## Joint Pain

<table>
<thead>
<tr>
<th>Developed by</th>
<th>American College of Rheumatology (ACR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How developed</td>
<td>The American College of Rheumatology’s Committee on Rheumatologic Care created these data sets using consensus discussion,</td>
</tr>
</tbody>
</table>
| Additional essential patient information | • 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 | • 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 | **Don’t test ANA sub-serologies without a positive ANA and clinical suspicion of immune-mediated disease**  
• 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 | Patient information:  
[http://www.rheumatology.org/Practice/Clinical/Patients/Information_for_Patients/](http://www.rheumatology.org/Practice/Clinical/Patients/Information_for_Patients/) |