

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES



SUBJECT: PEDIATRIC ORTHOPEDIC SURGERY FOR
 NEUROMUSCULAR DISEASES

POLICY NO. 373.6

PURPOSE::	To provide for the safe, appropriate, and timely transfer of outpatient pediatric patients with neuromuscular diseases needing pediatric orthopedic surgery to Rancho Los Amigos National Rehabilitation Center (RLANRC).
POLICY::	<p>Children with neuromuscular diseases requiring orthopedic evaluation for surgery will be referred to RLANRC. The referral will be initiated by Faxing the completed referral form to (562) 401-7604. (see Attachment 1)</p> <p>All referrals will be tracked and monitored on a regular basis to insure scheduling. RLANRC will send a confirmation letter and map, call the patient and referring facility confirming time and date of appointment.</p>
INCLUSION DIAGNOSIS::	<p>Patients needing pediatric orthopedic evaluation for, but not limited to, the following Neuromuscular diagnoses:</p> <ul style="list-style-type: none"> ● Cerebral Palsy ● Spinal Cord Injury ● Brachial Plexus Injuries Polio ● Muscular Dystrophy ● Spinal Muscular Atrophy ● Other Neuromuscular Diseases
EXCLUSION DIAGNOSIS::	<ul style="list-style-type: none"> ● Trauma ● Scoliosis ● Tumors
DOCUMENTATION REQUIRED::	<p>The referring facility/agency is responsible for assuring that the following required documents arrive with the patient::</p> <ul style="list-style-type: none"> ● Copies of all pertinent medical records including H & P ● Progress notes and operative reports ● Copies of pertinent :M:RI, C-T scans, and x-rays
PEDIATRIC	The RLANRC pediatric orthopedic surgeon will send a consultation

ORTHOPEdic FOLLOW-UP:: report to the referring physician summarizing the result of the evaluation and recommended treatment.

ATTACHMENT1: [DHS Policy #373.6 Attachments](#)

EFFECTIVE DATE: Oct 01, 2002

SUPERCEDES:

APPROVED: Signature on File
