Sussex MSK Partnership East

Knee Pain (Non-Traumatic)

NHS

History, Examination, Assessment

Suspected sinister pathology to be investigated in primary care
Refer via 2WW cancer pathway where appropriate
Inflammatory Arthritis needs urgent Rheumatology referral
Septic Arthritis, suspected fracture or acute patella dislocation needs referral to emergency acute orthopaedics via A&E

Clinical Presentation

Isolated knee pain <40 years of age
No previous operative intervention
No history of trauma

Isolated knee pain >40 years of age
Including suspected or established OA
No previous operative intervention

Suspected Knee Infection
i.e.swollen, hot joint,
patient systemically unwell,
raised inflammatory markers

Patellofemoral Pain

Bakers Cyst

Other Knee Conditions

Primary Care Management

Diagnostics:

- None

Management:

- Pain relief
- Patient education
- Exercise sheets
- Advise rest and to stop sport until pain is better

Diagnostics:

- X-ray (AP, lateral and skyline view). Must be weight bearing and within 1 year - (not needed if only requesting physiotherapy).

Management: Consider CEC Policy

- Patient OA education/self management advice
- Medication optimisation
- Physiotherapy
- Smoking Cessation/ Weight loss advice if indicated (Smoker/ BMI>35)
- Injection - consider if offered in primary care

Diagnostics:

- Bloods

Management:

- Antibiotics
- Watchful waiting
- Patient education/advice

Diagnostics:

- None

Management:

- Pain relief
- Dietary advice / weight loss
- Self management advice

Diagnostics:

- Exclude red flags if there is a high suspicion of serious alternative diagnosis such DVT

Management:

- Pain relief
- Rest, ice, compression
- Explain that excision is generally not recommended as the Baker's cyst may resolve by treating any underlying condition.
- Self management
- Optimise management of common underlying conditions such as: OA (see >40 knee pain pathway)

Tendinopathy

Calcifications

Adult with previous diagnosis of Osgood Schlatters

Diagnostics:

- None

Management:

- Manage in primary care
- If unable to manage >6/52 - consider physiotherapy

Thresholds for referral to SMSKPE

6 weeks of management in primary care

Refer to physiotherapy if:

- Symptoms persist and new symptoms present > 6 weeks
- No response to analgesics
- Symptoms affecting ADLs/occupation
- Swelling but no locking or giving way
- Diagnosis could be PFJ pain, meniscal injury or ligamentous

Refer to Advanced Practitioner if:

- Potential acute or severe meniscal pain
- If previous physio has been tried and failed
- If persistent recurring pain > 6 months
- True lock and giving way

6 weeks of management in primary care

Refer to physiotherapy if:

- Symptoms persist and new symptoms present > 6 weeks
- No response to analgesics
- Symptoms affecting ADLs/occupation

Refer to Advanced Practitioner if:

- If previous physio has been tried and failed

Refer to A&E if:

- Systemically unwell with features of joint infection

Refer urgently to Secondary Care if:

- Systemically well but with features of joint infection

Refer to physiotherapy if:

- > 6 weeks management in primary care
- Symptomatic with ongoing pain despite conservative management
- Symptoms affecting ADLs/occupation
- Diagnostic uncertainty

Refer to Advanced Practitioner if:

- Recent unsuccessful episode of physiotherapy

Refer to Advanced Practitioner if:

- Symptomatic with ongoing pain despite 3/12 conservative management
- Symptoms affecting ADLs/occupation
- If assessment of underlying knee pathology required
- Diagnostic uncertainty

Refer directly to Orthopaedic Consultant if:

- Neuro-vascular compromise