require a discussion with GP with regards to onwards referral to orthopaedics. Physiotherapy referral not indicated for asymmetrical hip creases alone in absence of impact on function / development.

**Oncological Conditions**

Where the child is unable to attend an outpatient based clinic and there is a clear functional community specific goal e.g. positioning and handling programme required to ensure comfort, support with reintegration into school / P.E **or** where developmental delay, functional difficulties or ongoing disability is a likely result of condition or ongoing treatment

**Concerns with Gait -** children with altered gait patterns or variants of the lower limbs which is **impacting on function or development** e.g.

* + - Asymmetrical in-toeing
    - Asymmetrical out-toeing
    - Asymmetrical toe-walking
    - **Persistent** toe walking where at least 2 of the following apply:
      * There is associated motor delay or functional difficulties
      * The child is unable to squat or stand with their heels on the floor (indicating tightness of calf muscles)
      * The child is indicating pain or discomfort
      * The child is over 3 years old and is unable to stand from floor sitting without using their hands

**\*\* N.B** Physiotherapy is **not** indicated for toe walking related to sensory needs such as Autism Spectrum Disorder (ASD) where the above does not apply.

**Children with medically unexplained symptoms** e.g. Functional Neurological Disorder (FND), Chronic Fatigue Syndrome (CFS/ME). \***N.B** Physiotherapy is not the key professional and should not work in isolation. Referrals will only be accepted if:

* Functional difficulties are having an impact on community participation with an identified physical goal **and** has been assessed / are **actively engaging** with psychology services such as Child and Adolescent Mental Health Service (CAMHS).

**\*N.B** Referral to Treatment and Rehabilitation of Adolescents and Children with Complex Conditions service (TRACCS) at University College Hospital may be more appropriate for the majority of these children and young people <https://www.uclh.nhs.uk/TRACCS>.

Referral address:

Chronic Fatigue Syndrome (CFS)

6th Floor central, 250 Euston Road

UCLH NHS Foundation Trust, London, NW1 2PG

**Post Covid**; referrals will be accepted if:

* Functional difficulties are having an impact on community participation and a physical/functional goal has been identified. **Active engagement** is essential.
* Psychology services such as Child and Adolescent Mental Health Service (CAMHS) do not need to be involved for referral to be accepted.

**Conditions NOT accepted:**

* Functional difficulties e.g. trips, falls, unsteady on stairs, that are directly associated with behaviour and/or inattention that are likely to be a barrier to physiotherapy intervention.
* Children whose **primary** presenting problem is musculoskeletal in nature such as back pain, knee pain, shoulder pain, hypermobility and associated pain i.e. hand pain, back pain
* Children presenting with general health and fitness concerns such as obesity, fatigue and reduced endurance.
* Children with respiratory disorders requiring active respiratory techniques / physiotherapy in absence of a neuro-disability. We do not offer an on call chest physiotherapy service. We will however support children that have ongoing neuro-disability conditions in collaboration with respiratory outreach services.
* Children with normal variants of the lower limb e.g.
  + Hypermobility, symmetrical knock knees, symmetrical bowed legs, flat feet, curly toes

**Or** normal variant gait patterns e.g.

* + Symmetrical in-toeing/out-toeing

If there are concerns regarding normal lower limb / gait variants and there are **functional difficulties or pain**, referrals should instead be made to Podiatry.

* Children requiring wheelchair provision only. Referrals should be made by the GP to Wheelchair Services based at Bowley Close Rehabilitation Centre
* Children requiring orthotic provision only. Referrals should be made by the GP to Orthotics at Bowley Close Rehabilitation Centre.
* Co-ordination Difficulties that satisfy criteria for DCD clinic – re-navigate to OT