British Orthopaedic Association

BOA Standard

Outpatient and on-call services for people with fractures or musculoskeletal injury

February 2026

Background and justification:
This document describes the key steps in the organisation of care for those with a musculoskeletal injury that does not necessitate immediate admission or emergency hospital management.

Inclusions:
Patients presenting with acute musculoskeletal injury requiring assessment, but not immediate admission or emergency hospital management.

Exclusions:
Patients admitted directly from the Emergency Department (ED).

Standards for Practice:

1. All relevant stakeholders should be involved in the development, governance, and surveillance of the standards described below.
2. All hospitals providing acute care must have an outpatient pathway for patients with musculoskeletal injury presenting from the community or Emergency Department (ED). This pathway should be accessible to all clinicians providing point of contact care for these patients.
3. Patients must have their case reviewed by a named consultant within 24 hours of first presentation. This can be performed in person or virtually in a trauma meeting. The outcome of this review should be documented and a copy sent to the patient and GP.
4. All relevant imaging considered during a trauma meeting and outpatient clinic must be documented and included as part of the patient record.
5. A definitive treatment plan should be documented for all patients within 72 hours of first presentation and copied to the patient and their GP.
6. There must be a system that signposts patients to orthopaedic advice and/or review for concerns related to their presenting injury at any point in the pathway.
7. Information in an accessible format and language should be available and include instructions for casts, splints, slings, and appliances.
8. Appropriately staffed plaster room and radiology facilities must be available during all fracture clinics.
9. A documented risk assessment for venous thromboembolism (VTE) should be conducted for all patients with a lower limb injury. (NICE NG89)
10. Initial and subsequent weightbearing (WB) and mobilisation status must be documented for all injuries as set out in the weightbearing instruction BOASt. All patients >60 years should be considered for unrestricted weightbearing as a default.
11. Patients who require operative intervention, including those at home or in another treating facility, should have a documented admission plan.
12. All orthopaedic units providing acute care should have a dedicated trauma co-ordinator, AHP, or administrative staff member in an equivalent role.
13. Direct referrals to physiotherapy, occupational therapy, orthotics, and plaster room services should be available at all points of the pathway.
14. When transfer of care is required due to the nature of the injury, secondary condition, or geography, then the details of the referral should be documented and a copy sent to the patient and GP.
15. Fracture liaison and falls prevention services should be fully integrated into fracture clinics, allowing screening and onward referral of appropriate patients.

https://www.nice.org.uk/guidance/NG89
https://www.boa.ac.uk/resource/mobilisation-and-weightbearing-after-orthopaedic-surgery-musculoskeletal-injury-boast.html