

OSTEOARTHRITIS – HISTORY

This Optional Decision Support Tool pertains to the Guideline:
Osteoarthritis in Peripheral Joints – Diagnosis and Treatment
www.BCGuidelines.ca

HISTORY – FEATURES TO CONSIDER

INDICATE LOCATION(S):

Onset	<input type="checkbox"/> Acute	<input type="checkbox"/> Gradual
Trauma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type	<input type="checkbox"/> Red flags for inflammation*	<input type="checkbox"/> Osteoarthritis
Location	<input type="checkbox"/> Non-articular	<input type="checkbox"/> Monoarticular <input type="checkbox"/> Polyarticular*
Features	<input type="checkbox"/> Transient morning stiffness <input type="checkbox"/> Aware of deformity	<input type="checkbox"/> Painful crepitus <input type="checkbox"/> Impaired use of joint (limp, falling) <input type="checkbox"/> Sensation of instability <input type="checkbox"/> Loss of range of motion

*Refer to Guideline: *Rheumatoid Arthritis – Diagnosis and Management* at www.BCGuidelines.ca

INFLAMMATORY/NON-INFLAMMATORY ARTHRITIS – DIFFERENTIATION* (Note: a patient with RA may develop OA)

FEATURE	NON-INFLAMMATORY	INFLAMMATORY
Joint pain	With activity	With activity at rest
Joint swelling	Bony	Soft tissue
Joint deformity	Common	Common
Local erythema	Absent	Sometimes
Local warmth	Absent/Minimal	Frequent
Morning stiffness	<30 minutes	>30 minutes
Systemic symptoms	Absent	Common
Joint distribution	PIP (Proximal Interphalangeal)/ DIP (Distal Interphalangeal), first CMC (Carpo-Metacarpal), hip, knee, first MTP (Metatarsophalangeal)	Elbow, wrist, PIP/MCP, MTP

**Modified from: *Getting a grip on arthritis best practice guidelines* The Arthritis Society (2004) available at <http://acru.ca/pdf/Best-Practice-Guidelines.pdf>
 Accessed October 25, 2007.

PAIN AND FUNCTION

Mobility can be assessed using the Timed Up & Go test.[†] The patient is timed to rise from an arm chair (using usual footwear and walking aids), walk three metres, turn, walk back and sit. Normal time is between 7-10 seconds. Further assessment is suggested for those who take longer time or are unsteady.

[†] American Geriatric Society. *The Timed Up & Go Test for Fall Risk Assessment 2001, 49(5):666*

Pain Features	
<input type="checkbox"/> Localized	<input type="checkbox"/> Present at rest
<input type="checkbox"/> Aggravated by motion/weight bearing	<input type="checkbox"/> Influenced by weather
<input type="checkbox"/> Night pain	<input type="checkbox"/> Radiating widely around affected joint(s)
<input type="checkbox"/> None/mild pain on motion	<ul style="list-style-type: none"> • Patient can move about including walking or bending. They may experience some pain but it does not prevent any activity. • They usually do not require pain medication.
<input type="checkbox"/> Moderate pain on motion	<ul style="list-style-type: none"> • Patient can move about including walking or bending. They experience pain most of the time that limits their activities to some degree. For example, patient experiences trouble walking up and down stairs or may be uncomfortable standing for long periods of time. • They occasionally need pain medication.
<input type="checkbox"/> Severe pain on motion	<ul style="list-style-type: none"> • Patient cannot walk or bend without experiencing pain. The pain restricts their activities in a major way. For example, patient experiences pain walking up and down stairs and may not be able to stand for long periods of time. • They need pain medication most of the time.
Walking capability without significant pain	<input type="checkbox"/> > 5 blocks <input type="checkbox"/> 1-5 blocks <input type="checkbox"/> Less than 1 block <input type="checkbox"/> Household ambulation <input type="checkbox"/> Unable to walk without pain

PAIN SUMMARY

Scale between 1 and 10 →

/10

PAIN CONTROL

Satisfied
 Unsatisfied

Indicated by:

Patient
 Physician

REVIEW SYSTEMS

Overall risk factors for disease:

- Obesity
- Inactivity
- Family history
- Muscle weakness
- Previous trauma
- Mechanical factors
- Heavy physical activity
- Reduced proprioception

Review of risk factors for treatment with NSAIDs:

GI

- History of peptic ulcer
- Tobacco use
- Alcohol abuse
- History of GERD symptoms
- Liver disease
- Age > 65
- Glucocorticoids
- Anticoagulant

Comorbidities (Describe):

Renal

- Calculated eGFR < 60
- Anti-hypertensive medication
- Diuretic

Cardiovascular

- Hypertension
- Ischemic heart disease
- Heart failure