

### ***Emergencies < 6 hours***

(Examples: open fractures, septic arthritis).

### ***Emergencies < 12 hours***

(Examples: other lower limb fractures or long bone fractures).

### ***Emergencies < 24 hours***

(Examples: Hip fractures, spine fractures, limb necrosis, ankle fractures).

### ***Emergencies < 48 hours***

(Examples: Upper extremity fractures – wrist fractures)

### **2- Semi-urgent cases < 1 week**

Examples:

- Implant failure with loosening
- Locked knee with articular loose body or bucket handle meniscus tear.
- Secondary displacement of fractures
- Malignant bone tumours

### **3- Priority cases < 6 weeks**

Examples:

- Loss of autonomy due to bilateral involvement
- Implant loosening with risk of implant failure.
- Recurrent joint arthroplasty dislocation.
- Subacute implant infection.
- Rotator cuff tear in a young patient.
- Disc herniation with stable neurological deficit.
- Congenital/developmental hip dislocation
- Peripheral nerve reconstruction.

### **4- Electives operations = or < 3 months**

Once an elective surgical treatment has been decided by the patient and the surgeon (e.g. arthroplasty), this procedure should be carried out within the next three months:

Examples:

- Total Knee, Total Hip (a maximum delay of 6 months is medically acceptable)

- Total Shoulder, Total Elbow arthroplasty

- Spinal fusion

- Shoulder acromioplasty

- Limb correction or lengthening (Ilizarov method)

- Carpal tunnel release

- Hallux valgus or other foot & ankle reconstruction

- Lower extremity osteotomy

- Arthroscopy for meniscal tear, other than bucket handle tear

- Scoliosis

- Club foot deformity correction

- Anterior cruciate ligament knee reconstruction

- Removal of hardware

### **5- Elective orthopaedic consultations < 6 weeks**

A six-week delay for an elective orthopaedic consultation is considered reasonable.

### **Vacation**

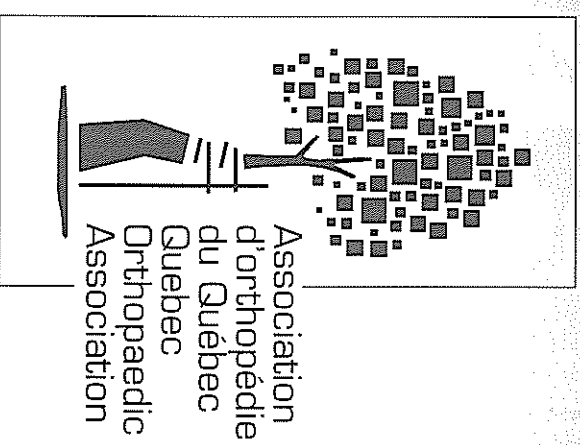
The Orthopaedic surgeon should be allowed to take eight-weeks of vacation per year, excluding statutory holidays and study periods.

### **Patients with transmissible diseases**

The Orthopaedic surgeon who treats patients with transmissible diseases or who treats an "at risk" population must have access to equipment to protect himself. This includes eye-glasses or face shield, and gloves resistant to sharp objects.

### **Conclusion**

These practice standards will allow the Orthopaedic surgeon to deliver patients the best possible care while working in collaboration with other health professionals. These practice standards are supported by the Executive Committee of the Quebec Orthopaedic Association in October 2006.



# Orthopaedic Practice in Quebec