Practice Plus Group

Bucks MSK

Knee pathway GP management

Anterior Knee Pain Syndrome (PatelloFemoral Pain)

Assessment

- Pain often associated with squatting, kneeling, lunging, stairs, and prolonged sitting (flexion based activities). Less pain on walking on flat, more on downhill.
- Pain at anterior knee/patella, can be associated with patella crepitus, clicking and stiffness. Pain on patella compression tests and patella mobility.
- Variable pain area and pain levels.
- Patellar dysfunctions common in younger adult patients and adolescents, patients with hyperextension of the knees, and in jumping activities.
- X-ray is not helpful

Early management

(must be attempted prior to any referral to iMSK)

- Analgesic ladder/NSAIDS as appropriate
- Activity modification: alternative pain free exercise rather than complete rest
- Provide Anterior Knee pain information leaflet: Bucks MSK and/or Arthritis Research UK and NHS choices website
- Supportive footwear: shoes with medial arch support if indicated/ update them if old.

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 8 weeks
- Refer: GP referral, via e-RS

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Knee Osteoarthritis

Assessment

- Common over 50 years.
- Joint pain: usually worse on weight-bearing activities: standing, walking, upstairs walking. May also present with: decreased joint mobility, joint swelling, crepitus, and visual morphological changes of the knee.
- Stiffness: Can present with early morning stiffness> 30 mins or after prolonged inactivity.
- Variable presentation and pain levels.

Early management

(must be attempted prior to any referral to iMSK)

- Analgesic ladder/NSAIDS as appropriate, RICE
- Weight Management advice if appropriate
- Assistive devices: walking aids, insoles, foot supports.
- Advise to remain as active as possible and continue with normal daily activities.
- Severe pain ,joint movement limitation and swelling: consider direct access X-ray and early referral.
- Do not inject the knee if referral for knee replacement is considered
- Provide patient information leaflet: Bucks MSK and/or Arthritis Research UK and NHS choices website.

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 12 weeks
- Refer: GP referral, via e-RS

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Meniscal: trauma

Assessment

- History of trauma, twisting injury often in weight-bearing, often describe clicking/popping sensation.
- History of true locking, giving way, effusion and inability to weight bear fully.
- Lack extension/ locked/can lack end range flexion
- Positive meniscal test: McMurry's, Thessaly's, Scoop.
- Sharp pain on medial/lateral joint line, palpation painful.
- Urgent referral: if true locking or instability and significant weight bearing problems contact On-call Orthopaedics or medical secretaries if known

Early management

(must be attempted prior to any referral to iMSK)

- RICE, analgesic ladder and NSAIDS as appropriate
- Relative rest: 1-2 weeks, walking aids to offload knee.
- Provide patient information leaflet: Bucks MSK and/or Arthritis Research UK and NHS choices website
- Early referral to MSK if severe pain and dysfunction < 2 weeks – mark urgent.

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 6 weeks
- Refer: GP referral, via e-RS

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Knee pathway GP management

Meniscal: degenerative

Assessment

- Common after 40 years: degenerative tear can develop from minor incident or gradual onset, usually no significant trauma
- Pain, swelling and stiffness often present, reduced range of movement and inability to weight bear fully
- Pain often at medial/lateral joint lines worse with internal/external rotation
- If true locking see meniscal trauma pathway

Early management

(must be attempted prior to any referral to iMSK)

- RICE, analgesic ladder and NSAIDS as appropriate
- Relative rest: 1-2 weeks, walking aids to offload knee (single use, opposite side to injury).
- Provide patient information leaflet: Bucks MSK and/or Arthritis Research UK and NHS choices website
- Early referral to MSK if severe pain and dysfunction < 2 weeks
- Most patients do not need MRI

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 6 weeks
- Refer: GP referral, via e-RS

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Bucks MSK

Knee pathway GP management

Knee Ligamentous Tears

Assessment

- Age: 16-60 most common
- Mechanism of injury important factor: associated trauma: twisting with foot planted common, valgus/ varus stress, contact sports, skiing.
- Pt may report popping/snapping sensation at time of injury
- Rapid swelling/effusion and pain
- Inability to carry on with activity
- Feeling of instability/knee giving way: assess ACL/PCL: positive Lachmans/Anterior Drawer, LCL: posterior Sag/posterior drawer
- Acute knee injuries: consider immediate referral to MSK if complete ligament tear is suspected

`Early management

(must be attempted prior to any referral to iMSK)

- Stable ligament injuries: Analgesia and NSAIDS as appropriate
- RICE guidelines
- Relative rest: 1-2 weeks, walking aids to offload knee.
- Provide patient information leaflet: Bucks MSK and/or Arthritis Research UK and NHS choices website
- Early referral (< 2 weeks) to MSK if severe pain and dysfunction/inability to weightbear

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 6 weeks
- Refer: GP referral, via e-RS.

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Bucks MSK

Knee pathway GP management

Bakers Cyst

Assessment

- Swelling at posterior aspect of the knee joint: can fluctuate
- Pain/tightness and lump felt at back of knee
- Most common associated with underlying knee pathology: OA of the knee?
- Pain associated with end of range extension or flexion
- Bakers cysts can rupture causing pain, redness and swelling in the posterior calf.
- Usually associated with knee OA (see pathway)

Early management

(must be attempted prior to any referral to iMSK)

- Analgesic ladder/NSAIDS as appropriate
- RICE guidelines in acute cases
- Walking aids to offload knee.
- Provide patient information leaflet: Bucks MSK and/or Arthritis Research UK and NHS choices website
- Advice that normally the cyst is not aspirated

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 12 weeks
- Refer: GP referral, via e-RS

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