

# **Osteoarthritis of the knee clinical care standard indicators: 2a-Local arrangements for clinically based diagnosis of knee osteoarthritis without use of imaging for people with knee pain and other symptoms suggestive of osteoarthritis**

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# Osteoarthritis of the knee clinical care standard indicators: 2a-Local arrangements for clinically based diagnosis of knee osteoarthritis without use of imaging for people with knee pain and other symptoms suggestive of osteoarthritis

## Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Indicator 2a-Local arrangements for clinically based diagnosis of knee osteoarthritis without use of imaging for people with knee pain and other symptoms suggestive of osteoarthritis
METEOR identifier:	644277
Registration status:	<a href="#">Health</a> , Standard 02/08/2017
Description:	Documented evidence of local arrangements to ensure that patients presenting with knee pain and other symptoms suggestive of <a href="#">osteoarthritis</a> are clinically diagnosed with knee osteoarthritis, without imaging, unless an alternative diagnosis is suspected (for example, insufficiency fracture, malignancy).
Rationale:	There is a weak association between symptoms of knee osteoarthritis (including pain and disability) and imaging findings (Bedson & Croft 2008; Fernandes et al. 2013; Guermazi et al. 2012; Kinds et al. 2011; Thorstensson 2009).
Indicator set:	<a href="#">Clinical care standard indicators: osteoarthritis of the knee</a> <a href="#">Health</a> , Standard 02/08/2017

## Collection and usage attributes

Computation description:	The local arrangements should specify that imaging should only be used when there is suspicion of an alternative diagnosis (e.g. insufficiency fracture, malignancy). In this case, the local arrangements should specify that weight-bearing X-ray should be used in all cases, except where weight bearing is not tolerated. Magnetic resonance imaging should only be considered if there is suspicion of serious pathology not detected by X-ray.
Computation:	Healthcare settings where care is provided to patients with knee osteoarthritis that have documented evidence of local arrangements, such as a policy that specifies that imaging should not be used unless there is suspicion of an alternative diagnosis, should record 'Yes'.  Otherwise, the healthcare setting should record 'No'.
Comments:	This indicator has been adapted from the <i>Osteoarthritis quality standard</i> (NICE 2015).

## Representational attributes

Representation class:	Count
Data type:	Real
Unit of measure:	Service event
Format:	Yes/No

## Accountability attributes

**Other issues caveats:** Applicable setting: all healthcare settings where care is provided to patients with knee osteoarthritis, including primary care, specialist care, hospitals and community settings.

## Source and reference attributes

**Submitting organisation:** Australian Commission on Safety and Quality in Health Care

**Reference documents:** Bedson J & Croft PR 2008. The discordance between clinical and radiographic knee osteoarthritis: A systematic search and summary of the literature. *BMC Musculoskeletal Disorders* 9(1): 1-11.

Fernandes L et al. 2013. EULAR recommendations for the non-pharmacological core management of hip and knee osteoarthritis. *Annals Rheumatic Diseases* 72(7): 1125-1135.

Gurmazi A. et al. 2012. Prevalence of abnormalities in knees detected by MRI in adults without knee osteoarthritis: population based observational study (Framingham Osteoarthritis Study). *BMJ* 345: e5339.

Kinds MB, Welsing PM, Vignon EP, Bijlsma JW, Viergever MA, Marijnissen AC et al. 2011. A systematic review of the association between radiographic and clinical osteoarthritis of hip and knee. *Osteoarthritis Cartilage* 19(7):768-78.

NICE (National Institute for Health and Care Excellence) 2015. Osteoarthritis Quality standard 87. London: NICE.

Thorstensson CA, Andersson ML, Jonsson H, Saxne T & Petersson IF 2009. Natural course of knee osteoarthritis in middle-aged subjects with knee pain: 12-year follow-up using clinical and radiographic criteria. *Annals of Rheumatological Disease* 68(12): 1890-1893.