

Summary Guidance for Management of Knee Pain

With red flags	Without red flags
<p style="text-align: center;"><u>Traumatic</u></p> <p>If unable to weight bear immediately following trauma or if knee swelling occurs following acute trauma</p> <p style="text-align: center;">Refer to ED for x-ray, including sky-line view, to look for fracture</p>	<p style="text-align: center;"><u>Traumatic</u></p> <p style="text-align: center;">and presents with: Suspected Meniscal tear or loose body and True locking or Acute patella dislocation or Acute haemarthrosis or Acute knee ligament injury...</p> <p style="text-align: center;">Refer to Acute Knee Clinic via RSS in VoY and S&R CCGs</p> <p style="text-align: center;">If non-traumatic and presents with: Acute Gout/Pseudogout treat according to RSS guidance</p>
<p style="text-align: center;"><u>Non-traumatic</u></p> <p>Red flags for infection (septic arthritis/ Osteomyelitis) Refer to ED Or if unsure discuss with on call Orthopaedics</p> <p>Red flags for tumour</p> <ul style="list-style-type: none"> • Persistent non-mechanical pain <ul style="list-style-type: none"> • Night/rest pain • Unexplained weight loss • Previous Cancer • Unexplained lump (increasing in size) • Sudden onset of pain may indicate a pathological fracture, or fracture in osteoporotic patients but can also occur in osteonecrosis (This list is not exhaustive) <p>Refer urgent X-ray as per RSS Guidance</p> <p>Red flags for inflammatory polyarthritis Persistent synovitis Synovitis affecting other joints A history of psoriasis, inflammatory bowel disease, iritis, recent infection Refer Rheumatology urgently</p>	<p style="text-align: center;"><u>Non-traumatic</u></p> <p style="text-align: center;">and presents with: Patellofemoral pain or Knee Osteoarthritis or Chronic knee pain</p> <p style="text-align: center;">Initial management should consist of directing the patient to local health resources...</p> <p>In Vale of York CCG consider referral to: MSK service for further management and to ensure conservative pathways have been optimised</p> <p>In SRCCG area refer to local physiotherapy service</p> <p style="text-align: center;">Consider medication options</p>

There is no Primary Care access to Knee MRI

This guidance was developed with the following colleagues: Dr Shaun O'Connell, GP; Dr Peter Billingsley, GP; Dr Mark Quinn, Consultant Rheumatologist; Mr Neil Hunt, Consultant Orthopaedic Surgeon; Greg Quinn, Consultant MSK lead; Dr David King, Consultant Radiologist; Annette Wardman, Commissioning manager.