Healthier You
ALLIANCE IN ACCOUNTABLE CARE
Via Christi Health

Osteoarthritis of Hip and Knee Care Path

(≥18 years old)

Screening and Diagnosis

Detailed patient history and clinical presentation. Presenting signs and symptoms suggestive of osteoarthritis include symmetrical joint symptoms, usually in one or two joints; pain and stiffness; decreased joint mobility; joint swelling; crepitus and increased age, *If patient has recent history of infection or fever, is < 40 years old, or presents with abnormal blood tests, other forms of arthritis should be considered.*

Radiographs, particularly weight-bearing x-rays, may be used to confirm diagnosis and exclude alternative diagnoses; however findings are often non-specific and should be used in conjunction with clinical presentation to make a diagnosis. Findings indicative of OA include narrowing of the cartilage space, marginal osteophyte formation, subchondral sclerosis and breaking of the tibial spine, however these may not be observed in early disease.

Assessment

Comprehensive assessment of the patient with knee/hip OA should include:

- Joint signs and symptoms
  - joint pain, often after weight-bearing activity
  - joint stiffness, particularly after periods of inactivity, e.g. morning
  - joint inflammation
  - decrease in joint mobility and/or function
  - crepitus (a crinkly, crackling or grating feeling in the joint)
  - joint tenderness upon palpation
- Co-morbidities
  - overweight/BMI> 25 or obese/BMI ≥ 30
  - nutritional assessment: - screen for need to lose weight
  - other co-morbidities: cognitive impairment; cardio-vascular disease; peptic ulcer disease; renal disease; diabetes, asthma, allergies and liver disease may influence patient's ability to self-manage their OA, the appropriateness of specific non-pharmacological interventions, and implications for pharmacological therapy.
- Depression and Anxiety Screening
- Fall risk assessment
- Medication and NSAIDs risk

Develop Care Plan:

- Focus on optimizing the patient's quality of life (decreasing pain, increasing function)
- Provide patient with appropriate knowledge and skills to manage chronic disease and minimize progression of joint degeneration.

Treatment – Non-Pharrmacological Intervention

Labs and Imaging:

- Renal Function Test every 6 months
- Liver Function Test every 6 months

Self-management education programs

Exercise

- Walk in the shallow end of the pool, on land or on a flat treadmill; swim laps using gentle kicks; ride a bike in easy gears or cycle on a stationary bicycle; perform upper-body and quadriceps-strengthening exercises (without weights) and isometric exercises to strengthen the hip without moving the joint.

Weight Reduction

Multi-modal physical therapy or occupational therapy

Thermotherapy

Treatment – Pharmacological Intervention

Topical NSAIDs

Acetaminophen, Oral NSAIDs, taken appropriately (sustained dose for 10 days to raise serum levels)

Intra-articular corticosteroid injection

Patient Engagement

- Offer weight loss advice or referral if BMI > 25
- Offer reconciled medication list and after visit summary at the conclusion of each visit
- Encourage patient to fight to maintain mobility – defer scooter use as long as possible

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Specialist Consult

When to Refer:

- When joint disorders other than osteoarthritis are suspected, such as meniscus tear.

References:

1. American Academy of Orthopaedic Surgeons, "Treatment of Osteoarthritis of the Knee, Evidence-Based Guideline 2nd Edition, May 18, 2013.