

Red Flags/Surgical referral

- Recent trauma <12/52 (acute L/L clinic) – clarification below
- **Inability** to weight bear
- New symptoms in a previous arthroplasty
- Complete inability to SLR – possible extensor mechanism disruption
- Systemic symptoms (fever, night pain, loss of body weight – 30% in < 2/12)

Patient is referred to the iMSK Triage Service with Knee Pain

Known or suspected OA

- >45 years old
- Poorly localised pain after activity
- < 30 minutes or NO early morning stiffness
- Instability or loss of confidence without trauma

Atraumatic Swollen Knees

Rheumatology

Traumatic Injuries < 12 weeks

- Sudden onset pain during exercise
- Suspected ligament injury
- Tendon ruptures/partial tears
- History of injury sufficient to suspect fracture

Acute LL Consultant Clinic

Anterior Knee Pain

- Anterior knee pain after exercise
- Pain on stairs and squats
- “Noisy kneecaps”
- Pain on rising after prolonged sitting
- Symptoms suggestive of quads/patellar tendonitis

Physiotherapy

ESP Assessment if failed Physiotherapy management

Traumatic injury over 12 weeks or Non traumatic pain with mechanical symptoms

- Locking
- Giving Way/Instability
- Loose body
- Instability or loss of confidence in knee without history of major trauma

Physiotherapy

ESP Assessment if failed Physiotherapy management

Conservative Measure Steps in GP Setting

- Advice, activity modification, lifestyle change, weight loss (↓by 5% can equal up to 50% less pain).
- Surrey iMSK website for self-management advice.
- Physiotherapy
- OTC analgesia (paracetamol, Ibuprofen)
- Prescribed medication (Naproxen, volterol, Codeine)

OA Clinic

- To consider:
- Joint Injection (if not available in primary care)
 - Surgery