

Oligoarthralgia (pain in one to four joints)

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Rationale

Acute joint pain may reflect an urgent process that needs immediate evaluation and treatment to prevent permanent damage and loss of function. Chronic pain in a small number of joints is very common, and a very frequent cause of disability.

Causal Conditions

(list not exhaustive)

- Acute joint pain
 - a. Injury (e.g., meniscal tear)
 - b. Infection
 - c. Crystal
 - d. Hemarthrosis (e.g., clotting disorder)
 - e. Acute reactive arthritis
- Chronic joint pain
 - a. Osteoarthrosis
 - b. Periarticular disease (e.g., bursitis, tendonosis)
 - c. Pediatric disorders (e.g., slipped epiphysis, Osgood-Schlatter)
- Non-articular disease (e.g., bone malignancy, leukemia)

Key Objectives

Given a patient with musculoskeletal pain that is localized, the candidate will be able to differentiate joint disease from other anatomic causes, and through history and physical

examination determine the acuity and severity of the problem. In particular, the candidate will determine if the patient requires immediate, definitive management, or referral.

Enabling Objectives

Given a patient with joint pain, the candidate will

- list and interpret critical clinical findings, including
 - a. whether the joint, or other tissues, is the source of the pain;
 - b. whether the underlying cause is traumatic, inflammatory or mechanical;
 - c. whether urgent investigation is required;
 - d. impact on function;
 - e. an occupational and recreational history;
- list and interpret critical investigations, including
 - a. appropriate laboratory investigations and other tests;
 - b. determination as to when joint aspiration is required, and prescription of the appropriate investigations (e.g., culture, cell count, crystals);
 - c. determination as to when appropriate radiologic investigations are required;
 - d. determination as to when other investigations are indicated (other cultures, magnetic resonance imaging);
- construct an effective management plan, including
 - a. initial management of common inflammatory conditions (e.g., gout, infection);
 - b. initial management of common injuries (e.g., sprains);
 - c. referral for specialized care, if indicated (e.g., orthopedic surgery);
 - d. counselling regarding appropriate return to activities and recognition of the potential for long-term impact on function.