

# 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, monoarthropathy vs. polyarthropathy).

### ***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**

5. **Clinically diagnose** ligamentous injuries. Do NOT do an X-ray examination.

**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](#)

