General Practioners' Orthopaedic Day [GPOD]

28th May 2014

12:00	Introduction	Mr T Ashraf
12:05	Swift Assessment of the Knee	Mr T Ashraf
12:25	Back pain assessment and treatment by GP	Dr V Ketkar
12:45	Shoulder examination	Mr S Kalogrianitis
13:05	Hip Assessment for GP	Mr R Kartikeyan
13:30	***LUNCH***	
14:00	Management for chronic pain by GPs	Dr D Hanu-Cernat
14:15	Which knee pain does not need to be referred?	Mr T Ashraf
14:30	Shoulder symptom that can be treated in Primary care	Mr S Kalogrianitis
14:45	Proposed pathway to by pass A&E for patients with Sports Injury	Prof Sir K Porter
15:00	***Coffee Break***	
15:30	How to inject a knee Workshop on plastic model	Mr T Ashraf
	How to inject a shoulder Workshop on plastic model	Mr S Kalogrianitis
16:30	***Break out session (in Fracture clinic- QE area 4)*** Clinical examination of a patient (Room A) Demonstration of shoulder injection on patients (Room B) How to recognise CRPS in patients (Room C)	Mr T Ashraf Mr R Kartikeyan Mr S Kalogrianitis Dr B Kumar
18:30	***Close of Course***	

KNEE ASSESSMENT PRIMARY CARE

Tanweer Ashraf
Consultant Knee Surgeon
Royal Orthopaedic Hospital &
Queen Elizabeth Hospital, Birmingham

Traditional medical teaching

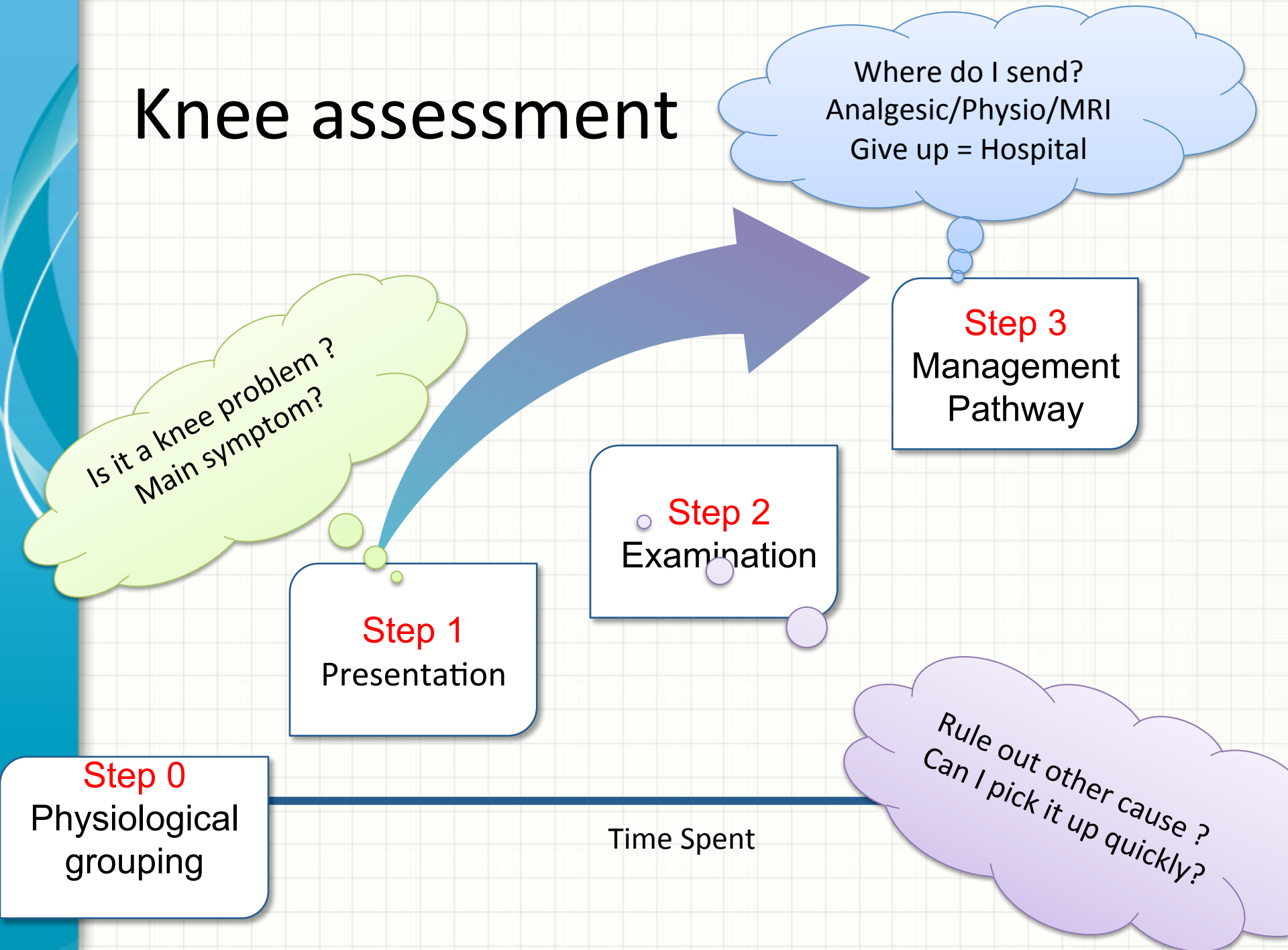
- Full History
- Detailed examination
- Formulation of a working diagnosis
- Investigation
- Establishing the diagnosis
- Treatment

