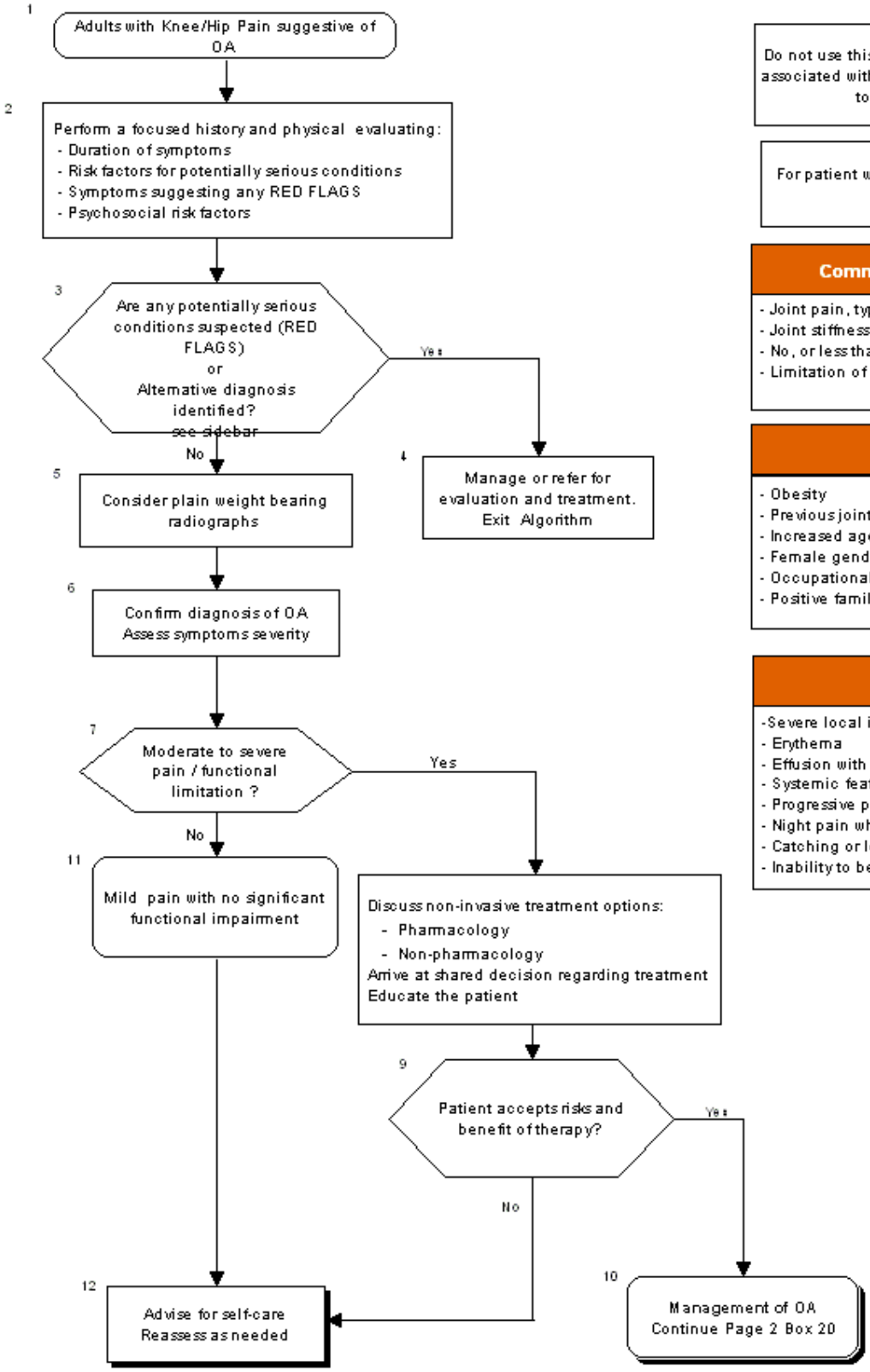
Initial Evaluation of a New patient with knee/HIP OA Pain



Do not use this algorithm for knee/hip pain associated with major trauma, or pain due to systemic illness

For patient with OA already on treatment start on page 2

Common Features of OA

- Joint pain, typically worse after use
- Joint stiffness
- No, or less than 30 minutes morning stiffness
- Limitation of range of motion

Risk Factors

- Obesity
- Previous joint injury
- Increased age
- Female gender
- Occupational or recreational overuse
- Positive family history

Red Flags

- Severe local inflammation
- Erythema
- Effusion with signs of inflammation
- Systemic features (fever. chills,night sweats)
- Progressive pain unrelated to use
- Night pain which wakes from sleep
- Catching or looking
- Inability to bear weight

