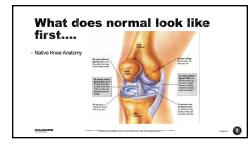


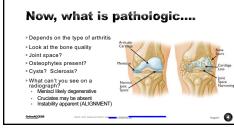
# **Types of Arthritis:**

- Rheumatoid Arthritis
- Osteoarthritis
- Crystalline Arthropathies
- Seronegative Arthritis
   Psoriatic Arthritis

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# Osteoarthritis: \* Bone usually sclerotic \* Asymmetric Joint Space narrowing \* Osteophyle Formation \* Subchondral Sclerosis \* Subchondral Cysts \* You don't need all the signs to make this diagnosis!

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### Causes of OA:

- Primary/Degenerative "wear and tear"
- Secondary:
- Trauma
   Infection
- AVN
- Developmental: Perthes/Dysplasia/SCFE

### **Rheumatoid Arthritis:**

- Bone usually with osteopenia
- Symmetric Joint Space narrowing
- Limited osteophyte Formation
- Limited Subchondral Sclerosis
- Limited Subchondral Cysts

If there are osteophytes, etc., the patient can still have RA.

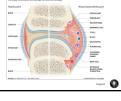


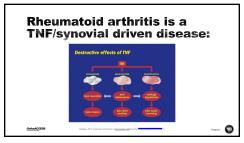
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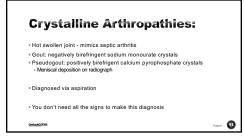
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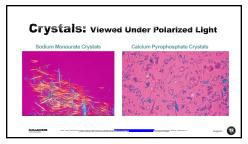
### **Rheumatoid Arthritis:**

- Bilateral Symmetry Periarticular Soft Tissue
- Swelling Uniform Joint Space Loss
- Marginal Erosions
- Justarticular osteoporosis Joint Deformity









Causes of Crystalline Arthropathy:

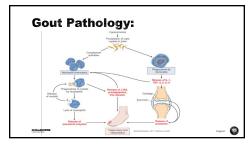
- Dietary causes: high protein diets
- Urate is the end product of purine metabolism
   As serum urate levels rise, reaches a level where it is NO LONGER soluble in the serum THEN crystalizes in the tissues.
- Hyperuricemia is either OVERproduction or UNDERsecretion

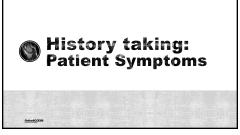
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- •58 y.o. gentleman with left knee pain Common Complaints:

- Swelling/Effusions (fluid palpable in joint)
   Bowing of the leg (deformity)
   Instability, "It feels like it gives out."

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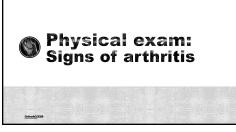
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- Stiffness, doesn't bend like it used to.

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# **History Cont.:**

- Location of the pain
- · Frequency of symptoms
- Intensity of the pain • Treatment thus far?
- Meds
- Injections
  PT



# Physical Exam: Be gentle!

- Exam the other extremity
- ALWAYS examine the hip with including an evaluation of internal rotation
- Hip disorders can present with ipsilateral knee pain
- Have the patient walk
   Gait pattern
   Antalgic gait painful, shortened stride
   Varus or valgus thrust
- Need for a gait aid

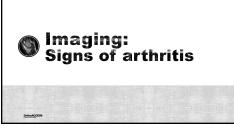
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# Physical Exam:

- Swelling/redness in the leg
- Evaluate for the presence of an effusion in the knee
- Active and Passive Range of Motion compared to other extremity
   Assess for flexion contracture
- Palpate the area of interest
- Perform a ligament exam of the extremity
  ACL, PCL, MCL, LCL

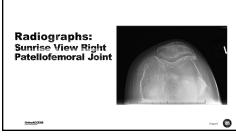
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### Radiographs: Long Leg Alignment

- Allows you to assess the weight bearing axis.
- If plumb line falls medial (varus alignment) or lateral (valgus alignment) to the joint it is pathologic.

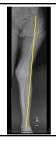
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## Radiographs: Long Leg Alignment

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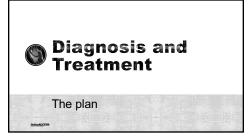
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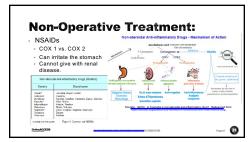
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# **Operative Options: Knee** Arthroplasty (uni vs total): Procedure Selection

- Location of pain
   Location of damage (XR)

- Location of damage (XR)
   Patient expectations
   Patient Selection
   Overall health status
   DM want good glycemic control
   BMI caution with morbidly obese as risk of complications increases





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### Summary

- . Variety of types of arthritis: osteoarthritis, post-traumatic, inflammatory
- Understand the key points to a good history and physical
- Radiographs are your best imaging test should be weight bearing
- \* Treatment ranges from nonsurgical treatments to surgical treatments including joint replacement

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