

Hip & Knee Osteoarthritis Joint Assessment and Diagnosis Charting

Instructions: This assessment is designed for collecting data per joint.

Today's Date: / /

D D M M Y Y Y Y

PLACE PATIENT IDENTIFICATION LABEL HERE
Or fill out necessary fields below

Name: _____ Gender: Male
 Female

DOB (dd/mm/yyyy): _____

PHN: _____

INDIVIDUAL DETAILS

Age: _____	Height (cm): _____	Weight (kg): _____	BMI: _____ <small>[(weight in kg)/height in m]2</small>	Blood Pressure: _____ <i>Consider before prescribing medication</i>
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INDIVIDUAL ASSESSMENT

- 1. Does the individual have hip, knee, or low back pain?**
 Yes (specify joint & proceed to question 2)↓ Hip Knee No (consider a different resource, i.e. inflammatory arthritis screening) **STOP**
- 2. Does the individual have morning stiffness in their joints greater than 30 minutes?**
 Yes (consider tools for diagnosing inflammatory arthritis) **STOP** No (proceed to question 3)
- 3. Is the individual's joint pain generally related to activity?** **3a. Does the individual have pain with rest?**
 Yes (proceed to question 4)↓ No (proceed to question 3a)→ No (proceed to question 4) Yes (investigate other pathologies, **RED FLAGS**)
- 4. Is the individual experiencing symptoms of joint stability, such as 'giving way', lock or repeated clicking?**
 No (proceed to question 5)↓ **Yes** (perform a complete joint examination to determine if a ligament pathology is also present before proceeding.)
- 5. Is the individual avoiding ALL activities due to pain, stiffness or weakness?**
 No (proceed with assessment) **Yes** (assess psychosocial factors, **YELLOW FLAGS**, and administer the PHQ-4 to carefully inform care planning.)

OBSERVATION AND ASSESSMENT OF AFFECTED JOINT

Below is a list of serious pathologies to consider and rule out in assessing joint pain. **If the individual has one or more RED FLAGS do not proceed with further assessment.**

RED FLAGS ✘

<input type="checkbox"/> NO Red Flags	<input type="checkbox"/> Infection	<input type="checkbox"/> Inflammatory	<input type="checkbox"/> Fracture	<input type="checkbox"/> Tumor
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YELLOW FLAGS! Psychosocial risk factors for those with joint pain lasting more than six weeks or non-responsive to treatment (check all that may apply).

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> NO Yellow Flags | <input type="checkbox"/> Belief that joint pain is harmful or potentially severely disabling | <input type="checkbox"/> Fear and avoidance of activity or movement | <input type="checkbox"/> Tendency to low mood and withdrawal from social interaction | <input type="checkbox"/> Expectation of passive treatment(s) rather than a belief that active participation will help |
|---|--|---|--|---|

Alignment/Deformities

Check the standing alignment of the individual

- | | | |
|---------------------------------|---|--|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Knock knees (valgus) | <input type="checkbox"/> Bowleggedness (varus) |
|---------------------------------|---|--|

Leg Length

If you suspect your patient has a leg length difference of >1.5 cm, validate and refer for a shoe insert/modification if appropriate

Knee Swelling (Bulge Test)

Palpate joint line for tenderness, while checking for swelling

- | | | |
|---|--|--|
| <input type="checkbox"/> Minimal amount of fluid on joint | <input type="checkbox"/> Moderate: Noticeable fluid wave with bulge test | <input type="checkbox"/> Large: fluid fullness is felt in compartment and does not easily move |
|---|--|--|

Gait

Does your patient limp when walking greater than 5 minutes?

- | | |
|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Is there pain with the limp? | <input type="checkbox"/> Occasional limp when initiating walking and then normalizes? |

Consider appropriate pain management. If limp is persistent, consider a single point cane.

Consider more active breaks with prolonged positioning.

- | | |
|--|---|
| <input type="checkbox"/> Pain persists | <input type="checkbox"/> Gait is asymmetrical due to limited joint mobility |
|--|---|

Consider using a wheeled walker.

Function & Strength: Sit to Stand Test (30-Second Chair Stand)



1. Instruct the individual.
2. On the word "go" begin timing.
3. Count the number of times the individual comes to a full standing position in 30 seconds.

Scan QR code for further instructions.

Number: _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Able to complete greater than 15 repetitions in 30 seconds | <input type="checkbox"/> Able to complete one to three repetitions in 30 seconds | <input type="checkbox"/> Unable to complete one repetition where neurological and cardiac function are normal. |
|---|--|--|

Mobility: Timed Up & Go (TUG) Test



1. Instruct the individual.
2. On the word "go" begin timing.
3. Stop timing after the individual sits back down.
4. Record time.

Scan QR code for further instructions.

Time in Seconds: _____

Hip Internal Rotation

- | | | | |
|---|---------------------------------------|---|------------------------------|
| <input type="checkbox"/> Normal range with pain | <input type="checkbox"/> 5-10 degrees | <input type="checkbox"/> Neutral position | <input type="checkbox"/> N/A |
|---|---------------------------------------|---|------------------------------|

Imaging

(Has the individual had previous x-rays or imaging of the affected joint?)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> NO | <input type="checkbox"/> YES (complete) → |
|------------------------------------|--|

Imaging Type:

Flexion of Assessed Joint

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> > 115 degrees | <input type="checkbox"/> > 90-115 degrees | <input type="checkbox"/> < 90 degrees |
|--|---|---------------------------------------|