Holistic assessment
- Effect on person’s function, quality of life, occupation, mood, relationships and leisure activities
- History of presenting symptoms and pain assessment
- Red flags: Signs and symptoms of infection, history of cancer, unexpected weight loss and fractures
- Medication use, doses, frequency, effectiveness and side effects
- Quality of sleep and fatigue
- Psychological factors
- Health beliefs, concerns, expectations and knowledge
- Modifiable risk factors (e.g., obesity, physical activity)
- Comorbidities

Physical examination for the knee (unless otherwise specified)
- Malalignment or deformities
- Bony enlargement
- Effusion
- Joint line tenderness
- Restricted movement
- Physical performance
- Crepitus
- Gait abnormalities (knee and hip)
- Limited range of motion (hip internal rotation, hip flexion or knee flexion/extension)
- Pain on hip internal rotation and flexion

Clinical diagnosis without further assessment
- Aged ≥45 years
- Activity-related joint pain
- Morning stiffness lasts <30 minutes

Exclude alternative or additional diagnosis
- Crystal arthropathy
- Spondyloarthropathies
- Inflammatory arthritis
- Septic arthritis
- Fibromyalgia
- Tendinopathy
- Osteonecrosis

Additional tests if atypical symptoms or red flags
- X-rays: if alternative diagnoses are suspected
- Magnetic resonance imaging (MRI) or ultrasound: if suspicion of serious pathology not detected by X-ray
- Laboratory tests: if inflammatory or immune diseases are suspected

Formulate an individualised management plan tailored to person’s needs, values and preferences
- Educate individual on disease aetiology, risk factors, persistent pain and prognosis
- Inform individual about treatment options, including benefits, harms and costs
- Emphasise exercise and weight management
- Counter common misconceptions
- Encourage individual to take an active role in the management of their condition
- Establish treatment goals and monitor periodically to maximise adherence and behaviour change

Algorithm – Holistic assessment, diagnosis and management of knee and/or hip osteoarthritis

Assessment and diagnosis

Do not request routine imaging to diagnose osteoarthritis (OA) unless for atypical or severe symptoms

Referral to a specialist for Medicare Benefits Schedule (MBS) reimbursed MRI tests
Management

Non-surgical management for knee and/or hip OA

Core: Long-term management
- **STRONG** Ongoing education and information about disease management and prognosis
- **STRONG** Land-based exercise
- **STRONG** Weight management (aim for loss ≥5% body weight if overweight or obese)

Optional adjunctive management – Trial for short term and cease if ineffective
- **CONDITIONAL** Aquatic-based exercise
- **CONDITIONAL** Thermal therapy (ie heat pad)
- **CONDITIONAL** Massage, manipulation and mobilisation
- **CONDITIONAL** Assistive walking devices
- **CONDITIONAL** Cognitive behavioural therapy (CBT) for pain coping or psychological symptoms
- **CONDITIONAL** Transcutaneous electrical nerve stimulation (TENS)
- **CONDITIONAL** Nonsteroidal anti-inflammatory drugs (NSAIDs)

Advanced pharmacological attempts – Trial for short term if symptom still persistent
- **CONDITIONAL** Intra-articular corticosteroid if a flare of symptoms or rapid pain relief is required
- **CONDITIONAL** Duloxetine (off-label use)

Surgical management for knee and/or hip OA

Consider joint replacement surgery for severe disease when all conservative options have failed
- Perform X-ray to confirm disease severity
- Referral to an orthopaedic surgeon

Do not refer for arthroscopic procedures unless the patient also has true mechanical locking

For detailed services and prescribing information
- NSW Osteoarthritis Chronic Care Program (www.aci.health.nsw.gov.au/resources/musculoskeletal)
- NSW Pain management services (www.health.nsw.gov.au/pharmaceutical/doctors/Pages/pain-management-services.aspx)
- Get Healthy Service (www.gethealthynsw.com.au)