GP consultation: 10-15 min

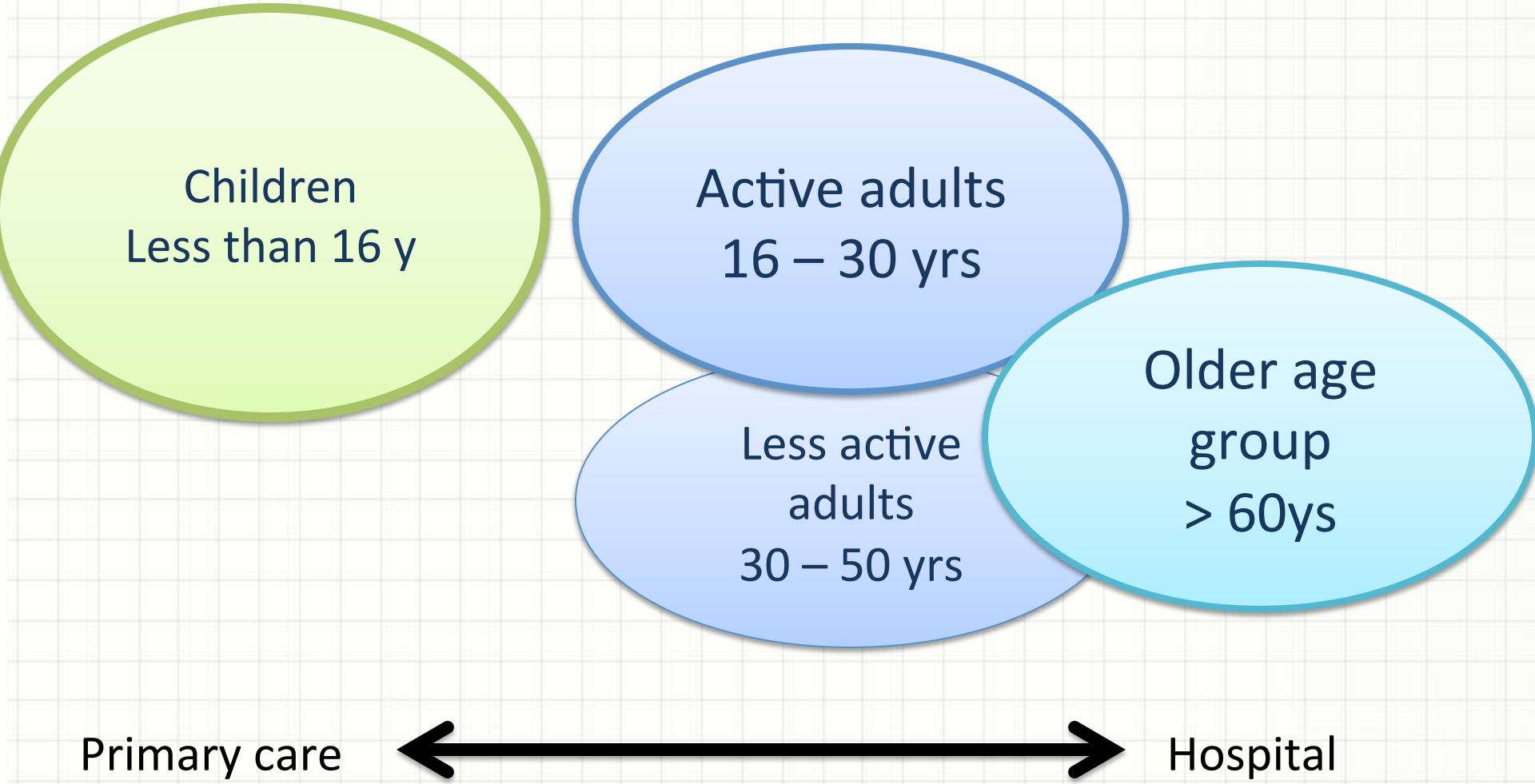
- Management based on clinical consultation
- Investigations X ray / ? MRI limited
  - Clinical Question for MRI
  - Interpretation of report
- Treatment options
  - Analgesics / Injection / physiotherapy
- Referral to Hospital

