

# Osteoarthritis of the Knee

## Clinical Care Standard

**The *Osteoarthritis of the Knee Clinical Care Standard* aims to improve the timely assessment and optimal management for patients with knee osteoarthritis, and to enhance patients' symptom control, joint function, psychological wellbeing, quality of life and participation in usual activities, and lessen the disability caused by knee osteoarthritis.**

The *Osteoarthritis of the Knee Clinical Care Standard* contains eight quality statements describing the care that people over the age of 45 years should be offered if they are experiencing knee pain and are suspected of having knee osteoarthritis.

This standard relates to care provided in primary and community healthcare settings including general practice, allied health services and clinics, as well as in public and private specialist clinics and practices, radiology clinics and hospitals.

A set of indicators is provided to support health services to monitor how well they are implementing the care recommended in this clinical care standard and to support local quality improvement activities. The definitions required to collect and calculate indicator data are specified online: [meteor.aihw.gov.au/content/790044](https://meteor.aihw.gov.au/content/790044).

Monitoring the implementation of this clinical care standard will help organisations to meet some of the requirements of the National Safety and Quality Health Service (NSQHS) Standards and the National Safety and Quality Primary and Community Healthcare Standards.



## Cultural safety and equity for Aboriginal and Torres Strait Islander peoples

In Australia, Aboriginal and Torres Strait Islander peoples generally experience poorer health outcomes than the rest of the population, with systemic racism a root cause. The considerations for improving cultural safety and equity throughout this clinical care standard focus primarily on overcoming cultural power imbalances and improving outcomes for Aboriginal and Torres Strait Islander people through better access to health care.

When providing care for Aboriginal and Torres Strait Islander peoples, particular consideration should be given to:

- Taking a collaborative approach to planning treatment and management of knee osteoarthritis to ensure that interventions are suitably tailored to the individual's personal needs and preferences for care
- Supporting people to self-report their Aboriginal and Torres Strait Islander status and ensure appropriate systems and processes are in place to promote self-identification
- Engaging interpreter services, cultural translators, Aboriginal and Torres Strait Islander Health Workers, and Aboriginal and Torres Strait Islander Health Practitioners when this will assist the patient

- Engaging Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners as part of a patient's multidisciplinary team
- Encouraging the inclusion of a carer, family member or friend in all aspects of care, including decision making and management planning
- Providing flexible service delivery to optimise attendance and help develop trust with individual Aboriginal and Torres Strait Islander people and communities.

## 1 Comprehensive assessment and diagnosis

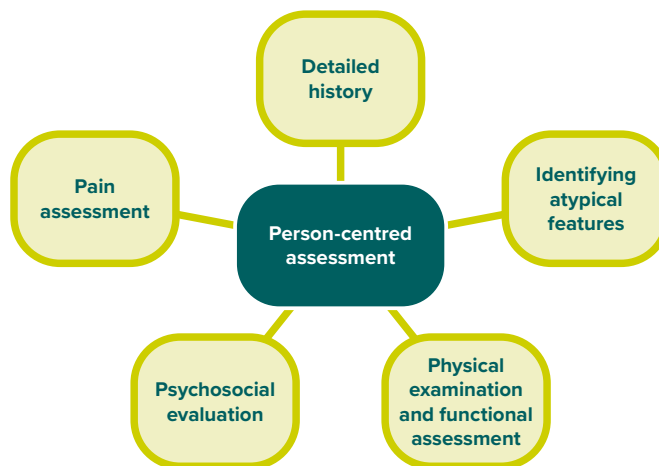
A patient with suspected knee osteoarthritis receives a comprehensive, person-centred assessment which includes a detailed history of the presenting symptoms, comorbidities, a physical examination, and a psychosocial evaluation of factors affecting quality of life and participation in activities.

A diagnosis of knee osteoarthritis can be confidently made based on this assessment.

