

Management of Chronic Knee Pain Study

We are seeking the views of general practitioners who treat patients over 45 years old, with chronic knee pain.

If you **are not** a general practitioner, please tick this box and return the questionnaire without completing it any further

If you **have not** managed someone with chronic knee pain in the last 6 months, please tick this box and return the questionnaire without completing it any further.

This questionnaire should take no more than **20 minutes** to complete.

Return of your completed questionnaire will be interpreted as you providing your consent to participate in this study.

If you would like to participate in this study please either:

- Complete this paper version of the questionnaire and return it to Dr Elizabeth Cottrell, Academic Clinical Fellow GP Specialty Trainee, at the Arthritis Research UK Primary Care Centre, Keele University, Staffordshire, ST5 5BG using the enclosed FREEPOST envelope.
OR

- Complete the online version of this questionnaire accessible at https://www.surveymonkey.com/s/Management_CKP

If you have any questions about this questionnaire or the study in general you can email Dr Elizabeth Cottrell at e.cottrell@keele.ac.uk

Instructions for completing this questionnaire

- When completing the questionnaire, please try and provide answers that most accurately reflect your usual clinical practice. There are no 'correct' or 'incorrect' answers.
- Where relevant please answer questions by ticking a box e.g.
- Please do not consult any literature while completing this questionnaire.

Thank you for your help with this study

Unique survey ID	
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Section 1: About you

1.1 Please state the year in which you qualified as a General Practitioner

1.2 How many General Practitioners work in your practice (including yourself)?

1.3 How do you best **describe yourself** (please tick **one box** only)

- GP Partner Salaried GP Locum GP
 Other, please specify

1.4 Is your practice Urban Semi-rural Rural

1.5 Are you Male Female

1.6 Are you a **GP with a special interest (GPwSI)** in musculoskeletal conditions?

- Yes No

1.7 Do you remember receiving any specific postgraduate musculoskeletal training which contained education about chronic knee pain? (By this we do not mean clinical placements or jobs in rheumatology or orthopaedics)

- Yes No

1.8 Do you have, or have you ever suffered from chronic knee pain **yourself**?

- Yes No
-

Section 2: Clinical scenario of a patient with chronic knee pain

Presented below is a clinical scenario of a patient **with chronic knee pain** who presents to you with this problem for the first time. All questions that follow relate to the care you would give this particular patient. Think about the patient's first consultation with you.

Patient: Mrs Jones, 58-year-old Prison Officer

History: First presentation of gradually worsening bilateral knee pain (right worse than left) over 2 years
No history of trauma
Pain always present when walking and at rest, worst when climbing stairs. No night pain.
Managing activities of daily living. Difficulty gardening.
Stopped going to gym – thinks was making pain worse
Only treatment tried is Ibuprofen once or twice when pain "really bad" – no benefit.
Came today finding work increasingly difficult due to the stairs
Usually well – no comorbidities

Medication: Nil

Examination: Body Mass Index 33
Knees – bilaterally no effusions. Joint tenderness upon palpation. Bilateral coarse crepitations.
Slightly reduced flexion of the right knee.
Hips – no abnormality detected

2.1 What **diagnosis** would you make at this point?

2.2 Using the words you would use with the patient, **briefly** state how you would **describe your diagnosis** to the patient

- 2.3 The patient's **symptoms** are: (please tick the **one** box that best reflects your opinion)
- Very severe Severe Moderate Mild Very mild
-
- 2.4 It is most likely that this patient's symptoms result from **knee damage** that is: (please tick the **one** box that best reflects your opinion)
- Very severe Severe Moderate Mild Very mild
-
- 2.5 Using the words you would use with the patient, **briefly** describe **what the future is likely to hold** with regards to her knee problem
- _____
- _____

