



## CASE STUDY 3:

### Managing common Orthopaedic presentations

An 11-year-old male presents to his GP with ongoing pain and deformity over L) clavicular region from a fall sustained 2 weeks ago.

The child and his carer attend a clinic to see the GP, approximately 70km away. After reviewing the results, the GP refers the child to a suburban emergency department (ED) assessment, again quite far from home.

The ED then directs the child to a local participating GP in the [fracture diversion program](#) who is located near home. After assessment and guidance from various pathways, this GP diagnoses the child with a mid-clavicular fracture on the left-hand side, managed in a simple sling. The GP advises the child to utilise a broad arm sling, demonstrates its application, and asks for him to return for review in 4 weeks. He instructs him to commence mobilisation as tolerated during this time.

Evidence-informed guidance on how to manage this simple fracture can be found on the [Clavicle Fracture](#) page on HealthPathways Melbourne. If the original GP had known to access this pathway during the initial presentation, the child's condition could have been confidently managed locally, avoiding multiple hours of unnecessary travel.

*This case study illustrates the value of accessing the orthopaedic pathways the point of care, where, in this case, all of the management could have been done locally and safely by following the guidelines.*

The GP explains this all to the patient and provides a patient information leaflet from the pathway.

### Do you have a case study?

If you would like to be involved, submit a case study, or for more information email [info@healthpathwaysmelbourne.org.au](mailto:info@healthpathwaysmelbourne.org.au)