

COVID19 Resources for Children's Orthopaedics

Dear Colleague,

National leaders indicate that paediatric orthopaedic care will be compromised during the COVID 19 pandemic. The BSCOS Board has therefore compiled a cache of documents intended to help our members manage their patients and their service during this difficult period. This can be found on the BSCOS Website [here](#).

The BOA has already released generic guidance within the BOAST suite of documents [here](#).

The NHS will be releasing their own guidance soon which will include this text:

Emergency conditions (require immediate review):

- Non-accidental injury (Any child considered to be at risk, or a victim, of abuse should be referred immediately to child protection services according to standard local guidelines)
- Suspected septic arthritis/osteomyelitis (osteoarticular infection should always be considered as a differential diagnosis in a febrile child and not be assumed that this is due to Covid -19)
- Children with neurological dysfunction or limb ischaemia (including suspected compartment syndrome)
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Urgent conditions (require review as soon as possible within 1 week):

- Suspected Slipped Upper Femoral Epiphysis (unless associated with sudden onset leg pain and difficulty weightbearing, requiring emergency admission)

- Suspected bone or soft tissue malignancy
- Severe pain which is not responding to standard analgesia
- Exposed metalwork from previous surgery

Time-dependent conditions (require review as soon as local resources become available):

- DDH Suspected cases and those currently undergoing harness or plaster immobilisation
- CTEV Currently undergoing cast treatment
- Limb length discrepancy/malalignment already undergoing treatment

Non-urgent conditions (require review when normal service resumes):

Definitive management of the majority of children's orthopaedic conditions is not time critical and can therefore be postponed for the duration of the Covid-19 pandemic

- All other patients previously referred to paediatric orthopaedic clinics,
- All patients under routine paediatric orthopaedic clinic review

We have already alerted you to prepare to prioritise cases on your operating lists into:-

1. Those that need to go ahead regardless (eg acute trauma, infection, tumour, SUFE)
2. Those that could wait a few months but not more (eg epiphyseodesis, late DDH)
3. Those that could wait until normality resumes (eg most chronic conditions such as CP, spina bifida)

As a result, most elective cases have already been paused but some aspects of elective management are time-sensitive and deserve special consideration. These include the management of DDH, CTEV, and guided growth correction of limb length discrepancy or malalignment. The pressure on our services is likely to evolve at different rates in different locations and in response to

national directives. The available guidance may need to be adapted and introduced in stages to reflect local variations.

DDH

The NHS (PHE) has developed guidance for the management of DDH during the COVID 19 pandemic. It will be published soon [here](#) and members are advised to check this site regularly for updates. In the meantime, we have some insight into the likely wording through links with the leadership team. The guidance is expected to read:

“Government restrictions have been put in place in March 2020, limiting the movements of the public as a patient safety measure. It is accepted that during this crisis, routine non-urgent ultrasound scanning may not take place resulting in a delay for the scanning of unstable or at-risk hips. It may well not be possible to adhere to the present NIPE standards due to the government restrictions on movement, public gatherings and the treatment of non-urgent cases. Medical and sonographic personnel may also not be available. If screening is cancelled or postponed, a letter with contact details for patient queries should be drafted by the hip-screening department within the Trust.

Screen positive after clinical examination (suspected dislocated or dislocatable hip)

- In light of current pressure on all services, only babies with screen positive results on physical examination should be referred for hip ultrasound. As far as possible the recommended target times should be adhered to, but we recognise that this may not be possible and therefore the scan should be undertaken as soon as is reasonably feasible.
- If a maternity hospital has the capacity and experience, babies should receive the hip ultrasound prior to discharge from the hospital, where possible.
 - If the ultrasound is normal (centered hip and Graf >55 degrees) the child can be discharged.

- If the child has any abnormality, the child should be rescanned at 6 weeks of age. Treatment need not automatically begin at this stage, and parents should be reassured that many hips will resolve spontaneously. Parents should be advised not to swaddle their child. Commencing treatment early will increase unnecessary face-to-face follow-ups with its incumbent risks during the period of social distancing.
- If a maternity hospital does not have the capacity and/or experience, the child should be scanned at **6 weeks of age**. If hip ultrasound is not possible at 6 weeks of age the scan should be arranged as soon as possible when services resume.
- For those scanned at 6 weeks of age (for either of the above reasons), and the hip is found not normal (a normal hip is a centred hip and Graf >55 degrees), orthopaedic review will be required and a harness may be commenced. Once in a harness, treatment follows the standard harness protocol.

