



Dr Elaine Ng

Rheumatologist



BMed/MD
MMed (Internal Medicine)
FRACP

Get in touch

Elaine will be consulting at

Address: 11 Gormly Ave,
Wagga Wagga, NSW 2650

0800 - 1700 Monday & Thursday,
and alternating Tuesday,
Wednesday

For an initial
appointment with Elaine,
please direct referrals to

Email (preferred): admin@
waggawaggarheumatology.com.au

Healthlink: drmspies

Mailing address:
PO Box 5574, Wagga Wagga, NSW
2650

**We prefer email communication,
thank you for your understanding**

Phone: (02) 5955 3000

Dr Elaine Ng is a rheumatologist specialising in the diagnosis and treatment of autoimmune, inflammatory and musculoskeletal conditions. These include:

- **Arthritis** including rheumatoid arthritis, psoriatic arthritis, reactive arthritis
- **Spondyloarthritis** including Ankylosing Spondylitis
- **Gout and pseudo-gout** (calcium pyrophosphate deposition disease)
- **Connective Tissue Diseases** including
 - Systemic Lupus Erythematosus (SLE)
 - Sjögren's Syndrome
 - Systemic Sclerosis/Scleroderma
 - Myositis – dermatomyositis, anti-synthetase syndrome
- **Osteoporosis**
- **Other musculoskeletal conditions** including tendinitis, bursitis
- **Other inflammatory conditions** including vasculitis, polymyalgia rheumatica

In her clinical practice, she performs specialised bedside tests, such as nailfold capillaroscopy to aid diagnosis, as well as joint, bursa and tendon sheath injections for pain management.

Dr Elaine Ng spent 5 years living in Wagga Wagga, completing medical school at the UNSW Wagga Wagga Rural Clinical School, and undertaking internship and residency at Wagga Wagga Base Hospital and St Vincent's Hospital Sydney.

She completed Basic Physician Training at Royal Prince Alfred Hospital, and Advanced Training in Rheumatology at Concord Repatriation General Hospital, Royal Prince Alfred Hospital, Liverpool Hospital and BJC Health (Parramatta and Chatswood). Dr Elaine Ng has worked at Royal Prince Alfred Hospital as a locum staff specialist from 2025-2026, and practiced privately at BJC Health Chatswood.

Dr Elaine Ng will be consulting in Wagga Wagga from 29 June 2026. She accepts referrals for patients aged 16 years and above. The conditions listed are indicative of the scope of her practice but are not exhaustive — please don't hesitate to get in touch to discuss any patient with a suspected rheumatological problem, including presentations that don't fit neatly into the categories above.

Referral triage categories

Referrals are triaged into one of three categories based on clinical priority. Actual appointment times depend on current demand and may differ from the target.

CATEGORY 1 — URGENT (target appointment within 30 days)

- Suspected giant cell arteritis (new headaches, jaw claudication, or markedly raised inflammatory markers in a patient over 50) GCA probability calculator: rheumcalc.com/gca-probability-score
- Suspected systemic vasculitis or connective tissue disease with organ involvement
- New inflammatory arthritis with significant functional loss or systemic features
- Acute flare of established connective tissue disease with new organ involvement
- New monoarthritis where septic arthritis has not been excluded

CATEGORY 2 — ROUTINE (target appointment within 90 days)

- New suspected inflammatory arthritis (synovitis, morning stiffness greater than 30 minutes, raised inflammatory markers, or positive rheumatoid factor or anti-cyclic citrullinated peptide antibody)
- New suspected spondyloarthritis (inflammatory back pain, positive HLA-B27, or imaging evidence of sacroiliitis)
- Suspected new connective tissue disease (positive antinuclear antibody with clinical features, suspected Sjögren's syndrome with extraglandular involvement, suspected inflammatory myopathy)
- Suspected polymyalgia rheumatica
- Crystal arthropathy with frequent flares not controlled on standard therapy
- Patients transferring care while on biologic therapy

CATEGORY 3 — NON-URGENT (target appointment within 182 days)

- Stable established rheumatology patients transferring from another practitioner
- Osteoarthritis where diagnostic confirmation or a management opinion is sought
- Fibromyalgia and chronic widespread pain — diagnostic confirmation
- Gout, stable between flares (urate-lowering therapy initiation or optimisation)
- Osteoporosis — assessment and treatment planning
- Soft tissue rheumatism and tendinopathy where the diagnosis is unclear
- Myalgic encephalomyelitis / chronic fatigue syndrome, Ehlers-Danlos syndrome and hypermobility spectrum disorders, and complex regional pain syndrome — single focused assessment to exclude inflammatory causes

EMERGENCY — REFER DIRECTLY TO EMERGENCY DEPARTMENT

- Vision loss or diplopia in a patient over 50 (suspected GCA - Commence prednisolone 60mg before transfer to ED)
- New bilateral leg weakness, urinary retention, or saddle anaesthesia (suspected cord or cauda equina syndrome)
- Haemoptysis, sudden shortness of breath, or pleuritic chest pain (pulmonary embolism or pulmonary vasculitis)
- New neurological deficit in known vasculitis or lupus
- Severe new rash, particularly with mucosal involvement or fever
- Hot, swollen, exquisitely tender single joint with fever (suspected septic arthritis)
- Unexplained illness or fever in a patient being treated with a biologic or immunosuppressant medicine

Conditions outside routine scope

Referrals for myalgic encephalomyelitis / chronic fatigue syndrome, Ehlers-Danlos syndrome and hypermobility spectrum disorders, and complex regional pain syndrome are accepted for a single focused assessment to exclude an inflammatory cause, and are routinely triaged as Category 3. Where the referral describes new inflammatory features — for example synovitis, inflammatory back pain, or raised inflammatory markers — those features drive the triage category rather than the underlying diagnosis. Ongoing management of these conditions remains coordinated by the referring general practitioner.

Required referral content

Patient demographics

- Full name, date of birth, postal address, contact number, Medicare number
- Referrer name, address, provider number, and signature

Clinical content

- Reason for referral and presenting problem.
- Symptom duration and trajectory.
- Examination findings
- Past medical history and complete current medication list (including over-the-counter and complementary)
- Investigations including most recent bloods and imaging