Healthcare services should:

- Establish and maintain systems to coordinate and support clinicians to provide a comprehensive assessment of patients presenting with suspected knee and that consider assessment of the patient's:
  - Other health conditions and of the psychosocial factors that might affect quality of life and ability to participate in preferred activities
  - Ability to access and participate in health services
  - Response to treatment
- Provide clinicians with access to continuing education that reinforces the importance of clinical assessment in the diagnosis of knee osteoarthritis and atypical features that suggest an alternative diagnosis
- Have tools available to staff to aid assessment and recording of patient-reported outcome measures.

**Figure 1: Summary of the aspects of a holistic, comprehensive assessment for a patient with suspected knee osteoarthritis**



### Indicator for local monitoring

**Indicator 1a:** Proportion of patients newly diagnosed with knee osteoarthritis who had a comprehensive person-centred assessment.

## 2 Appropriate use of imaging

Imaging is not routinely used to diagnose knee osteoarthritis and is not offered to a patient with suspected knee osteoarthritis. When clinically warranted, X-ray is the first-line imaging. Magnetic resonance imaging (MRI), computerised tomography (CT) and ultrasound are not appropriate investigations to diagnose knee osteoarthritis. The limited value of imaging is discussed with the patient, including that imaging results are not required for effective non-surgical management.

Healthcare services should:

- Establish policies to minimise inappropriate imaging for suspected knee osteoarthritis, which should:
  - Provide guidance on appropriate clinical diagnosis
  - Include documentation of the indications for imaging of knee pain and related symptoms
  - Use the hierarchy of imaging required
  - Recommend commencing with X-ray if imaging is required

- Monitor the appropriateness of imaging requests for knee osteoarthritis
- Establish processes that support clinicians to request imaging only when clinically appropriate.

### For radiology services

Radiology services should:

- Ensure protocols are in place that outline the required imaging for knee pain, including imaging for patients with suspected knee osteoarthritis with atypical features
- Ensure that guidelines and requirements for reporting imaging results are in the place that require a:
  - Require a response to the indication for imaging provided on the request from the referring clinician
  - Require that key clinically relevant information is included in the report in line with the RANZCR *Clinical Radiology Written Report Guidelines*.

#### Indicators for local monitoring

**Indicator 2a:** Proportion of patients diagnosed with knee osteoarthritis without imaging.

**Indicator 2b:** Proportion of patients diagnosed with knee osteoarthritis without magnetic resonance imaging.

**Indicator 2c:** Proportion of patients diagnosed with knee osteoarthritis without computerised tomography.

**Indicator 2d:** Proportion of patients diagnosed with knee osteoarthritis without ultrasound.

## 3 Education and self-management

Information about knee osteoarthritis and treatment options is discussed with the patient. The patient participates in developing an individualised self-management plan that addresses their physical, functional, and psychosocial health needs.

Healthcare services should:

- Ensure that systems are in place to offer patients with clear, comprehensive, and current knee osteoarthritis information about their condition and support for self-management, including developing, monitoring, and revising self-management plans

- Ensure that the systems in place support patients and their clinicians to discuss the plan and any changes to it with other members of the multidisciplinary team, across different health services
- Provide clinicians with training and skills (for example, in coaching patients) to support them in managing patients with knee osteoarthritis
- Enable remotely delivered or telehealth options to be provided for education and self-management
- Build partnerships and links to organisations that can support patients to increase physical activity.



### Cultural safety and equity for Aboriginal and Torres Strait Islander people

Have a tailored approach to health education that reflects the literacy, language, and cultural needs of the individual patient and builds understanding, engagement, and empowerment of Aboriginal and Torres Strait Islander patients. This can be done by establishing links with appropriate health services, community services, and organisations, and having referral processes in place to allow Aboriginal and Torres Strait Islander people's access to a network of suitable service providers that support long term management of their health.

