

# KNEE

## MSK-3 Protocol and Pathway – MSK Specialty (14/03/2011)

**Acute Knee Pain**

Presenting Symptoms  
 -Sudden onset of symptoms of pain, swelling (effusion) and limp when walking  
 -History of injury to knee?  
 -Patient felt a pop whilst doing sports

History of no injury to the knee

History of injury to the knee

Clinical Picture  
 -Pain in the knee  
 -Swelling of the knee (effusion)  
 -Warmth on examination  
 -Limp when walking

Clinical Picture  
 -Early onset of effusion within 24 to 48 hours

Clinical Picture  
 -Late onset of effusion beyond 48 hours

Assessment  
 Suspect either:  
 -Gout  
 -Rheumatoid arthritis  
 -Septic arthritis

Assessment  
 Suspect haemarthrosis either due to:  
 •ACL rupture  
 •Subchondral bone fracture

Assessment  
 Suspect either:  
 •Meniscus injury  
 •Soft tissue injury  
 -Check for palpable tenderness over the joint line  
 -Limitation of full flexion or full extension

Blood Test for diagnosis

Gout

Septic arthritis

Rheumatoid arthritis

Treatment Plan  
 -NSAID  
 -Physiotherapy  
 -MRI scan – if needed to rule out meniscus injury

Treatment  
 -NSAID  
 -Gout medication

Treatment  
 -Orthopaedic team referral

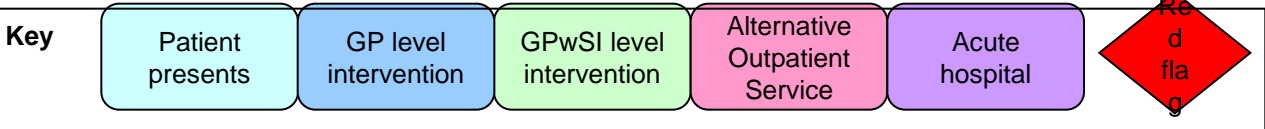
Treatment  
 -Rheumatology clinic referral

MRI scan shows:  
 Meniscus tear

No improvement with physiotherapy

Referral to:  
 Orthopaedic team

MSK Clinic if facility available for:  
 •Pain management  
 •Joint injection of steroid if needed



# MSK Specialty – Knee Pathway Page 2 (cont.)

## Chronic Knee Pain

### Patient Presentation

Knee pain on and off for a while (more than 1 month)  
**•Exclude hip or spine pathology**

Older age (>45 yrs)

Younger age (<45 yrs)

### Clinical Features

- Pain and limp when walking, doing stairs, getting up from sitting position
- Swelling of the knee
- History of locking of the knee

### Clinical Features

- There may be a history of twisting injury to knee
- History of locking of the knee ie inability to fully extend the knee
- History of knee giving way (associated with effusion)
- Suspect:
  - Meniscus tear
  - Loose bodies
  - Ligamentous instability
  - Mechanical symptoms

## Anterior Knee Pain

### Patient Presentation

Pain in front of the knee

### Clinical Features

- Common, seen in young individuals
- Often no history of injury
- Pain in the front or all over the knee
- Often bilateral
- Pain when doing stairs, squatting, kneeling or getting up after sitting for long period of time

### Assessment

- ? Osteoarthritis
- ? Loose bodies in knee
- ? Meniscus tear
- X-ray knee (useful for OA/loose bodies)

### Assessment

- Examine the knee for patello-femoral crepitus
- Check for patellar tendinitis
- Examine the knee for other pathology such as Osgood Schlatter Syndrome

### Treatment Plan

- Analgesics
- NSAIDs
- Walking stick (pt buys)
- Advise patient to do exercises at home
- Injection of steroid (Intra-articular) if GP is skilled or trained
- Physiotherapy

For Mechanical symptoms

For  
 •Meniscus tear  
 •Loose bodies  
 •Ligament instability

Treatment Plan  
 NSAIDs  
 Physiotherapy

Referral to:  
 Orthopaedic clinic

No improvement

Not cured

Not cured

### Refer to Physiotherapy / MSK clinic:

- Joint injection
- Pain management clinic
- Acupuncture

### Treatment Plan

- NSAIDs
- Physiotherapy

Not cured

Cured

Cured

Referral to:  
 Orthopaedic clinic

Discharge to GP

## Key

Patient presents

GP level intervention

GPwSI level intervention

Alternative Outpatient Service

Acute hospital

Red flag

# MSK Specialty – Knee Pain Pathway

## Knee Effusion



↑  
affected

## Anterior Cruciate Ligament Tear



## Anterior Draw Test For Anterior cruciate ligament tear

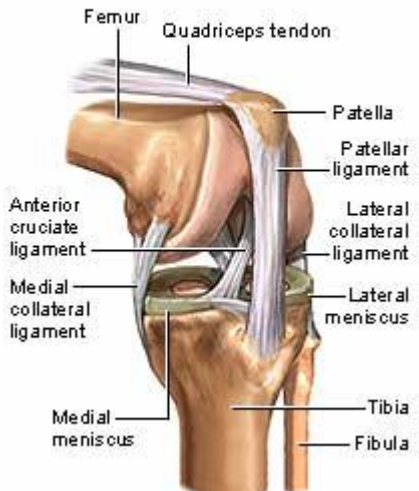


## Inflamed knee joint Pain, swelling & warmth - Rule out Gout, Infection, Rheumatoid



## Anterior Knee Pain

### Normal anatomy



### Location of pain



## Posterior Draw Test For Posterior cruciate ligament tear