Aim:
Algorithm
Quick Easy Safe Effective

Knee assessment



Step 0
Grouping by physiological age



Algorithm for children

Children
Less than 16 y

- Recurrent or persistent swelling
- Unable to fully straighten after injury
- True locking
- Hip problem
- Patellar dislocation *

All other symptoms

- Reassurance
- Physio
- Analgesics
- No injections

Primary care  Hospital

Pain free instability

Referral required

Parent’s concern

Algorithm for older age

Older age group > 60ys

Swelling

↓

Aspiration / Injection

Pain

Pain significantly affecting ADL

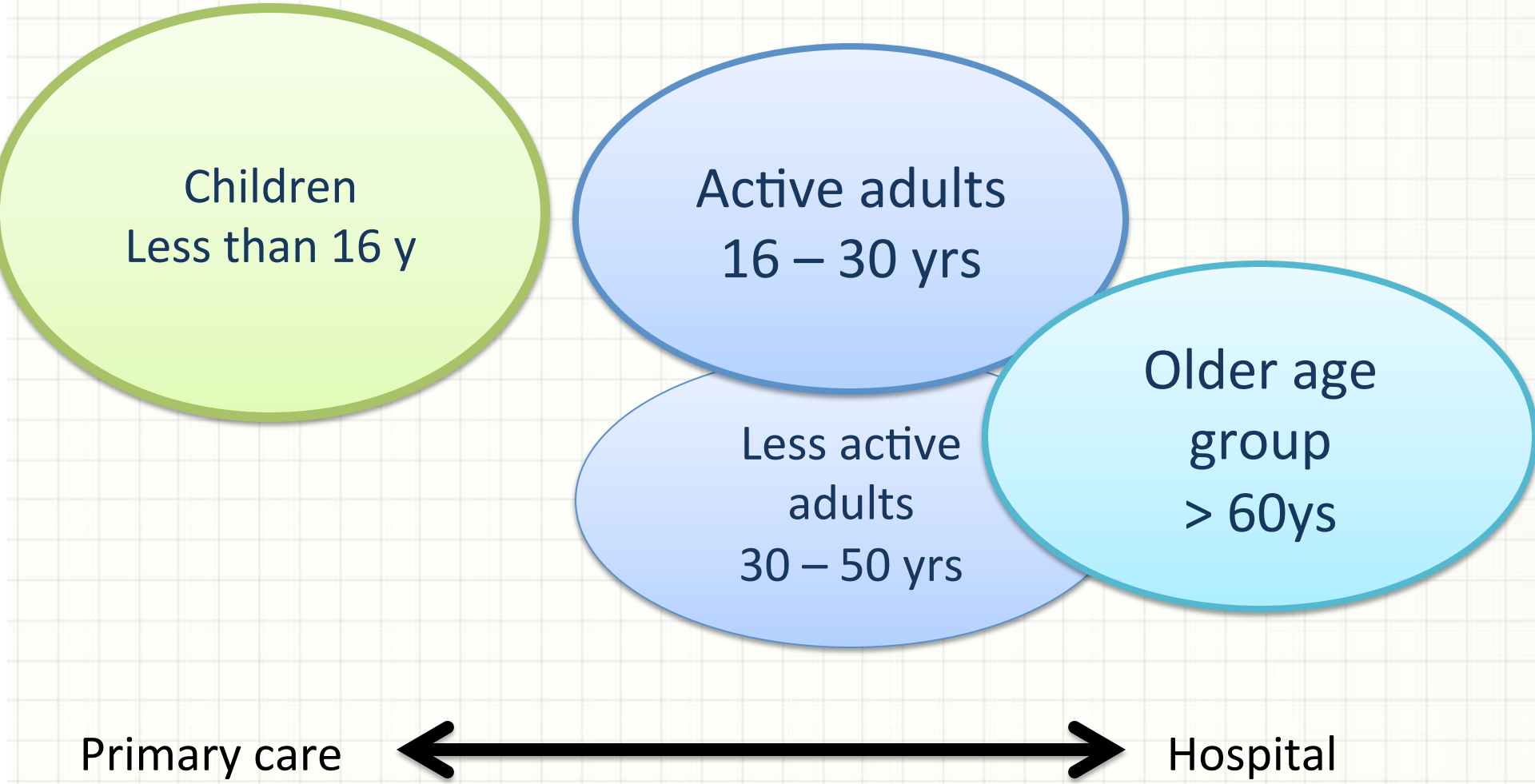
↓

Hospital

“Significant Pain affecting ADL”

- Intolerable pain and willing to undergo knee replacement
  - Knee Replacement
    - 90% good / 10% unhappy
    - Limitation after good result
      - Kneeling
      - Ladder climbing
      - Feeling of metallic joint
    - Risk
      - Infection / DVT / persistent pain
    - 3-6 months recovery

Grouping by physiological age



Presentation

- Mild Sprain or injury
- On going pain from previous injury
- Kneeling pain at work
- Radiating leg pain
- Recurrence of symptom, previous surgery

