Fact sheet

Central Adelaide Orthopaedics – Hip & Knee Service

Clinical Information Sheet

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 TQEH 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 plairing rays (views mentioned above) from within the previous 6 months to establish current bony structure

	Pre-Referral	Physiotherapy for quad strengthening exercises
	management	Use of simple analgesia as tolerated including a regular paracetamol
١	strategies	product (e.g. Panadol® Osteo) and oral NSAIDs if tolerated
	(information	Use of natural anti-inflammatories (e.g. high dose fish oil)
	required with referral)	Consider hydrotherapy, swimming or cycling for a low-impact exercise alternative
		Use of mobility aids (e.g. walking stick or frame) Weight loss measures – A BMI <40 is preferable for surgery (due to significantly increased complication rate associated with higher BMI's.
		Decision will be at surgeon's discretion.) Use of self-care aids (e.g. raised furniture, toilet seat raiser, pick-up stick, etc.)
		Home modifications (e.g. hand rails and/or or ramps)
	Discharge Criteria/informatio n	For discharge to GP if non-operative management to be pursued. Red flags that should trigger referral back for review: pain in affected joint no-longer managed non-operatively
	Fact sheets	http://www.arthritisaustralia.com.au/images/stories/documents/info_sheets/2013/OsteoArthritis.pdf
		http://www.orthoanswer.org/knee-leg/knee-osteoarthritis/definition.html
		https://www.myjointpain.org.au/factsheets/knees/
		http://orthoinfo.aaos.org/topic.cfm?topic=A00212
		http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+weight/healthy+weight+loss+tips

For more information

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