



Objectives: Joint Problems

1. In a patient presenting with joint pain, distinguish from benign from serious pathology (e.g. septic arthritis).
2. In a patient presenting with monoarthritis, be able to distinguish osteoarthritis, crystal arthropathies and infectious causes.
3. Develop appropriate management pharmacologic and non-pharmacologic treatment plans for osteoarthritis and crystal arthropathies (e.g. gout and pseudogout).
4. Recognize and urgently arrange for treatment of a suspected septic joint.
5. Clinically diagnose ligamentous injuries without ordering radiographic imaging
6. In a patient presenting with non-specific musculoskeletal pain, know when to consider rheumatological diagnosis through history, physical examination and investigations.
7. 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).
8. In a patient presenting with polyarthritis, consider other systemic conditions in the differential diagnosis (e.g. lupus, inflammatory bowel disease)
9. In patients with a diagnosed rheumatologic condition, look for disease-related complications (e.g. uveitis)
10. In patients experiencing musculoskeletal pain:
 - a. Inquire about impact on activities of daily living
 - b. Treat with appropriate analgesia
 - c. Arrange for community resources and aids (e.g. splints/canes), if necessary
11. In patients with rheumatoid arthritis, start treatment with a disease-modifying agent within an appropriate time interval.

** Mapped to the CFPC's 105 priority topics: #57-Joint Disorder