## Clinical Condition

### Knee Osteoarthritis

**Eligibility**
- Activity related pain in knees; may present as pain in the anterior, posterior, medial and/or lateral aspect of the knee.
- Patients may also describe that knee pain is radiating up their thigh or down their shin.
- Pain may or may not have commenced following a trauma.
- Decreased joint mobility.
- May have stiffness in affected joint that lasts no longer than 30 minutes.
- Knee joint may be in valgus or varus alignment.
- Knee effusion.

**Priority**
- Non-Urgent: Osteoarthritis of the knee joint visible on x-ray. Can present on x-ray as loss of joint space, osteophytic lipping, bone on bone. Referrals should be faxed to the RAH on (08) 8222 2751 or the TQE on (08) 8222 7244.

**Differential Diagnoses**
- Meniscal tear
- Ligamentous injury
- Rheumatoid Arthritis
- Gout
- Septic Arthritis
- Fracture
- Malignancy
- Knee pain may be a reflection of hip pathology and in some cases, spinal issues causing pain to radiate down

**Information required with referral**
- History:
  - Duration of symptoms
  - Characteristics of pain – location, night pain, etc.
  - Response to analgesia
  - Use of natural anti-inflammatories (e.g. high dose fish oil)
  - Height, Weight & Body Mass Index
  - Level of mobility - walking distance; walking aid
  - Function – ADLs
  - History of infective processes (e.g. poor dental hygiene, recurrent UTI’s, etc.)
  - Brief medical history
  - Current medications – in-particular, blood thinning medication
  - Relevant psycho-social issues
- Exam:
  - Exclude hip and back pathology as cause of pain
  - Confirm origin of pain is from knee

Other medical and allied health practitioners the patient has seen concerning this problem

**Investigations required with referral**
- All patients should be assessed by plain x-ray to establish level of OA
- X-ray: AP, Lateral knee & patella skyline view
- Upon attendance to appointment, patient will be required to bring plain x-rays (views mentioned above) from within the previous 6 months to establish current bony structure

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**Central Adelaide Orthopaedics – Hip & Knee Service**

**Clinical Information Sheet**
### Pre-Referral management strategies (information required with referral)

<table>
<thead>
<tr>
<th>Pre-Referral management strategies</th>
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<tbody>
<tr>
<td>Physiotherapy for quad strengthening exercises</td>
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<td>Use of simple analgesia as tolerated including a regular paracetamol product (e.g. Panadol® Osteo) and oral NSAIDs if tolerated</td>
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<tr>
<td>Use of natural anti-inflammatories (e.g. high dose fish oil)</td>
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<td>Consider hydrotherapy, swimming or cycling for a low-impact exercise alternative</td>
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<td>Use of mobility aids (e.g. walking stick or frame)</td>
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<td>Weight loss measures – A BMI &lt;40 is preferable for surgery (due to significantly increased complication rate associated with higher BMI’s. Decision will be at surgeon’s discretion.)</td>
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<td>Use of self-care aids (e.g. raised furniture, toilet seat raiser, pick-up stick, etc.)</td>
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<td>Home modifications (e.g. hand rails and/or or ramps)</td>
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### Discharge Criteria/information

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<td>For discharge to GP if non-operative management to be pursued. <strong>Red flags</strong> that should trigger referral back for review: pain in affected joint no-longer managed non-operatively</td>
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### Fact sheets

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