What is the main symptom

- ? Pain in or around the knee

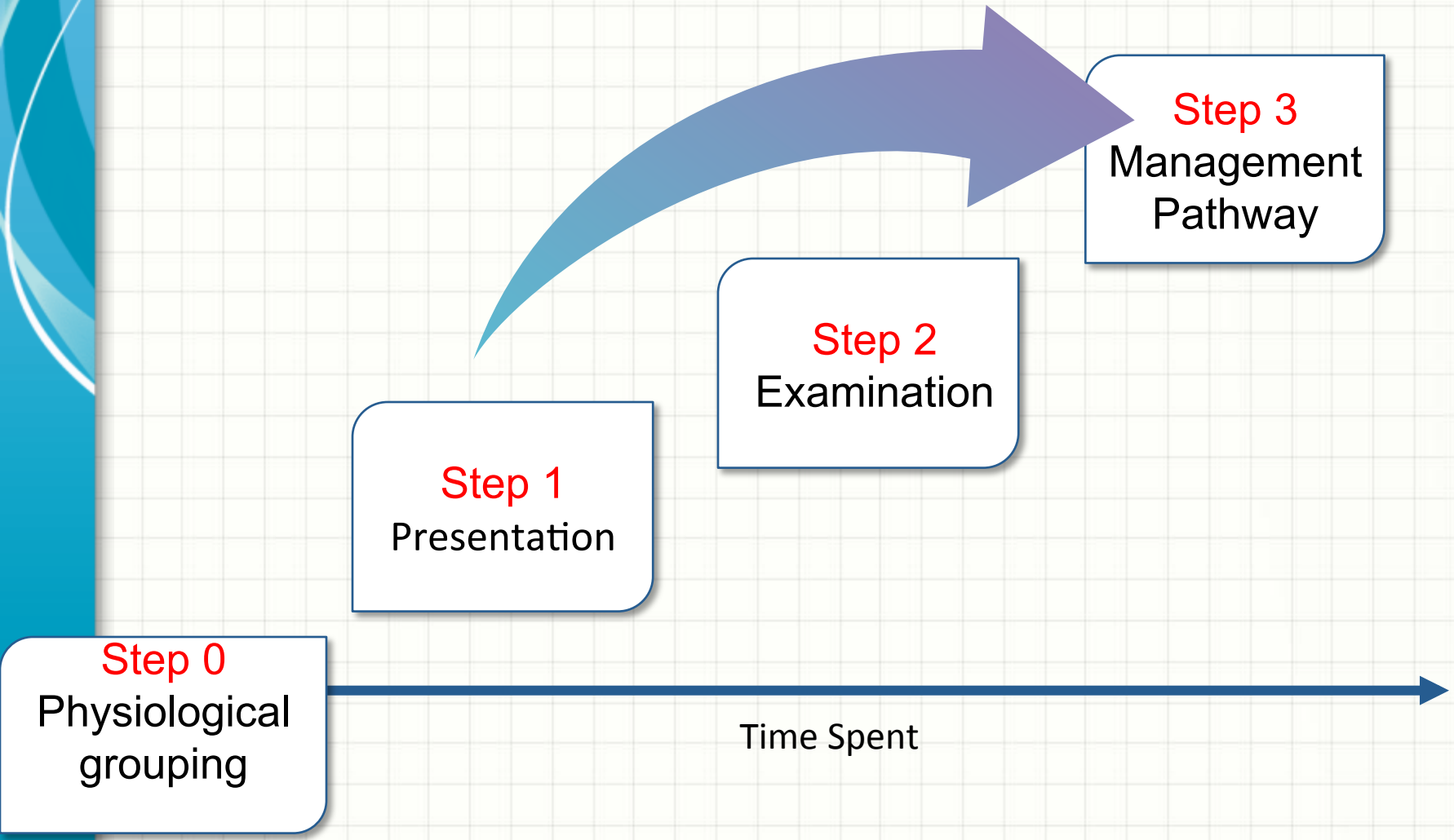
Symptom other than pain?

- ‘S’ Swelling = +1
- ‘L’ locking = +1
- ‘O’ Onset sudden / after injury = +1
- ‘G’ Giving way = +1

