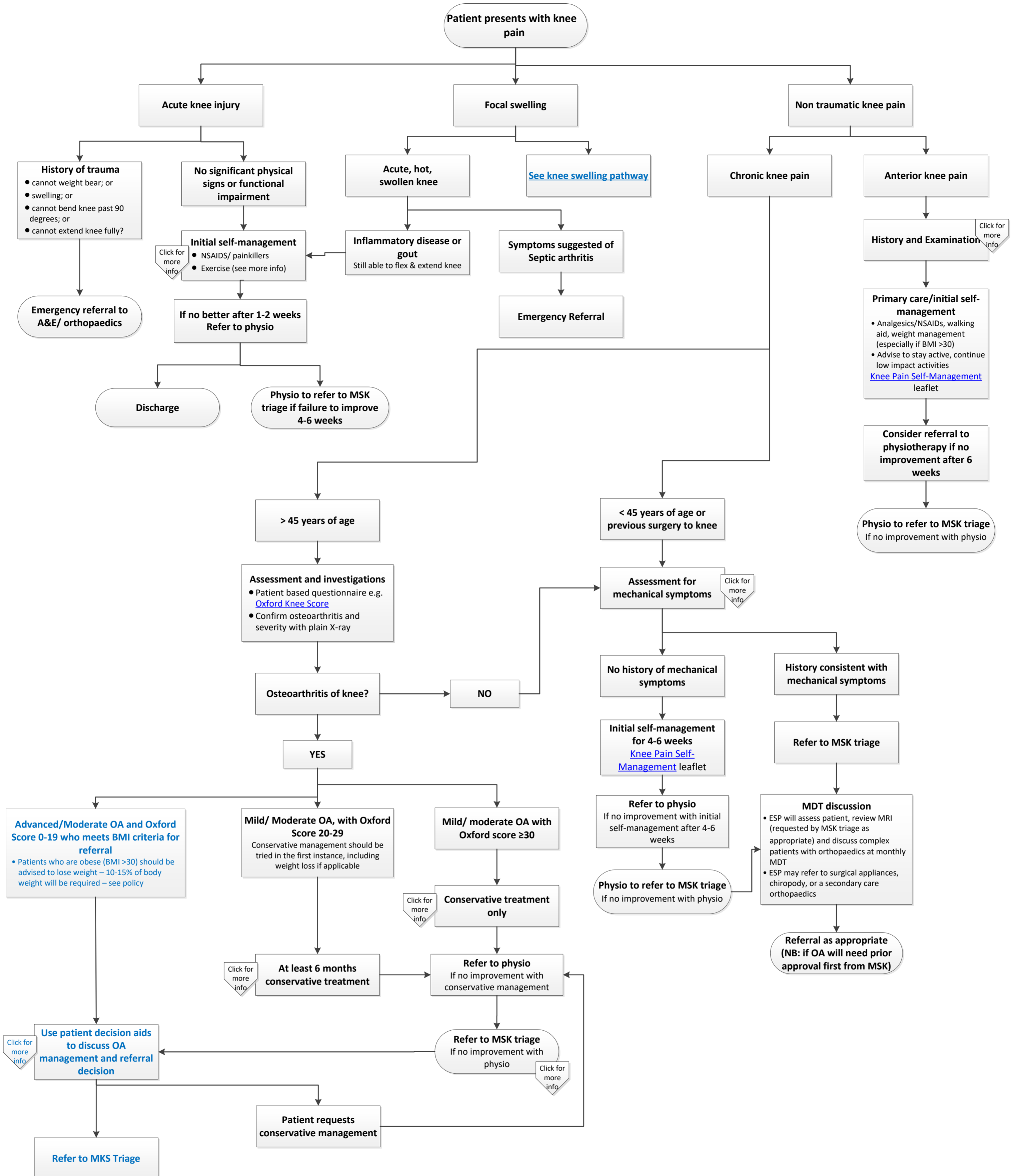


Knee Pain

Click for info for patients


Click for referral info for HCT MSK Triage





Initial self-management

Arthritis Research UK Knee Pain exercises: <https://www.csp.org.uk/publications/knee-pain-exercises>

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Information for patients and carers

British Pain Society leaflet, Managing your pain effectively using over-the-counter medicines: <http://www.selfcareforum.org/fact-sheets/>

Knee Pain Self-Management: <https://www.hct.nhs.uk/media/2258/knee-pain-may-2017.pdf>

Arthritis Research UK Knee Pain exercises: <https://www.csp.org.uk/publications/knee-pain-exercises>

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Referral information for HCT MSK Triage Service

The administration team are based at the New QE2 hospital.

