AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE



Osteoarthritis of the Knee

Clinical Care Standard Clinician Fact Sheet

The goal of the Osteoarthritis of the Knee Clinical Care Standard is to improve the assessment and management of knee osteoarthritis to enhance a patient's symptom control, joint function, quality of life and participation in usual activities, and lessen the disability caused by the condition. Clinicians and health services can use this clinical care standard to support the delivery of high-quality care. The Osteoarthritis of the Knee Clinical Care Standard can be downloaded from www.safetyandquality.gov.au/ccs.

Under this clinical care standard



1 Comprehensive assessment

A patient with knee pain and other symptoms suggestive of osteoarthritis receives a comprehensive assessment that includes a detailed history of the presenting symptoms and other health conditions, a physical examination, and a psychosocial evaluation that identifies factors that may affect their quality of life and participation in their usual activities.



2 Diagnosis

A patient with knee pain and other symptoms suggestive of osteoarthritis is diagnosed as having knee osteoarthritis based on clinical assessment alone. X-rays are considered only if an alternative diagnosis is suspected (for example, insufficiency fracture, malignancy). Magnetic resonance imaging (MRI) is considered only if there is suspicion of serious pathology not detected by X-ray.



3 Education and self-management

A patient with knee osteoarthritis receives education about their condition and treatments for it, and participates in the development of an individualised self-management plan that addresses both their physical and psychosocial health needs.



4 Weight loss and exercise

A patient with knee osteoarthritis is offered support to lose weight, if they are overweight or obese, and advice on exercise, tailored to their needs and preferences. The patient is encouraged to set weight and exercise goals, and is referred to services to help them achieve these, as required.



5 Medicines used to manage symptoms

A patient with knee osteoarthritis is offered medicines to manage their symptoms according to the current version of *Therapeutic Guidelines: Rheumatology* (or concordant local guidelines). This includes consideration of the patient's clinical condition and their preferences.





6 Patient review

A patient with knee osteoarthritis receives planned clinical reviews at agreed intervals, and management of the condition is adjusted for any changing needs. If the patient has worsening symptoms with severe functional impairment that persists despite the best conservative management, they are referred for specialist assessment.



7 Surgery

A patient with knee osteoarthritis who is not responding to conservative management is offered timely joint-conserving* or joint replacement surgery, depending on their fitness for surgery and preferences. The patient receives information about the procedure to inform their treatment decision. Arthroscopic procedures are not effective treatments for knee osteoarthritis, and therefore should only be offered if the patient has true mechanical locking or another appropriate indication for these procedures.[†]

- * An example of joint-conserving surgery is high tibial osteotomy.
- † Examples of appropriate indications for arthroscopic procedures are true mechanical locking, septic arthritis or investigations when MRI is not possible.

More resources

This Clinician Fact Sheet, the *Osteoarthritis of the Knee Clinical Care Standard*, and an associated Consumer Fact Sheet to provide to patients can be downloaded from www.safetyandquality.gov.au/css.

An evidence sources document and a link to the set of indicators to support local monitoring are also available.

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Disclaimer

The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professionals about the applicability of the clinical care standard to their individual condition.



More information on the Clinical Care Standards program is available from the Australian Commission on Safety and Quality in Health Care website at www.safetyandquality.gov.au/ccs