

# Willis Street Physiotherapy MAP Fax Referral

Referral into the Mobility Action Program (MAP) for mild to Moderate Osteoarthritis of the Hip and/or Knee

Healthlink EDI: willissp

Fax: 049097326

GP Practice:

Client Name:

NHI Number:

D.O.B:

Address:

Contact Phone:

Referring GP:

Ethnicity:

Dep5:

CSC Expiry:

**Brief History**

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## **Inclusion Criteria**

- They are not entitled to, or currently receiving, ACC funded treatment for their Hip and/or Knee OA
- 18 years of age or older
- Hip and/or Knee pain/complaints either limiting participation in activities important to them or their work for > 3 months
- Clinical signs and symptoms corresponding to Hip and/or Knee OA

## **Exclusion Criteria**

- Currently on a waiting list for replacement surgery, or already had a partial or full replacement of the affected joint
- Acute knee injury, ACL or Meniscal pathology
- Significant co-morbidities that in your medical opinion would preclude **participation in a community led exercise programme**. This may include medical conditions such as, but not limited to; neurological conditions, dementia, stroke, history of GI bleed, myocardial infarction, or chronic renal failure
- Your patient must be keen to participate in an exercise programme for > 12 months

## **Funding**

Part charges may apply if your patient is not in a fully funded group:

- Is Maori or Pasifika, or
- Has a current CSC or is Quintile 5

Thank you for the referral into the MAP. This referral gives us the right to contact your patient to discuss the MAP service with them, ensure they are aware of the requirements of the program, and are interested in being assessed and participating if appropriate.