Priority Topic: JOINT DISORDER

Key Features:
Think Rheumatology > Orthopedics

1. In a patient presenting with joint pain, distinguish **benign from serious pathology** (e.g., sarcoma, septic joint):
   a) By taking pertinent **history**
   b) By **investigating** in a timely and appropriate manner (e.g., aspirate, blood work, an X-ray examination).

**What you should study:**
✓ Septic Arthritis AAFP 2011  
✓ Osteosarcoma AAFP 2002  
✓ Knee Aspiration AAFP 2002

2. In a patient presenting with non-specific musculoskeletal pain, **make a specific rheumatologic diagnosis** when one is evident through **history, physical examination, and investigations**. (e.g., gout, fibromyalgia, monoarthritis vs. polyarthritis).

**What you should study:**
✓ Fibromyalgia AAFP 2015  
✓ Gout AAFP 2014  
✓ Polyarticular Arthritis AAFP 2014  
✓ Monoarthritis AAFP 2016  
✓ Rheumatoid Arthritis AAFP 2011
3. In a patient presenting with a monoarthropathy, rule out infectious causes. (e.g., sexually transmitted diseases).

**What you should study:**

✓ Lyme Disease AAFP 2012
✓ Bone and Joint Infections RCP 2018
✓ Gonococcal Arthritis:  
  Septic Arthritis AAFP 2011  
  Monoarthritis AAFP 2016

4. In patients presenting with musculoskeletal pain, include referred and visceral sources of pain in the differential diagnosis. (e.g., angina, slipped capital epiphysis presenting as knee pain, neuropathic pain).

It's a good idea to write down your own DDx for Joint Pain


**What you should study:**

✓ Video: Knee Examination  
  Ligament tests start at 3:45

6. In a patient presenting with joint pain, include systemic conditions in the differential diagnosis (e.g., Wegener’s granulomatosis, lupus, ulcerative colitis).

**What you should study:**

✓ Systemic Vasculitis AAFP 2011
✓ Lupus AAFP 2016
✓ Enteropathic Spondyloarthritis 2013
✓ Osteoarthritis AAFP 2018 (wasn’t sure where to put this...)
7. In patients with a **diagnosed rheumatologic** condition:

   a) Actively inquire about pre-existing **co-morbid conditions** that may modify the treatment plan.

   b) Choose the appropriate **treatment plan** (e.g., no nonsteroidal anti-inflammatory drugs in patients with renal failure or peptic ulcer disease).

**What you should study:**

✓ NSAID Prescribing Precautions AAFP 2009
✓ Opioid Prescribing Guidelines 2017 Summary

8. In assessing patients with a diagnosed rheumatologic condition, search for **disease-related complications** (e.g., iritis).

**What you should study:**

✓ Uveitis AAFP 2014
✓ Rheumatoid Arthritis Q&A AAFP 2018
✓ Extra-articular RA 2010
9. In patients experiencing musculoskeletal pain:
   a) Actively inquire about the impact of the pain on daily life.

   **What you should remember:**
   - FIFE
   - Screen for Depression
   - Offer Psychotherapy or Counselling
   - Consider ways of modifying activities
   - Assisted transport options

   b) Treat with appropriate doses of analgesics.

   **What you should study:**
   - Arthritis Society
   - Pain Management in Rheumatoid Arthritis 2015  This is a GREAT article!
   - c) Arrange for community resources and aids (e.g., splints, cane), if necessary.

**Multidisciplinary team:**
- Occupational Therapy
- Physiotherapy

10. In patients with rheumatoid arthritis, start treatment with disease-modifying agents within an appropriate time interval.

   **What you should study:**
   - Rheumatoid Arthritis Q&A AAFP 2018
     Section: What are the First-Line treatments for RA?
   - Managing Patients on DMARDs BMJ Graphic 2017
   - Rheumatoid Arthritis Drug Options 2013