Rotherham Knee Care Pathway

Patient Presents with Knee Symptoms

This is **NOT** an exhaustive list of symptoms and conditions

Secondary

Primary Care (page 1 of 2)

Urgent Secondary Care Pathway
(Refer the following)

SUSPECTED MALIGNANCY
Investigate and refer urgently

CHECK RED FLAGS
Unexplained weight loss, night pain and high inflammatory markers etc

Suspected fracture, dislocation or infection, refer to A&E.

Suspected inflammatory conditions investigate and refer to Rheumatology.

Acute knee injury with Haemarthrosis/Effusion
Should be treated as internal derangement – bony/soft tissue and may need urgent surgical intervention, so please **Fax a referral to new appointments on: 01709 424138,** requesting an 'Acute Knee Injury' clinic appointment. (Please do not abuse this service as a means of bypassing routine waiting times)

Please note:
If the injury is over 6 weeks old then refer through Choose and Book

Chronic Knee Injury

Investigations
X-rays are indicated to exclude fracture please ask for standard knee

Management
Consider analgesia and NSAIDs and advice on 'PRICE' regime

Injection
NOT indicated

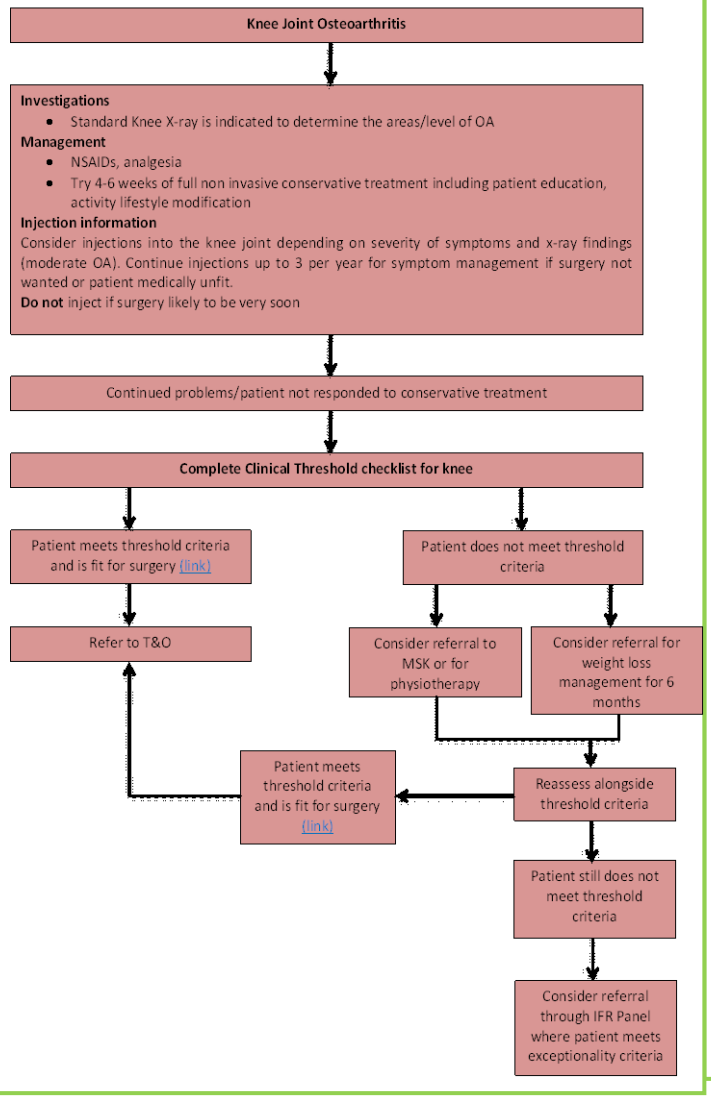
Referral
If no improvement after 2 weeks of conservative management, please give as much clinical info as possible and refer to MSK CATS (Here it will be screened and signposted appropriately)
Also refer to the urgent secondary care pathway to ensure those injuries are picked up and referred to consultant clinic.

