### Knee Pain

#### Assessment

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<th>Red Flags</th>
<th>History</th>
<th>Examination</th>
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| - Suspected septic arthritis (e.g. red skin, fever, systemically unwell) - call (07) 5470 6600 and ask for Orthopaedic Registrar | - Date and mechanism of injury or evolution and duration of symptoms  
  - True locking (vs intermittent stiffness)  
  - Pain and other symptoms including swelling, locking, instability  
  - Impact on patient’s activities of daily living, mobility and employment  
  - Past joint surgery and surgeon if known | - Ligament and meniscus testing  
  - Hip and Knee Questionnaire |
| - If suspicion of acute significant internal derangement, refer to Fracture Clinic | - Pain in previously well-functioning arthroplasty | |

#### Investigations

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<th>Imaging</th>
<th>Pathology</th>
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| - Plain X-Ray: Weight bearing AP of both knees for arthritis  
  - MRI (acute injury) | - FBC, ESR, CRP (if inflammation suspected) |

#### Treatment: Primary/Secondary

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<th>Physical</th>
<th>Pharmacological</th>
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| - Activity modification  
  - GP to provide information  
  - Physiotherapy under GPMP/TCA (T21/T23) as per AH protocol | - Paracetamol  
  - Use NSAIDs with caution to side effects |

#### Treatment: Tertiary

Referral eligibility:
- All treatments have been undertaken and symptoms persist
- Patient ready for surgery

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<tr>
<th>Referral to Orthopaedic Surgeon/Service</th>
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| Referral must include:  
  - Consultation notes  
  - Physiotherapy reports  
  - Imaging reports  
  - USS-guided injection reports  
  - Hip and Knee Questionnaire  
  - NB: Incomplete referrals to SCHHS, under this Pathway, will be automatically returned for completion and resubmission |

If you feel any patient needs clinical review or falls outside of these guidelines please contact the registrar on call for advice on (07) 5470 6600.