Appointments and General Enquires: **01707 247411 or 01707 247412 or 07884 547579**

E- referral enquiries via the MSK e-referral administration on: **01707 247416 or 07884 547579**

Referral to the service is via the NHS e-referral system (previously Choose and Book). Electronic screening of referrals takes place on a daily basis by clinicians. The referrals are either referred directly to secondary care where they manage the Choose and Book process, or seen for clinical assessment by the team to decide the appropriate pathway of care.

Clinics for assessment are held at The New QE2, Hertford County Hospital, Cheshunt Community Hospital and Lister Hospital.

The MSK Triage Service and the MSK Physiotherapy Service are both part of the whole integrated HCT MSK Service, and as such can refer directly to each other as appropriate.

The MSK Physiotherapy Service is a team of therapists specialised in the treatment and management of MSK Conditions and based over 6 sites in East and North Herts. (Referral for this team is via generic email – mskphysio.enherts@nhs.net).

The MSK Triage Service is a team of ESP (Physiotherapists by background) but with training and advanced skills for specialist assessment, referring for diagnostics and providing injection therapy. This team meets regularly for 3 MDT meetings with the appropriate Consultant Surgeons for the upper limb, lower limb and spine. Complex cases are discussed at these meetings to provide integrated care as necessary.

History and Examination

To exclude hip/spine pathology (especially in children) and inflammatory arthritis.

NB: BMI >35; weight loss should reduce symptoms, need for surgery and surgical outcomes

Characteristics of anterior knee pain:

- It is common
- Pain is usually at the front of or all over knee
- Often bilateral
- Exacerbated by stairs/hills/sitting long time
- Pseudo-mechanical symptoms (regular, transient)
- Often no history of injury

Decision aids to OA

<https://patient.info/decision-aids>

<https://nos.org.uk/about-osteoporosis/?gclid=Cln0597xrdMCFUW0wodjAsDSg>

What are my options for managing hip or knee osteoarthritis?: <https://musculoskeletal.cochrane.org/sites/musculoskeletal.cochrane.org/files/public/uploads/What%20are%20my%20options%20for%20managing%20hip%20or%20knee%20osteoarthritis%20%20June%202015.pdf>

Health information/ prevention

- **Arthritis Research UK:** <http://www.arthritisresearchuk.org/arthritis-information/conditions/osteoporosis.aspx>
- **Age UK:** <http://www.ageuk.org.uk/health-wellbeing/conditions-illnesses/osteoporosis/>

At least 6 months conservative treatment

Management should include:

- Analgesics/NSAIDs
- Walking aid
- Advise to stay active, continue normal activities
- Weight management - weight loss especially if BMI >30
- Physiotherapy referral
- Intra-articular steroid (refer to MSK if not available in practice)

Consider referral if failure to achieve rehabilitation milestones after 6 months or more of conservative treatment including weight loss if applicable (at least 10% weight loss if patients BMI is >30. If BMI >40 or >30 with metabolic syndrome a 10% weight loss is usually required before referral (if exceptional circumstances please describe on prior approval form)).

See pathway: [The Management of Overweight & Obese Adults](#)

Conservative treatment only

Management should include:

- Analgesics/NSAIDs
- Walking aid
- Advise to stay active, continue normal activities
- Weight management - weight loss especially if BMI >30
- Physiotherapy referral
- Intra-articular steroid (refer to MSK if not available in practice)

See pathway: [**The Management of Overweight & Obese Adults**](#)



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MSK triage referral

- Assessment by ESP
- Self-management / life style advice
- Investigations as required
- MDT discussions with specialists
- Signposting to other MSK provision e.g. pain /physio
- Onward referral to secondary care if required



Assessment for mechanical symptoms

- History of previous significant injury (valgus/varus stress or a twist, feeling of pop/snap at injury, rapid swelling, inability to complete activity e.g. sport or game?)
- Episodes of true locking (block to full extension)
- Episodes of true giving way (associated with effusion)
- Effusion/swelling
- Joint line pain/tenderness
- **Associated with existing meniscal tears, ligamentous instability or loose bodies**