

Joint Pain

Developed by	American College of Rheumatology (ACR)
How developed	The American College of Rheumatology’s Committee on Rheumatologic Care created these data sets using consensus discussion,
Additional essential patient information	<ul style="list-style-type: none"> The American College of Rheumatology emphasizes that it is inappropriate to use pre-defined protocols for diagnosis and treatment of musculoskeletal diseases, which are by nature complex and overlapping. Early and appropriate referral to rheumatologists is essential. If symmetric inflammatory polyarthritis is present, check anti-CCP antibody
Additional patient information, if available	<ul style="list-style-type: none"> ANA RF Anti-CCP Sedimentation rate CRP ANCA CBC CMP Urinalysis Uric acid Results of any prior rheumatology workup
Alarm symptoms/conditions	More than 2 swollen joints, or concern for septic arthritis.
Tests/procedures to avoid prior to consult	None provided
Common rule-outs to consider prior to consults	None provided
Relevant “Choosing Wisely” elements	<p>Don’t test ANA sub-serologies without a positive ANA and clinical suspicion of immune-mediated disease</p> <ul style="list-style-type: none"> Tests for anti-nuclear antibody (ANA) sub-serologies (including antibodies to double-stranded DNA, Smith, RNP, SSA, SSB, Scl-70, centromere) are usually negative if the ANA is negative. Exceptions include anti-Jo1, which can be positive in some forms of myositis, or occasionally, anti-SSA, in the setting of lupus or Sjögren’s syndrome. Broad testing of autoantibodies should be avoided; instead the choice of autoantibodies should be guided by the specific disease under consideration.
Healthcare professional and/or patient resources	<p>Patient information:</p> <p>http://www.rheumatology.org/Practice/Clinical/Patients/Information_for_Patients/</p>