Patient information
www.nhs.uk

www.arthritisresearchuk.org

Knee joint OA

Rotherham Knee Pathway



PFJ OA

Investigations
PFJ OA
X-rays are indicated to determine the areas/level of OA – please ask for standard knee

Management
NSAIDs, Analgesia
Try 4-6/52 of full non-invasive conservative treatment

Injection
As per knee joint OA **(*also see additional info)**

Referral
Could refer to physiotherapy initially for mobs etc.
If no response to conservative treatments, refer to MSK CATS and severe cases – refer to Knee joint OA column

Meniscal tears

Investigations
If you suspect this as a result of an injury – its worth doing X-rays to rule out a fracture

Management
NSAIDs, Analgesia

Injection
Not indicated

Referral
If has pain, effusion, block to full extension - refer. They may describe locking/g.way - Refer MSK CATS for assessment if unsure

(Refer to urgent secondary care pathway for acute injury management)

Deformity of the knee

Investigations
Decide with the history if you need to do X-rays to rule out # (E.g. Acute valgus or varus after knee injury) please ask for standard knee

Management
NSAIDs, Analgesia, 'PRICE'

For progressive Valgus or Varus deformity of the knee – refer to the OA guidance

For Enlarging/painful Bony Lumps/ Exostosis

Referral
Refer to urgent secondary care for guidance.
If considered to be OA, refer to pathway.

If unsure – refer to MSK CATS

Rotherham Knee Care Pathway

Patient Presents with Knee Symptoms

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Primary Care (page 2 of 2)

Clicking and Clunking

Investigations
X-rays are not indicated initially

Management
If no pain or loss of function monitor patient.
Consider the source; PFJ mal-alignment, biomechanical issues, possible Anteversion of the hip, increase Q angle, Plica etc.
Overall - Clicky knees are very common and nothing to worry about. If they are not symptomatic and if they do not cause any effusion – leave alone

Injection
NOT indicated

Referral
If becomes painful – refer to Physiotherapy initially and they will escalate to MSK CATS if needed.
For new painful clicking, clunking following trauma also refer to the urgent secondary care pathway

Locking

Investigations
Standard X-rays may be indicated, see below

Management
True locking: New painful locking (Knee stuck in one position or can't extend the knee fully) following trauma: Do basic knee X-rays and refer to the urgent secondary care pathway and acute knee injury clinic. If young and true locking - poss. loose body – refer to urgent pathway

Pseudo locking: No pain or loss of function, monitor patient and consider the source as per clicking/clunking

Injection
NOT indicated

Referral
If becomes painful with pseudo locking then refer to physiotherapy and they will escalate if needed.
If this progresses with an effusion, refer MSK CATS

Giving way

Investigations
Standard X-rays may be indicated, see below

Management
After trauma: If c/o knee buckling and falls to the floor no warning suspect ACL rupture, do basic X-rays and refer to the urgent secondary care pathway
No trauma: Pseudo Giving way. E.g. 'Knee just went a bit', can catch themselves, this is usually Patello-femoral in nature, quads are usually weak and may have some underlying biomechanical issues/muscle imbalance, no X-rays needed at this stage

Injection
NOT indicated

Referral
If problems persist refer to physiotherapy and they will escalate if needed. If unsure re an injury or not and they are c/o giving way and effusion, refer to MSK CATS

Decreased Function and Stiffness

Investigations
Standard X-rays may be indicated, see below

Management
NSAIDs, Analgesia
Try 4-6/52 of full non-invasive conservative treatment

If c/o morning stiffness, consider Rheumatology conditions and follow appropriate pathway
If Loss of function and affecting ADL's, work and hobbies check OA/PFJ, clicking and locking pathways for guidance

Injection
NOT indicated

Referral
Refer to MSK Physiotherapy initially if needed and they will escalate to MSK CATS

Patient information
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Altered Sensation (Tingling/Numbness)

Investigations
X-rays are not indicated

Management
Refer to spinal pathway for guidance
Screen Neurovascular status

Injection
NOT indicated

Referral
Refer to spinal pathway for guidance.
Bilateral symptoms: Consider pathology, e.g. Neurovascular and check red flags, investigate as needed