

Management

Primary Care management includes

- Physiotherapy can help by providing specific joint strength exercises or to help prevent and correct flexion deformities of joints.
- Occupational therapy can help if aids or modifications are required in the home
- Orthotic referral can help if insoles, corrective footwear, and walking aids are required
- 1st line analgesia is paracetamol, add codeine if this is not effective
- 2nd line analgesia is NSAID if no contraindications. Discuss risks associated with NSAID
- Rheumatology referral may be required if there is any doubt over the diagnosis, or if treatment is not working.
- Surgical referral is indicated if there is unacceptable pain, or significant loss of function. The presence of recurrent nocturnal pain is a useful 'rule of thumb' indication for surgical referral

When to refer

Emergency [discuss with on-call specialist]

- There is evidence of infection in the joint

Urgent out-patient referral [liaise with specialist and copy to CAS]

- Symptoms rapidly deteriorate and are causing severe disability

Refer to CAS

- The symptoms impair quality of life. Referral should ideally be based on an explicit scoring system that should be developed locally in a partnership involving patients together with healthcare professionals in primary and secondary care. Referral criteria should take into account the extent to which the condition is causing pain, disability, sleeplessness, loss of independence, inability to undertake normal activities, reduced functional capacity or psychiatric illness

Refer to RARC

- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.