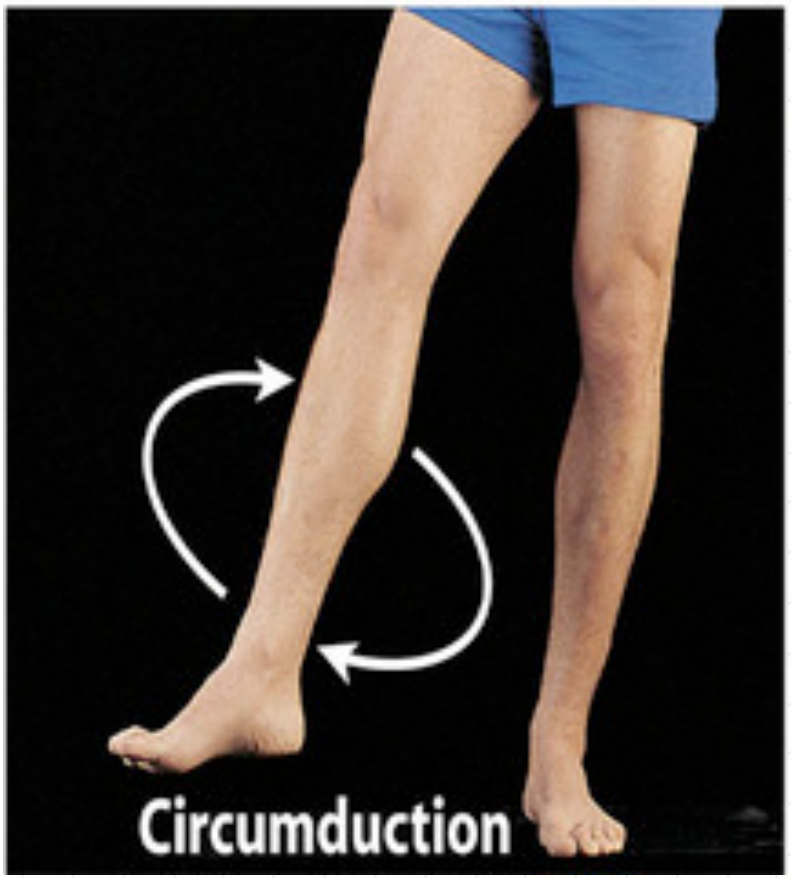
- Catching / crepitus = +1

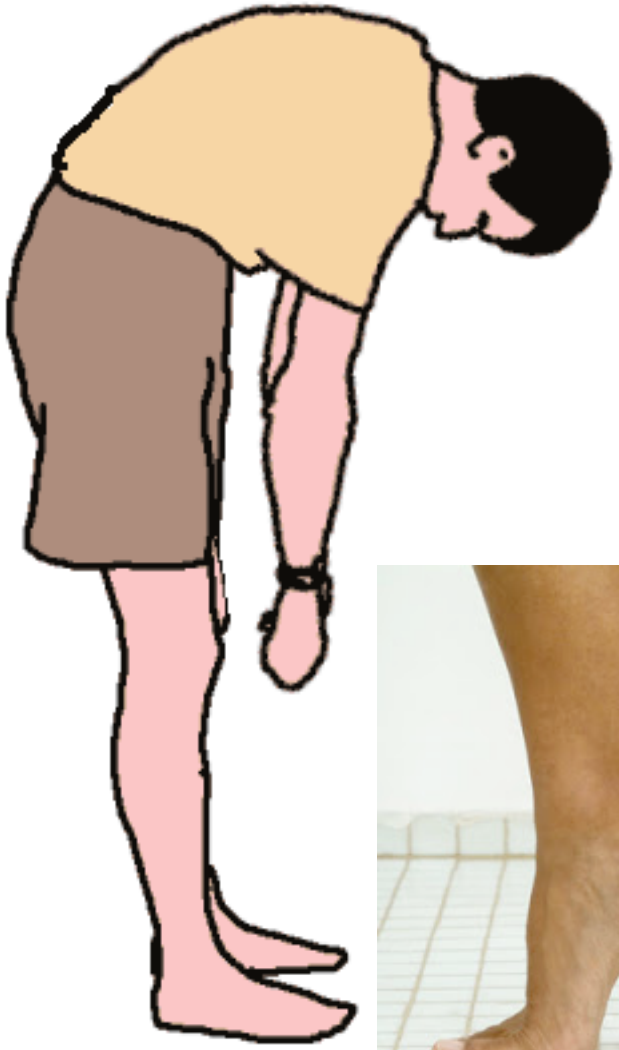
Score = 3 or more = MRI / Hospital
Score = less than 3 = Physiotherapy