2.6 What **investigation(s)/assessment(s)** would you do/order for this patient **at this point** and for what reason?

Please tick all you would undertake	Please indicate the reason for choosing this investigation (tick all that apply)					
	Reassure patient	To meet referral criteria	Confirm diagnosis	Inform treatment	Rule out other diagnoses	Inform prognosis
<input type="checkbox"/> None	---	---	---	---	---	---
<input type="checkbox"/> Blood tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Oxford knee score	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Knee x-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other - please state _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 2.7 **At this consultation**, what approaches would you use, or suggest, to manage this patient? (please tick **all** that apply)
- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Ice | <input type="checkbox"/> Keep active | <input type="checkbox"/> Weak opioids (e.g. codeine) | <input type="checkbox"/> Topical NSAID |
| <input type="checkbox"/> Heat | <input type="checkbox"/> Provision of walking stick(s) | <input type="checkbox"/> COX II inhibitor | <input type="checkbox"/> Paracetamol |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Advice on footwear | <input type="checkbox"/> Antidepressants | <input type="checkbox"/> Glucosamine/chondroitin |
| <input type="checkbox"/> Rest | <input type="checkbox"/> Exercise | <input type="checkbox"/> Injection of steroids | <input type="checkbox"/> Topical capsaicin |
| <input type="checkbox"/> Weight loss | <input type="checkbox"/> Bed rest | <input type="checkbox"/> Oral non-selective NSAIDs (e.g. Ibuprofen) | <input type="checkbox"/> Strong opioids (e.g. morphine, Tramadol) |
| <input type="checkbox"/> None | <input type="checkbox"/> Transcutaneous electrical nerve stimulation | | |
| <input type="checkbox"/> Other (please state)
_____ | | | |

If you ticked "Exercise" in question 2.7 please go on to answer question 2.8. If not, please move straight on to question 2.9

2.8 There are a variety of approaches that can be used to manage chronic knee pain in general practice.

Of the following different approaches, **which, if any, would you use for this patient at this point?**

a) General exercises or increasing physical activity

I would use If you **would use** this strategy, please give details about what you would **actually do** (please tick any that apply)

Suggest general exercises Please state type of exercise _____

Give a leaflet _____

Refer _____

Other Please state what other actions you would do _____

I would not use If you **would not use** the strategy **but would like to**, please tell us **what prevents** you (please tick any that apply)

Insufficient expertise Insufficient time

Other Please state what other reasons prevent you (e.g. patient factors, access difficulties, uncertainty of benefit etc) _____

b) Local knee or quadriceps strengthening exercises

I would use If you **would use** this strategy, please give details about what you would **actually do** (please tick any that apply)

Demonstrate specific exercises

Give a leaflet _____

Refer _____

Other Please state what other actions you would do _____

I would not use If you **would not use** the strategy **but would like to**, please tell us **what prevents** you (please tick any that apply)

Insufficient expertise Insufficient time

Other Please state what other reasons prevent you (e.g. patient factors, access difficulties, uncertainty of benefit etc) _____

c) Follow up patient to check to see if she is undertaking exercise on a regular basis

I would use If you **would use** this strategy, please give details about what you would **actually do** (please tick any that apply)

Planned follow-up When Please define number of days/weeks/months _____

How Face to face Via telephone

With whom Yourself Another professional or service – please state _____

Opportunistic follow-up When If patient fails to improve Check when patient is next seen with this or any problem

Other Please state what other actions you would do _____

I would not use If you **would not use** the strategy **but would like to**, please tell us **what prevents** you (please tick any that apply)

Insufficient expertise Insufficient time

Other Please state what other reasons prevent you _____

2.9 Would you refer the patient to see someone else, either in the primary or community team or into secondary care, at this point? Yes No

If yes, to whom would you refer her?

2.10 Do you usually provide **written information** for patients in this situation? Yes No

If yes, please state the source of your written information

Patient.co.uk or Emis Mentor Arthritis Research UK (previously known as ARC) or Arthritis Care Other, please state _____

If you would provide written information, it would be very helpful to see a copy by returning it in the freepost envelope provided (**please write on your unique survey ID**) or by providing us with the link for any online information you access.

We are interested in your clinical opinion about patients **aged 45 years and over** with **chronic knee pain**. In this age group chronic knee pain is almost always due to knee osteoarthritis. Please answer all of the following questions using the definition of chronic knee pain as follows: knee pain and associated symptoms that have been present for more than 3 months not resulting from a fracture, infection, systemic rheumatological problem, metastases or surgery.

