

COVID-19 Orthopaedic Case Stratification.

1-Purely Elective:

Cases that can be delayed without any risk.

2-Urgent:

-Cases that are sub-emergent but would have FURTHER surgical intervention and/or an unfavorable outcome for the patient if delayed including loss of function, irreversible damage to limbs or structure, intractable pain.

-require multiple frequent ER or clinical visits (as such increased exposure and utilization of essential materials)

-case decision making at stage 2 would consider patients age and medical comorbidities and the risk of exposing a given patient versus delaying surgery.

3-Emergent:

Cases that cannot be delayed without significant harm to the patient life or limb.

I am more than happy to provide a detailed list of cases broken down by specialty, but I thought general guidelines would be more appropriate at this point. That being said in most certainly can give you a list of orthopaedic cases that should NOT be performed.

These include...

-Diagnostic arthroscopy of any body part -Arthroscopic surgery except to treat fractures, loose fragments, acute articular cartilage injury -Shoulder arthroscopy except to treat major tendon/rotator cuff tears.

-Any reconstruction for instability (Open shoulder instability, UCL reconstruction elbow, ACL reconstruction or other ligament reconstruction - knee, MPFL or other patellar instability procedure) - Exercise induced compartment syndrome

-Shoulder Arthroplasty

-Knee Arthroplasty

-Hip Arthroplasty

(Arthroplasty MAY be necessary in setting of fracture, infection or major debilitating deformity) -All hand surgery except infection, fractures tendon injuries and trauma -All foot surgery except infection, fractures and tendon injuries and trauma -Spine deformity reconstructions -Revisions for pseudo-arthrosis without radiculopathy -Exploration of spine fusion