Knee assessment algorithm



Examination to rule out problems

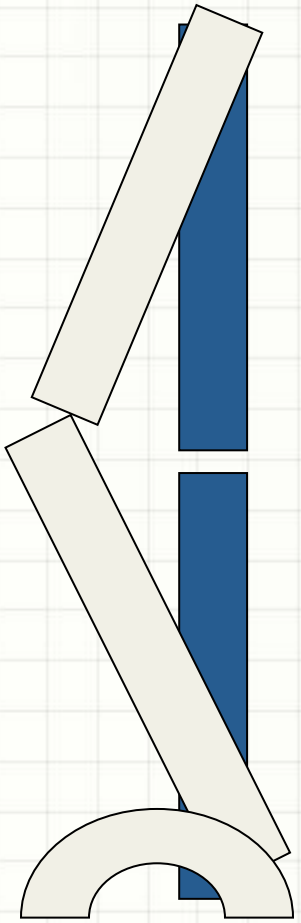




Is it the knee?

Look for Fixed flexion deformity

- Side view



Is it the knee?

Ask for Squatting:

- squatting > unlikely to have meniscus and cartilage problem

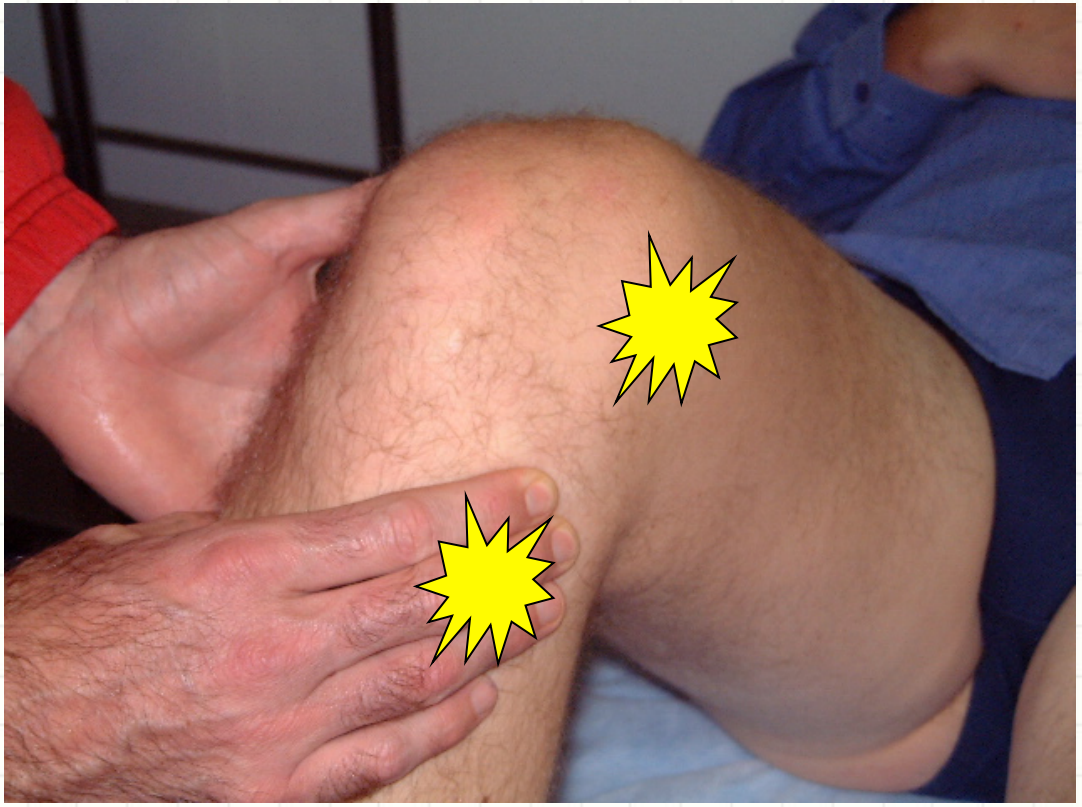
Look for movement of patella while sitting