#### Indicators for local monitoring

**Indicator 3a:** Proportion of patients with knee osteoarthritis who have an individualised self-management plan.

**Indicator 3b:** Proportion of patients with knee osteoarthritis whose individualised self-management plan includes documented advice on physical activity.

**Indicator 3c:** Proportion of patients with knee osteoarthritis who are overweight whose individualised self-management plan includes documented advice on weight management.

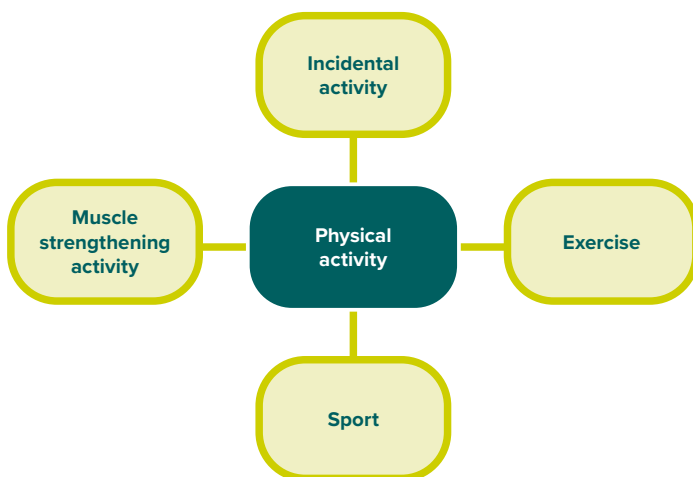
## 4 Physical activity and exercise

A patient with knee osteoarthritis is advised that being active can help manage knee pain and improve function. The patient is offered advice on physical activity and exercise that is tailored to their priorities and preferences. The patient is encouraged to set exercise and physical activity goals and is recommended services or programs to help them achieve their goals.

Healthcare services should:

- Ensure that systems are in place for patients with knee osteoarthritis to receive advice and encouragement on how to achieve physical activity and exercise goals that are tailored to their needs
- Ensure that appropriate services are available to support patients achieve these goals, such as multidisciplinary allied health clinics, exercise programs or facilities
- Provide patients referred for surgery with access to a health professional who has expertise in exercise, such as a physiotherapist, exercise physiologist, or sport and exercise physician, and who can provide them with appropriate forms of physical activity to optimise their recovery and functional outcomes after the procedure.

Figure 2: The forms of physical activity



Adapted from [About physical activity and exercise](#), Department of Health and Aged Care.

## 5 Weight management and nutrition

A patient with knee osteoarthritis is advised of the impact of body weight on symptoms. The patient is offered support to manage their weight and optimise nutrition that is tailored to their priorities and preferences. The patient is encouraged to set weight management goals and is referred for any services required to help them achieve these goals.

Healthcare services should:

- Establish and maintain systems so that patients with knee osteoarthritis receive advice and encouragement on how to achieve weight management goals
- Have appropriate services and referral pathways available for patients to support a healthy weight, including dietetic and weight management services.

## 6 Medicines used to manage pain and mobility

A patient with knee osteoarthritis is offered medicines to manage their pain and mobility in accordance with the current version of the *Therapeutic Guidelines* or locally endorsed evidence-based guidelines. A patient is not offered opioid analgesics for knee osteoarthritis because the risk of harm outweighs the benefits.

Healthcare services should:

- Provide clinicians with access to the current version of the *Therapeutic Guidelines* or an evidence-based local guideline to support the quality use of medicines
- Establish and maintain systems to support clinicians in providing clear, information to patients about their treatment
- Ensure that patients have access to ongoing medicines advice when needed
- Monitor prescribing patterns and measure them against the current version of the *Therapeutic Guidelines* or a locally endorsed, evidence-based guideline
- Ensure locally endorsed guidelines – such as HealthPathways or hospital-based policies – are based on the *Therapeutic Guidelines* and have been through an approval process; and, that any deviations from the *Therapeutic Guidelines* are accompanied by a clear rationale based on published clinical evidence.



