



Rheumatology and Connective Tissue Diseases Specialist Clinic - Liverpool Hospital

Locked bag 7103, Liverpool BC, NSW 1871
PH: 02 8738 4088 FX: 02 8738 3561
SWSLHD-LiverpoolRheumatology@health.nsw.gov.au



Health
South Western Sydney
Local Health District

MANAGEMENT GUIDELINES FOR GP'S OSTEOARTHRITIS

Clinical Features

- Joint pain with weight-bearing and activities, improved by rest
- Morning stiffness <30minutes most mornings
- Nocturnal pain
- Added features;
 - Clicking, locking, grinding or collapse
- No features consistent with an inflammatory arthritis

Examination Findings

- Boney swelling
- An absence of a joint effusion
- Reduced range of motion
- Painful range of motion
- Joint crepitus may be present
- Malialignment (knee, fingers)
- +/- Fixed-flexion deformities
- Pain on palpation on medial or lateral joint line (knee)

Initial GP Diagnostics

- Osteoarthritis does not require routine or serial imaging, including both X-Rays and MRI.
- Osteoarthritis is a clinical diagnosis. Imaging should only be performed to exclude other pathologies such as fractures, inflammatory arthritis, malignancy.

GP Management of Osteoarthritis

Management of osteoarthritis requires a multi-disciplinary approach

1. Weight loss of >10% is recommended in all patients with osteoarthritis who are over-weight or obese
 - a. Exercise physiology referral for a graded exercise program
 - b. Dietician referral if appropriate
2. Muscle strengthening
 - a. Physiotherapy referral
 - b. Water based exercises such as hydrotherapy
3. If aberrant pain behaviours such as catastrophising of pain, anxiety or depression co-exists then consider psychology referral for cognitive behaviour therapy (CBT)
4. Simple analgesia such as panadol
 - a. Avoid narcotic analgesics
5. Adjuncts such as Voltaren Gel, Omega-3 supplementation, Vitamin D supplementation (if deficient)
6. If malalignment (knee) present then consider a physiotherapy referral for bracing assessment
7. For management of osteoarthritis flare
 - a. Short course of oral NSAIDs may be appropriate
 - b. If an effusion is present then consider an ultrasound guided corticosteroid injection
8. If significant, refractory pain despite the recommendations above and/or there is loss of structural integrity (recurrent collapsing or locking) then referral consider a referral to an **orthopaedic surgeon**