- If patella is central unlikely to have patellofemoral problem

Examination to confirm diagnosis

Feel for tenderness at MCL attachment

Diagnostic for MCL injury

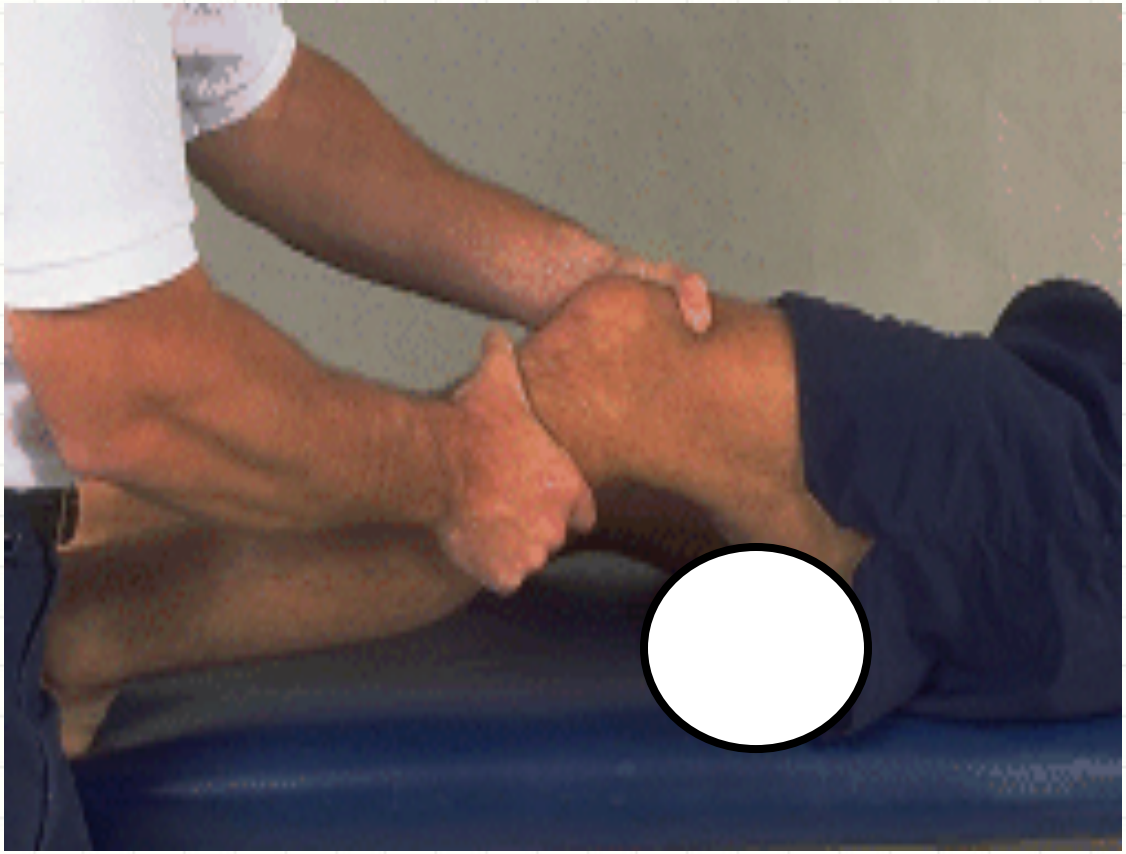


Examination to confirm diagnosis

Feel for tenderness at joint line

Suspect Meniscal tear

Assessment of ACL



MRI Significance:

Active adult

- ACL injury
- tear of meniscus
- OCD osteochondral lesion
- Loose body

Less active

- Flap tear or bucket handle tear meniscus
- Loose bodies
- Gross OA

Take home message

‘SLOG’ 3 / 4

Focused examination