OARSI initiative to develop classification criteria for early-stage symptomatic knee OA (EsSKOA): What conditions should be considered in the differential diagnosis of EsSKOA?

Cross sectional study

Method:

An online survey of clinicians. Those consulting monthly on at least five people with undiagnosed knee symptoms were eligible

From qualitative work and clinical experience, researchers developed three case scenarios representing possible EsSKOA. For each scenario, participants indicated conditions on a pre-defined list that they would consider in the differential diagnosis, and the top three diagnoses based on clinical experience. The proportions that considered each condition and among the top three diagnoses for each scenario were summarized overall and by clinical discipline.

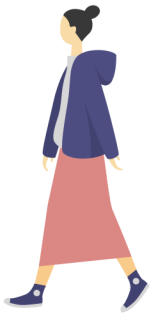
Findings

127 clinicians responded (43% female, 48% in practice ≤15 years, 50% university-affiliated practice, **7 clinical disciplines**)

SCENARIOS

1. 40-year-old with 1 month of knee stiffness and swelling

2. 50-year-old with 8 months of knee discomfort while walking

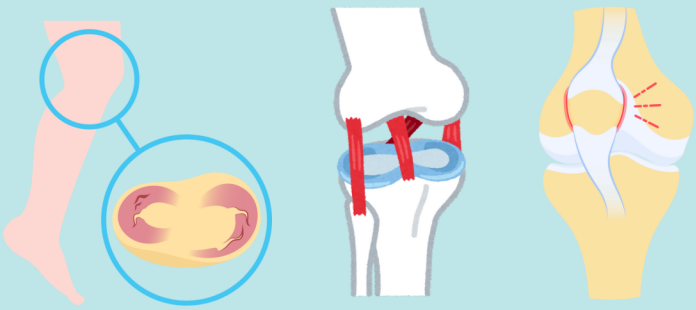


3. 60-year-old with intense knee discomfort getting out of a car 1 week ago

Knee OA and meniscal injuries were among the top three conditions in the differential diagnosis for all three scenarios, followed by immune-mediated and crystal-induced inflammatory arthritis (scenario 1), patellofemoral pain syndrome (scenario 2), and collateral ligament injuries (scenario 3).

Conclusion

The **differential diagnosis for EsSKOA** in adults presenting with undiagnosed knee symptoms includes **symptomatic established radiographic knee OA, patellofemoral pain syndrome, meniscal and collateral ligament injuries, and immune-mediated and crystal-induced inflammatory arthritis**.



THE UNIVERSITY OF MELBOURNE

Infographic created by
Centre for Health, Exercise and Sports Medicine
Department of Physiotherapy, The University of Melbourne
Publication: Hawker et al. *Osteoarthritis and Cartilage*. 2025
https://doi.org/10.1016/j.joca.2025.05.005