KNEE PAIN REFERRAL GUIDELINE

Maine Medical Partners - Orthopedics & Sports Medicine (Div. Of Sports Medicine) · 119 Gannett Dr, South Portland, ME · (207) 773-0040

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Severe pain

Not able to walk or bear-weight

Severe swelling

History of traumatic injury (twisting, "pop" or locking of knee)

Calf pain or leg swelling

Instability or giving way of knee

Evidence of infection or inflamation

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Moderate pain

Able to walk with limp

Moderate swelling

History of acute or chronic onset

Some catching, locking or giving way

Taking OTC pain medication as needed

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Mild pain

Able to walk without limp

Minimal swelling

No history of traumatic injury

No catching, locking or giving way

No pain medication needed

SUGGESTED PREVISIT WORKUP

Schedule urgent appointment with sports medicine

Emergent evaluation if evidence of infection or inflamation

SUGGESTED WORKUP

Consider radiographs

Schedule routine appointment with sports medicine

SUGGESTED MANAGEMENT

RICE (Rest, Ice, Compression, Elevation)

Ibuprofen and/or acetaminophen as needed

Therapeutic exercise

Activity modification and low impact activity

CLINICAL PEARLS

- Knee pain can affect individuals of all ages and activity levels
- Knee pain can be due to pathology within the knee joint or outside of the knee joint
- Obtaining radiographs can help to diagnose arthritic knee pain
- Losing weight as well as strengthening the hip, gluteal and core muscles can often help to decrease knee pain

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These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.

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