

OSTEOARTHRITIS – ALTERNATE DIAGNOSIS AND OVERALL ASSESSMENT

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

ALTERNATE DIAGNOSIS

Consider alternate diagnosis of non-osteoarthritis symptoms for history and physical examination (amplification of condition)

Red flag indications		
<input type="checkbox"/> Acute severe pain	<input type="checkbox"/> Significant trauma (e.g. fracture)	<input type="checkbox"/> Night pain
<input type="checkbox"/> Fever, night sweats or significant weight loss	<input type="checkbox"/> Focal or diffuse muscle weakness	<input type="checkbox"/> Hot and swollen joint *(not OA)
<input type="checkbox"/> Neurogenic pain pattern	<input type="checkbox"/> Claudication pain pattern	
Red flag condition suspected		
Infective arthritis	<input type="checkbox"/> Bacterial <input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Viral
Inflammatory arthritis*	<input type="checkbox"/> Reactive <input type="checkbox"/> Rheumatoid*	<input type="checkbox"/> Gout <input type="checkbox"/> Seronegative spondyloarthropathy
Connective tissue disease	<input type="checkbox"/> SLE	<input type="checkbox"/> Scleroderma
Other medical conditions presenting with pain	<input type="checkbox"/> Polymyalgia rheumatica <input type="checkbox"/> Sarcoidosis <input type="checkbox"/> Thyroid disease <input type="checkbox"/> Fracture <input type="checkbox"/> Infective endocarditis	<input type="checkbox"/> Referred pain (i.e. pain originating in the back masquerading as hip pain or hip pain radiating to the knee) <input type="checkbox"/> Hemochromatosis <input type="checkbox"/> Diabetic cheiroarthropathy <input type="checkbox"/> Paraneoplastic syndromes <input type="checkbox"/> Multiple myeloma
Consider other issues:		
<input type="checkbox"/> Fear/avoidance behaviour	<input type="checkbox"/> Pain amplification	<input type="checkbox"/> Over-protective partner-spouse
<input type="checkbox"/> Passive attitude to rehabilitation	<input type="checkbox"/> Impaired sleep because of pain	<input type="checkbox"/> Lack of social/financial support
<input type="checkbox"/> Substance overuse/abuse	<input type="checkbox"/> Depression	<input type="checkbox"/> Poor adherence to exercise

*Review guideline: *Rheumatoid Arthritis – Diagnosis and Management* at www.BCGuidelines.ca

OVERALL ASSESSMENT

If osteoarthritis is suspected, an overall assessment of the condition is important. Ask what problems the patient is having and how much it impacts their life. Consider the following criteria:

FEATURE	NONE	MILD	MODERATE	SEVERE
Pain				
Overall function				
Abnormal findings on physical exam				
Ability to function at work				
Ability to enjoy recreational activities				

What are the modifiable factors? From this overall impression, anticipate the nature of treatment:

- | | | |
|---|------------------------------|-----------------------------|
| Likely satisfactory/sufficient response to non-pharmacologic and/or pharmacologic treatment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Referral for non-surgical specialist assessment indicated | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Referral for surgical assessment indicated | <input type="checkbox"/> Yes | <input type="checkbox"/> No |