**Suspected Malignancy**
Investigate and refer urgently.

**Check Red Flags**
Unexplained weight loss, night pain and high inflammatory markers etc.

Suspected fracture, dislocation or infection, refer to A&E.

Suspected inflammatory conditions investigate and refer to Rheumatology.

**Acute Knee Injury with Haemarthrosis/effusion**
Should be treated as internal derangement – bony/soft tissue and may need urgent surgical intervention, so please fax a referral to new appointments on: 01709 424138, requesting an 'Acute Knee Injury' clinic appointment. (Please do not abuse this service as a means of bypassing routine waiting times)

**Please note:**
If the injury is over 6 weeks old then refer through Choose and Book.

**Rotherham Knee Pathway**

**Patient Presents with Knee Symptoms**

**Primary Care**

**Secondary**

**Urgent Secondary Care Pathway**
(Refer the following)

**Chronic Knee Injury**

**Knee joint OA**

**PFJ OA**

**Meniscal tears**

**Deformity of the knee**

**Investigations**
X-rays are indicated to exclude fracture please ask for standard knee.

**Management**
Consider analgesia and NSAIDs and advice on ‘PRICE’ regime.

**Injection**
NOT indicated

**Referral**
If no improvement after 2 weeks of conservative management, please give as much clinical info as possible and refer to MSK CATS (Here it will be screened and signposted appropriately)

Also refer to the urgent secondary care pathway to ensure those injuries are picked up and referred to consultant clinic.

**Patient information**
www.nhs.uk
www.arthritisresearchuk.org

**Investigations**
PFJ OA X-rays are indicated to determine the areas/level of OA – please ask for standard knee.

**Management**
NSAIDs, Analgesia Try 4-6/52 of full non-invasive conservative treatment

**Injection**
As per knee joint OA (*also see additional info)

**Referral**
If no improvement after 2 weeks of conservative management, please give as much clinical info as possible and refer to MSK CATS (Here it will be screened and signposted appropriately)

Also refer to the urgent secondary care pathway to ensure those injuries are picked up and referred to consultant clinic.

**Investigations**
PFJ OA X-rays are indicated to determine the areas/level of OA – please ask for standard knee.

**Management**
NSAIDs, Analgesia, ‘PRICE’

**Injection**
Not indicated

**Referral**
If has pain, effusion, block to full extension – refer. They may describe locking/g.way - refer MSK CATS for assessment if unsure

(Refer to urgent secondary care pathway for acute injury management)

**If unsure**
Refer to MSK CATS

This is NOT an exhaustive list of symptoms and conditions.

This is NOT an exhaustive list of symptoms and conditions.

This is NOT an exhaustive list of symptoms and conditions.
### Rotherham Knee Care Pathway

#### Patient Presents with Knee Symptoms

**Primary Care** *(page 2 of 2)*

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Investigations</th>
<th>Management</th>
<th>Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clicking and Clunking</strong></td>
<td>X-rays are not indicated initially.</td>
<td>If no pain or loss of function monitor patient. Consider the source; PFJ mal-alignment, biomechanical issues, possible Anteversion of the hip, increase Q angle, Plica etc. Overall - Clicky knees are very common and nothing to worry about. If they are not symptomatic and if they do not cause any effusion - leave alone.</td>
<td>If becomes painful - refer to Physiotherapy initially and they will escalate to MSK CATS if needed. For new painful clicking, clunking following trauma also refer to the urgent secondary care pathway.</td>
</tr>
<tr>
<td><strong>Locking</strong></td>
<td>Standard X-rays may be indicated, see below.</td>
<td>True locking: New painful locking (Knee stuck in one position or can’t extend the knee fully) following trauma: Do basic knee X-rays and refer to the urgent secondary care pathway and acute knee injury clinic. If young and true locking – poss, loose body – refer to urgent pathway.</td>
<td>If becomes painful with pseudo locking then refer to physiotherapy and they will escalate if needed. If this progresses with an effusion, refer MSK CATS.</td>
</tr>
<tr>
<td><strong>Giving way</strong></td>
<td>Standard X-rays may be indicated, see below.</td>
<td>After trauma: If c/o knee buckling and falls to the floor no warning suspect ACL rupture, do basic X-rays and refer to the urgent secondary care pathway. No Trauma - Pseudo Giving way. E.g. ‘Knee just went a bit’, can catch themselves, this is usually Patello-femoral in nature, quads are usually weak and may have some underlying biomechanical issues/muscle imbalance, no X-rays needed at this stage.</td>
<td>Refer to MSK Physiotherapy initially if needed and they will escalate to MSK CATS.</td>
</tr>
<tr>
<td><strong>Decreased Function and Stiffness</strong></td>
<td>Standard X-rays may be indicated, see below.</td>
<td>NSAIDs, Analgesia Try 4-6/52 of full non-invasive conservative treatment. If c/o morning stiffness, consider Rheumatology conditions and follow appropriate pathway. If Loss of function and affecting ADL’s, work and hobbies check OA/PIJ, clicking and locking pathways for guidance.</td>
<td></td>
</tr>
<tr>
<td><strong>Altered Sensation</strong> (Tingling/Numbness)</td>
<td>X-rays are not indicated.</td>
<td>Screen Neurovascular status. Refer to spinal pathway for guidance.</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- This is NOT an exhaustive list of symptoms and conditions.
- Patient information: [www.nhs.uk](http://www.nhs.uk) [www.arthritisresearchuk.org](http://www.arthritisresearchuk.org)