### Cultural safety and equity for Aboriginal and Torres Strait Islander people

Consider the variation in pharmacological pain management for Aboriginal patients, with studies showing Aboriginal patients are more than twice as likely to be prescribed opioids in primary care than non-Aboriginal patients.

#### Indicator for local monitoring

**Indicator 6a:** Evidence of local arrangements to ensure that patients with knee osteoarthritis are prescribed or recommended medicines in accordance with the current *Therapeutic Guidelines* or locally endorsed, evidence-based guidelines.

## 7 Patient review

A patient with knee osteoarthritis receives planned clinical review at agreed intervals, and management is adjusted for any changing needs. A patient who has worsening symptoms and severe functional impairment that persists despite optimal non-surgical management is referred for assessment to a non-general practitioner (GP) specialist or multidisciplinary service.

Healthcare services should:

- Establish and maintain systems place to support and coordinate clinicians to monitor the symptoms, function, and psychosocial wellbeing of patients with knee osteoarthritis and adjust treatment goals as needed
- Provide support for timely access to non-general practitioner specialist doctors, such as rheumatologists, orthopaedic surgeons, or sports and exercise physicians, for further assessment and care when non-surgical management has been optimised but the patient is still experiencing worsening symptoms and severe functional impairment

- Consider supporting systems for clinicians to use tools during appointments dedicated to patient review, such as PROMs
- Establish and maintain systems for referrals for consideration of knee replacement surgery in accordance with the RACGP *Guideline for the management of knee and hip osteoarthritis* in general practice and other primary care services.



### Cultural safety and equity for Aboriginal and Torres Strait Islander people

Be flexible in the way you deliver your service to optimise attendance and support the development of trust with individual Aboriginal and Torres Strait patients and communities. Include opportunities for patients to have a carer, family member or friend involved in all aspects of care delivery, including the decision making and management planning process.

Provide care that is close to home wherever possible, with service environments that consider the specific needs of the population, including their age, mobility, and cultural needs.

Consider the use of telehealth or outreach models to support access to health care for people living in rural and remote communities.

#### Indicator for local monitoring

**Indicator 7a:** Proportion of patients with knee osteoarthritis with a documented timeframe for review.

## 8 Surgery

A patient with knee osteoarthritis who has severe functional impairment despite optimal non-surgical management is considered for timely joint replacement surgery or joint-conserving surgery. The patient receives comprehensive information about the procedure and potential outcomes to inform their decision. Arthroscopic procedures are not offered to treat uncomplicated knee osteoarthritis.

Healthcare services should:

- Establish and maintain systems and referral networks to provide patients with access to appropriate non-surgical care, so that patients have the best chance of delaying or avoiding surgery
- Establish and maintain systems to provide patients with clear evidence-based information about the potential benefits and harms of joint-conserving and joint replacement surgery, including information about recovery from surgery
- Have patient information available in a variety of formats
- Enable measurement of PROMs before and after all surgical interventions
- Establish and maintain systems for patients to receive timely surgical intervention when it is indicated
- Have a process to support appropriate, safe, and effective decision making about surgical procedures
- Have policies and procedures that specify arthroscopic procedures are not offered for treating uncomplicated knee osteoarthritis.



### Cultural safety and equity for Aboriginal and Torres Strait Islander people

Consider the needs of a patient who has to travel away from home for surgery and ensure that they have access to adequate support and advocacy whilst in hospital.

Enable as many steps as possible in the surgical care pathway to take place 'under one roof'. This can support Aboriginal and Torres Strait Islander people to use specialist services and prevent patients from falling through the transition gaps that exist within this care pathway.

### Questions?



See the Commission's [Osteoarthritis of the Knee Clinical Care Standard](#) webpage for more information and links to useful resources.

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 professional about the applicability of the clinical care standard to their individual condition.