Provincial Knee Primary Care Clinical Pathway

Patient ≥18 years old presents to primary care with knee complaint

1a. History

What is the patient's main complaint? Onset, mechanism of injury (trauma vs atraumatic), characterize pain, previous injury/surgery, giving way, snapping, locking, swelling, comorbidities

1b. Assessment

Observe, examine, palpate: ROM; Special tests, screen hip and ankle. If too painful or swollen to perform assessment, re-assess every 2 weeks

2. Red Flags

Fracture/Significant ligamentous/Tendinous injury (including quads or patella)/ Locked knee/Dislocation: History of trauma, unable to weight-bear, cannot bend knee >90° or unable to fully extend knee

Neurovascular compromise: History of rapid change in sensation. Constant or progressive intractable pain; reduced, absent or aneurysmal popliteal or distal pulses

Infection: Pain, redness, heat, swelling, fever, systemically unwell. If concerned about septic joint or bursa, hold antibiotics until aspiration performed

→ Emergent referral to emergency department or RAAPID. See referral guideline tab for details.

Rheumatological: No history of trauma, potentially multiple joints, stiffness, decreased ROM, symptoms external to joints, consider inflammatory and crystal arthropathy

→ Work up appropriately or seek advice. See referral guideline tab for details.

Malignancy: Deformity or mass with absence of trauma, pain unrelated to activity, night sweats, night pain, unremitting pain not relieved by rest, unintentional weight loss, potential prior history of cancer

→ Urgent Orthopedic Oncology advice or referral. See referral guideline tab for details.

3. Consider timely advice/referral to sports medicine or orthopedics if you suspect conditions highlighted yellow in Box 4. See referral guideline tab for details

No Red Flag findings

4. Location of pain or knee complaint to help with differential diagnosis (anatomical approach to pain +/- instability) listed in approximate order of prevalence

Anterior Knee Pain	Intra-Articular Knee Pain	Medial Knee Pain	Lateral Knee Pain	Posterior Knee Pain	Instability +/- pain
• Patellar-femoral syndrome/ Chondromalacia patella • Quad & patellar tendinopathy • Bursitis	• Osteoarthritis • **Osteochondral defect** • Spontaneous osteonecrosis of the knee (SONK)	• **Acute medial meniscal tear** • Degenerative medial meniscal tear • Medial compartment arthritis • Pes Anserine bursitis • MCL sprain	• ITB Syndrome • LCL sprain • **Acute lateral meniscal tear** • Degenerative lateral meniscal tear • Lateral compartment end stage OA	• Baker's cyst • Gastrocnemius strain • PCL sprain	• **Patellar instability** • **Unstable meniscal tear** • **ACL/PCL tear** • **MCL/LCL sprain- high grade** • **Intra-articular loose body**

5. Diagnostic Imaging

a. X-ray:

- Knee routine series
- If trauma within 7 days order trauma series.
- If OA is questioned, order knee weightbearing series

Include symptom onset, duration, functional status limitations, and treatment to date.

b. Ultrasound and MRI are generally not recommended in primary care management. See expanded details.

→ **Red flag** findings on X-ray, return to **box 2**

No Red Flags OR criteria for **specialist referral**

6. Non Operative Treatment or Management while awaiting consultation

- Physiotherapy for at least 12 weeks (education, active, exercise focused, strength-based)
- Additional means of pain control (i.e., topical analgesia +/- oral NSAID medication, +/- hot-cold therapy)
- Consider bracing options
- Injections: Consider visco-supplementation (hyaluronic acid) for intra-articular knee pathology if minimal degenerative changes in knee. Avoid cortisone in knees without osteoarthritis
- OA: Physio, pain control, cortisone injection
- GLA:D®

7. Follow Up in 6-12 weeks

Re-assess symptoms, functional progress and re-evaluate diagnosis

Improving OR no role for surgical intervention

→ **Reinforce self-management and conservative strategies** and follow-up as needed

Not improving and highlighted yellow condition in box 4, or unclear diagnosis

→ Consider advice/referral to Sports Medicine or Orthopedic Surgery. See referral guideline tab for details.