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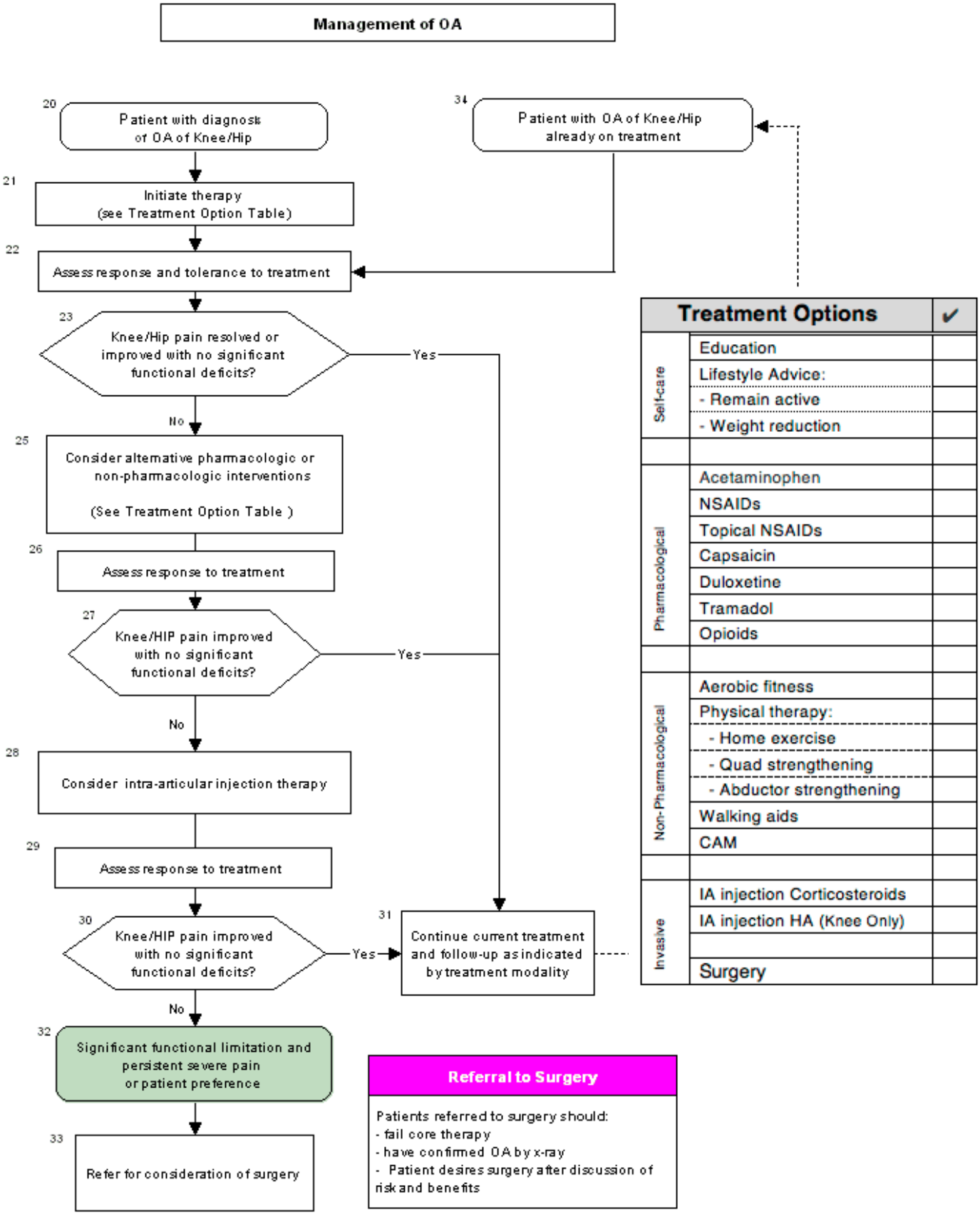
Management of OA
20
Patient with diagnosis of OA of Knee/Hip
34
Patient with OA of Knee/Hip already on treatment
21
Initiate therapy (see Treatment Option Table)
22
Assess response and tolerance to treatment
23
Knee/Hip pain resolved or improved with no significant functional deficits?
Yes
No
25
Consider alternative pharmacologic or non-pharmacologic interventions
(See Treatment Option Table)
26
Assess response to treatment
27
Knee/HIP pain improved with no significant functional deficits?
Yes
No
28
Consider intra-articular injection therapy
29
Assess response to treatment
30
Knee/HIP pain improved with no significant functional deficits?
Yes
31
Continue current treatment and follow-up as indicated by treatment modality
No
32
Significant functional limitation and persistent severe pain or patient preference
33
Refer for consideration of surgery
Treatment Options
✔
Self-care
Education
Lifestyle Advice:
- Remain active
- Weight reduction
Pharmacological
Acetaminophen
NSAIDs
Topical NSAIDs
Capsaicin
Duloxetine
Tramadol
Opioids
Non-Pharmacological
Aerobic fitness
Physical therapy:
- Home exercise
- Quad strengthening
- Abductor strengthening
Walking aids
CAM
Invasive
IA injection Corticosteroids
IA injection HA (Knee Only)
Surgery
Referral to Surgery
Patients referred to surgery should:
- fail core therapy
- have confirmed OA by x-ray
- Patient desires surgery after discussion of risk and benefits

	Treatment Options	✔
Self-care	Education	
	Lifestyle Advice:	
	- Remain active	
	- Weight reduction	
Pharmacological	Acetaminophen	
	NSAIDs	
	Topical NSAIDs	
	Capsaicin	
	Duloxetine	
	Tramadol	
	Opioids	
Non-Pharmacological	Aerobic fitness	
	Physical therapy:	
	- Home exercise	
	- Quad strengthening	
	- Abductor strengthening	
	Walking aids	
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Invasive	IA injection Corticosteroids	
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