**Knee Osteoarthritis – Referral Management**

* Physical Therapy Referral for evaluation or management of:
	+ Gait training with assistive device or instruction on knee taping
	+ Muscle weakness/strengthening needed
	+ Loss of joint mobility
	+ Rehabilitation after knee replacement
* Orthopedic Surgery Referral for evaluation or management of:
	+ Failure of nonoperative treatment including: analgesics, anti-inflammatory medications, weight loss, adequate trial of physical therapy, use of assistive devises
	+ Surgical intervention needed: pain not controlled by analgesics and anti-inflammatories, increasing varus or valgus deformity with functional limitation decreasing range of motion with functional limitation, revision of previous surgery needed.
* Rheumatology Referral for evaluation or management of:
	+ Arthrocentesis or glucocorticoid injection needed
	+ Atypical presentation or lack of response to standard therapy

**Reference**

MCG, Ambulatory Care, “Knee Osteoarthritis – Referral Management”, 23rd Edition, 2/26/2019.