Screen positive for hip risk factors (i.e. Breech or Family History)

- Babies with hip risk factors who would usually have hip scan at 6 weeks of age should NOT be referred for hip ultrasound. This should be delayed until normal services resume when these children will be then followed up through clinical examination and/or ultrasound/ radiographic follow-up.
 - Accurate records should be kept so that any babies who have missed out on a scan or orthopaedic opinion can be traced and followed up as appropriate, when resources permit. The screen positive result should be recorded reliably to enable follow up at a later stage. In all cases where screening or follow up cannot be completed, records should remain as pending for later follow up.
 - Referring babies with 'clicky hips' is not national policy so in line with current national guidance, babies with screening findings of 'clicky hips' should **NOT** receive hip ultrasound."
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CTEV

The UK Clubfoot Consensus Group (UKCCG) has produced guidance for practitioners managing patients with CTEV as well as parent information for use during the COVID 19 pandemic. Their guidance is not yet on the UKCCG website but we have included on the [BSCOS website](#) for your immediate use

TREATMENT FOR LEG LENGTH DISCREPANCY AND MALALIGNMENT

Patients already in treatment for angular and limb length deformities will need a plan for review in a reasonable timeframe to avoid errors in correction.

For those in whom correction was planned and who are approaching skeletal maturity, there will be a need to consider the balance of risks in the current situation. It is likely that resources will become unavailable for ongoing care of these patients and it may be necessary to defer embarking on a corrective procedure until the Covid 19 crisis has resolved.

TRAUMA & MUSCULOSKELETAL INFECTION

BSCOS has produced an information cartoon to raise public awareness of the importance of injury prevention. This is available [here](#) and we would encourage you to spread the cartoon and its message far and wide, via any means you have.

Nevertheless, trauma will continue but now with a stronger than ever emphasis on non-operative management, with no or limited inpatient care, prompt discharge and limited follow up. This is in line with the guidance found in the BOA Combined BOAST [here](#).

NON-OPERATIVE FRACTURE CARE

The [Covid19 Resources Page](#) includes several useful documents and pointers to two useful texts that are free during the COVID pandemic:

- The Closed Treatment of Common Fractures by John Charnley [here](#)
 - AO Alliance Handbook of Nonoperative Fracture Treatment [here](#)
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GUIDANCE FOR JUNIORS AND TEAM CONSISTENCY

Following the outbreak of COVID 19 special measures, [templates](#) have been produced for the consistent management of the most common injuries. These can be freely downloaded and adopted or adapted by any department needing a template to design their own local protocol. These documents should not be used as definitive authority and local factors and common sense must always take precedence. The guidance is only intended to represent the minimum standard of care that could be offered, but of course better care can and should be provided whenever possible, circumstances allowing. If you wish to customise the document for your own purposes please be sure to change the badging appropriately.

PATIENT INFORMATION DOCUMENTS

The BOA has produced a number of information documents to be given to parents for guidance because, in the interests of minimising hospital attendance, parents might be expected to take responsibility for removing casts, delivering rehabilitation and watching out for complications. Once again, these documents can be downloaded and used as templates to create documents that are consistent with local circumstances. The documents can be found [here](#). If you edit the documents please replace the BSCOS badge with your own local logos.

PATIENT INFORMATION VIDEOS

[Two videos](#) have been produced to give guidance and confidence to parents who are expected to remove back slabs or soft cast at home.

We hope that these resources prove helpful and will update them on a regular basis

Please bear in mind that the BSCOS resources are only for your assistance. We are in the midst of a level-4 EPRR incident (Emergency Preparedness, Resilience and Response) which means that Trusts are ordered (not advised) to only follow guides etc that come through the EPRR chain of command which includes NHSE, NHSI PHE and the equivalents in Scotland, Wales and Northern Ireland. That said, we will help if we can.

Stay safe and good luck to all

Colin Bruce,
BSCOS President on behalf of the BSCOS Board