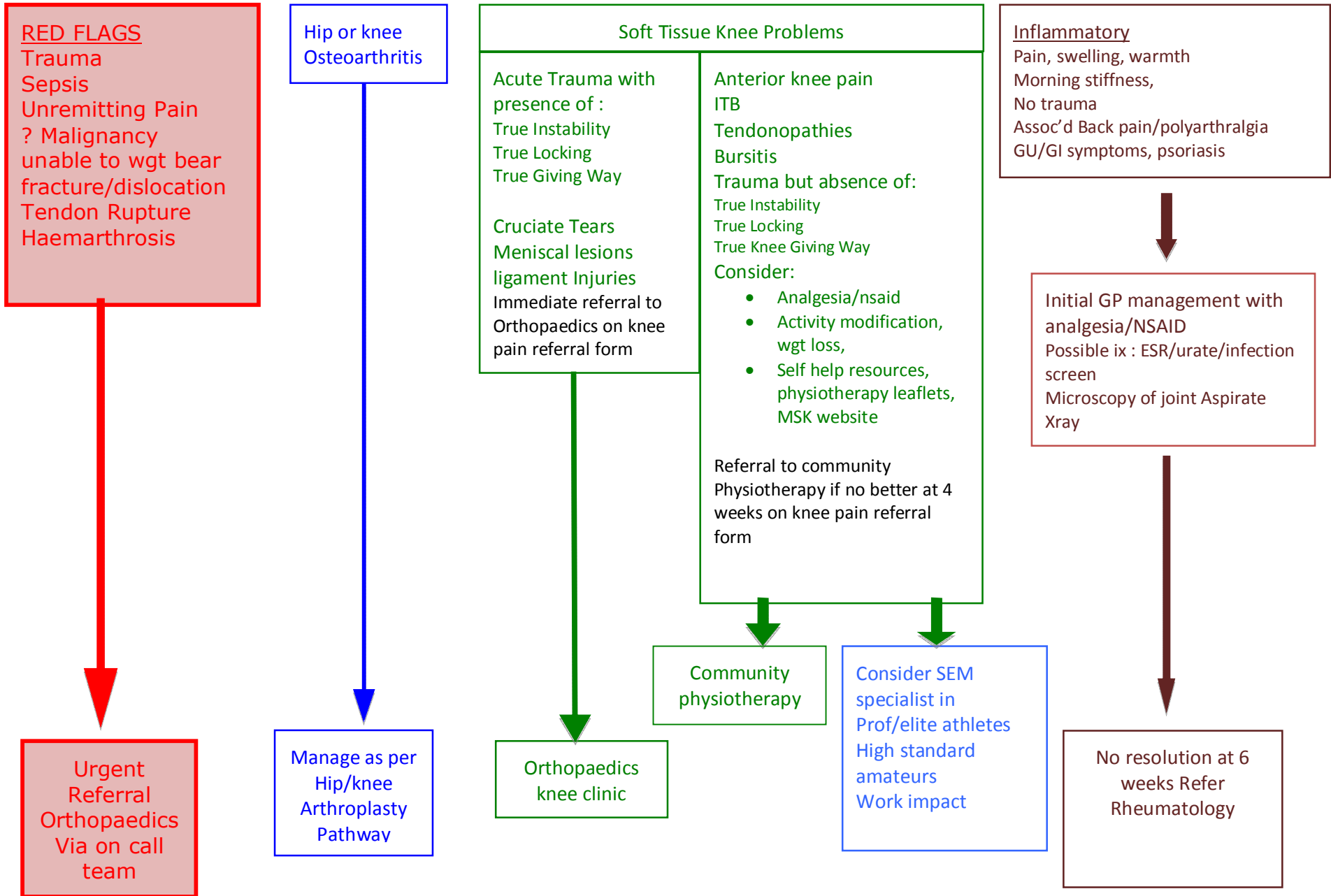


Sheffield Knee Pathway-August 2011 version



RED FLAGS
Trauma
Sepsis
Unremitting Pain
? Malignancy
unable to wgt bear
fracture/dislocation
Tendon Rupture
Haemarthrosis

Hip or knee
Osteoarthritis

Soft Tissue Knee Problems

Acute Trauma with
presence of :
True Instability
True Locking
True Giving Way

Cruciate Tears
Meniscal lesions
ligament Injuries
Immediate referral to
Orthopaedics on knee
pain referral form

Anterior knee pain
ITB
Tendonopathies
Bursitis
Trauma but absence of:
True Instability
True Locking
True Knee Giving Way
Consider:

- Analgesia/nsaid
- Activity modification,
wgt loss,
- Self help resources,
physiotherapy leaflets,
MSK website

 Referral to community
Physiotherapy if no better at 4
weeks on knee pain referral
form

Inflammatory
Pain, swelling, warmth
Morning stiffness,
No trauma
Assoc'd Back pain/polyarthralgia
GU/GI symptoms, psoriasis

Initial GP management with
analgesia/NSAID
Possible ix : ESR/urate/infection
screen
Microscopy of joint Aspirate
Xray

Urgent Referral
Orthopaedics
Via on call team

Manage as per
Hip/knee
Arthroplasty
Pathway

Orthopaedics
knee clinic

Community
physiotherapy

Consider SEM
specialist in
Prof/elite athletes
High standard
amateurs
Work impact

No resolution at 6
weeks Refer
Rheumatology