Children's Rheumatology Clinic

Clinic information

Office hours: 8 a.m.-4:30 p.m.
Main office number: 512-628-1880
Fax number: 512-628-1881
After hours contact: Medlink 512-323-5465

Regardless of location, please use the pediatric rheumatology main office number to reach our staff.

Contacting the provider on-call

During daytime hours, call the office phone number and ask that a message be given to the on-call doctor. Please also provide call-back information. After hours, call Medlink and ask for Dell Children's pediatric rheumatologist.

Providers

Janet E. Orrock, MD
Rosemary G. Peterson, MD
Vy K. Do, DO
Cori Christenholz, PA-C
Strictly Pediatric Subspecialty Center
1301 Barbara Jordan Blvd., Suite 401
Austin, TX 78723

Rosemary G. Peterson, MD
Vy K. Do, DO
Cedar Park Pediatric Specialty Center
1301 Medical Parkway
Suite 200
Cedar Park, TX 78613

Janet E. Orrock, MD

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Cori Christenholz, PA-C

Common indications for referral

Indication	Joint pain
ICD-10 code	**Joint pain M25.50**
Findings	• Rheumatologic causes of joint pain typically have inflammatory features. For example, worse in mornings or after long periods of inactivity (i.e. naps, car rides); may be described as stiffness rather than pain; associated persistent swelling; associated limp; often improves throughout day with activity. • Non-inflammatory joint pain less commonly due to rheumatic condition. For example, pain worse at the end of the day; after or during activities; in the evenings; improvement with rest.
Evaluation	• Signs on physical exam that may suggest inflammatory arthropathy include: swelling, reduced range of motion, limp. Leg length discrepancy and/or muscle atrophy may also be present. If concern for inflammatory arthropathy from history and/or exam, the referring provider can consider sending CBC, CMP, ESR and CRP. • Signs on physical exam that may suggest non-inflammatory joint pains due to biomechanical cause include: pes planus, hypermobility (as a reminder, hypermobility syndromes, such as Ehlers-Danlos syndrome (EDS), are inherited disorders of connective tissue and not rheumatic disease; therefore, our pediatric rheumatology team does not evaluate for, diagnose, or treat EDS).
Treatment	• If history and/or exam are concerning for inflammatory arthropathy, the referring provider can consider scheduled NSAIDs, if there are no contraindications. • If history and/or exam are more suggestive of non-inflammatory pains, the patient should be referred to physical therapy (PT) first — to see if this resolves the issue.
Red flags	• Suspect septic arthritis in patients with acute inflammatory monoarthritis; significant elevation of markers of inflammation (ESR, CRP); severe pain with inability to bear weight; fevers. These patients should be evaluated in the ED. • Call rheumatology clinic to speak with a provider regarding patient referral if there is concern for systemic JIA (inflammatory joint pains plus unexplained, daily fevers x2 weeks +/- rash, lymphadenopathy, organomegaly).
Referral timeframe	• Referral timeframe will depend on the nature of the patient's symptoms. The majority of patients are seen within four weeks of referral date; all records for new referrals are reviewed and appointments expedited if there are concerning signs/symptoms documented in the referral. • Referring providers can always call to speak with rheumatologist and determine if sooner evaluation warranted.
Additional information	• Patients with signs and symptoms of inflammatory arthropathy should be referred, with the concern for inflammatory arthropathy noted in the referral document. • As a reminder, non-systemic subtypes of JIA require onset of symptoms >6 weeks, as the vast majority of viral arthritides will cause a self-limited condition lasting <6 weeks. • Please fax recent relevant visit notes; lab results over the past year; relevant imaging reports; and relevant specialty records (ie, orthopedic records, PT progress notes). Fax: 512-628-1881.

Other common conditions treated:

- Ankylosing spondylitis/spondyloarthritis
- Fever of unknown origin (FUO)
- Henoch-Schönlein purpura (HSP)
- IBD-associated arthritis
- Juvenile dermatomyositis
- Juvenile idiopathic arthritis (Previously known as juvenile rheumatoid arthritis)
- Juvenile polymyositis
- Kawasaki disease
- Morphea
- Periodic fever syndromes (auto-inflammatory syndromes)
- Raynaud's phenomenon
- Reactive arthritis
- Sarcoidosis
- Systemic lupus erythematosus and related connective tissue diseases
- Vasculitis
- Uveitis (non-infectious)

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