

The Atlantic Provinces Medical Peer Review



MANAGEMENT OF SPECIFIC DISEASE ENTITIES

Orthopaedics #1 - OSTEOARTHRITIS

It is important to note that these guidelines are meant to be of assistance to assessors in making observations. They should not be taken as standards of any of the Atlantic Provinces Licensing Authorities.

Risk factors: age; obesity; prolonged occupational or sports stress; injury to a joint from trauma
injury to a joint from pre-existing inflammatory arthritis or infectious arthritis

Etiology: biomechanical; biochemical; inflammatory and immunologic all implicated

Signs & Symptoms:

- ✓ slowly developing joint pain; pain that follows use of a joint
- ✓ stiffness of <15 minutes duration; joint bony enlargement; decreased ROM
- ✓ tenderness usually absent; crepitation as late sign
- ✓ local pain and stiffness with OA of spine, with radicular pain

Diagnosis:

- ✓ tests usually not helpful in diagnosis
- ✓ imaging: x-rays usually normal early; later often show narrowed joint space, osteophyte formation, subchondral bony sclerosis, cyst formation
- ✓ erosions may occur (erosive OA); joint aspiration may be helpful to distinguish between OA and chronic inflammatory arthritis
- ✓ differential diagnosis: distinguish from other types of arthritis by: absent systemic findings, minimal articular inflammation, distribution of involved joints
- ✓ in spine, distinguish from: osteoporosis, metastatic disease, multiple myeloma, other bone disease

Therapies:

- ✓ general fitness program; physical therapy; weight reduction if obese
- ✓ medications: acetaminophen, NSAIDS, Cox-2 inhibitors
- ✓ oral corticosteroids are contraindicated; intra-articular injection of corticosteroids may be used judiciously; surgery may be indicated for advanced disease

	N/A	E	S	D
Clinical history and physical exam are documented.				
It is evident that appropriate tests have been ordered and completed.				
Appropriate therapies are used and regularly reviewed.				

COMMENTS: _____

