



Clinical Protocol: Knee Osteoarthritis Referral Management

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PROTOCOL OVERVIEW

This Clinical Protocol advises on guidelines, indications, and referral management for Knee Osteoarthritis. Evidence-based methods to the handling of knee osteoarthritis (OA) include nonpharmacologic, pharmacologic, and surgical modalities targeted at reducing pain, increasing joint function, and improving risk factors for disease progression.

INDICATIONS

- Indications and treatment approach include diagnosis with mild, moderate/severe, if multiple joints are involved and if there are other comorbidities
- Exercise
- Weight loss
- Pharmacological therapy includes but is not limited to topical NSAID (monitor for kidney function) and topical capsaicin and can include other medications that should be evaluated by primary care, orthopedic surgery, pain management and rehabilitation and other specialists.
- Physical Therapy Referral for evaluation or management of:
 - Gait training with assistive device or instruction on knee taping
 - Muscle weakness/strengthening needed
 - Loss of joint mobility
 - Rehabilitation after knee replacement
- Orthopedic Surgery Referral for evaluation or management of:
 - Failure of nonoperative treatment including analgesics, anti-inflammatory medications, weight loss, adequate trial of physical therapy, use of assistive devices
 - Surgical intervention needed: pain not controlled by analgesics and anti-inflammatories, increasing varus or valgus deformity with functional limitation decreasing range of motion with functional limitation, revision of previous surgery needed.
- Rheumatology Referral for evaluation or management of:
 - Arthrocentesis or glucocorticoid injection needed
 - Atypical presentation or lack of response to standard therapy

RECOMMENDED RECORDS

- Evaluation of a condition to determine surgical remedy, e.g., osteoarthritis of knee for possible replacement, possible torn ligament, or meniscus, for possible arthroscopic procedure
- Evaluation of and treatment plan advertisement of an orthopedic condition that has not been amenable to or is showing progressive disability despite usual conservative management
- Evaluation of suspected aseptic neurosis, locked knee, unstable joint, acute, or sub-acute effusions
- Provider (PCP) to submit clinical notes, to include history of concern and P.E. findings, signs and symptoms expressed by member and treatment regimen tried
- Current x-ray reports. Member should be instructed to pick up films and take to consult appointment, once request has been authorized

- Current labs pertinent to concern, as appropriate
- Any specialty procedure/study report that may have been done in or outside the group/IPA specific to the concern, e.g., MRI, previous operative notes

CITATIONS

1. [American College of Rheumatology \(ACR\)/Arthritis Foundation \(AF\): Guideline for the management of osteoarthritis of the hand, hip, and knee](#) (2019, published 2020)
2. MCG, Ambulatory Care, “Knee Osteoarthritis – Referral Management”, 23rd Edition, 2/26/2019
3. [Leticia Alle Deveza, MD, PhD](#) and [Kim Bennell, PhD](#), [Management of knee osteoarthritis](#). Topic 111177 Uptodate Version 23.0 8/12/2021