Section 3: Chronic knee pain in general practice

	I have never heard about or read it	I have heard of it but not seen it	I have seen it but not read it	I have read the full guideline and/or summary	I have read and consider the guideline when planning management
3.1 How much have you heard about or read the guideline published by NICE in 2008 for the care and management of osteoarthritis in adults? (please tick one box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please consider **your role** in managing patients aged over 45 years old with chronic knee pain. Please indicate the extent to which you agree or disagree with the statements given by ticking **one** box per row.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
3.2 It is part of my job to manage people with chronic knee pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 I have enough time to manage patients with chronic knee pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4 Managing patients with chronic knee pain is a priority for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5 Managing patients with chronic knee pain is of clinical interest to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6 It is part of my job to reassure patients about the safety of exercise for chronic knee pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7 It is part of my job to provide patients with chronic knee pain with a written management plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	I have no role in including exercise in the management	I inform patients that exercise is a management option	I advise patients to use exercise to manage their knee pain	I recommend the types of exercise patients could use	I give information on the type, frequency and duration of specific exercises
3.8 Which statement best describes your role in including exercise in the management plan of a patient with chronic knee pain? (please tick one box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.9 We are interested to hear about **your experiences of barriers which might prevent the use of exercise** in your management of chronic knee pain. Please tick **all** of the barriers that you have experienced

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Insufficient time in consultations | <input type="checkbox"/> Insufficient expertise to give detailed information | <input type="checkbox"/> Difficulty accessing physiotherapy | <input type="checkbox"/> Uncertainty about the effects of exercise |
| <input type="checkbox"/> Patients prefer other management options | <input type="checkbox"/> My GP colleagues do not use or value exercise | <input type="checkbox"/> Uncertainty about the most appropriate type of exercise | <input type="checkbox"/> Uncertainty about the safety of exercise |
| <input type="checkbox"/> Other (please state) | | | |

Section 4: Your views about chronic knee pain

Below is a list of **possible causes** for a patient developing chronic knee pain. Please indicate the extent to which you agree or disagree with these causes by ticking **one** box in each row.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
4.1 Hereditary/runs in the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Being overweight/obese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 A person's own mental attitude e.g. thinking about life negatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4 A person's emotional state e.g. feeling down, anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5 Ageing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6 Accident or injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7 Manual work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.8 Sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.9 Osteoarthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.10 Changes consistent with osteoarthritis seen on x-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When completing the following questions, please consider patients **aged over 45 years old** with **chronic knee pain**. Please indicate the extent to which you agree or disagree with the statements given by ticking one box per row.

		Totally disagree	Largely disagree	Disagree to some extent	Agree to some extent	Largely agree	Totally agree
4.11	Mental stress can cause chronic knee pain even in the absence of tissue damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.12	The cause of chronic knee pain is unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.13	Pain is a nociceptive stimulus, indicating tissue damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.14	A patient suffering from severe chronic knee pain will benefit from physical exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.15	Functional limitations associated with chronic knee pain are the result of psychosocial factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.16	Patients with chronic knee pain should preferably practice only pain free movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.17	Therapy may have been successful even if pain remains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.18	Chronic knee pain indicates the presence of organic injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.19	If chronic knee pain increases in severity, I immediately adjust the intensity of my treatment accordingly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.20	If therapy does not result in a reduction in chronic knee pain, there is a high risk of severe restrictions in the long term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.21	Pain reduction is a precondition for the restoration of normal functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.22	Increased pain indicates new tissue damage or the spread of existing damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.23	There is no effective treatment to eliminate chronic knee pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.24	Even if the pain has worsened, the intensity of the next treatment can be increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.25	If patients complain of pain during exercise, I worry that damage is being caused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.26	The severity of tissue damage determines the level of pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.27	Learning to cope with stress promotes recovery from chronic knee pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.28	Exercises that may be knee straining should <u>not</u> be avoided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.29	In the long run, patients with chronic knee pain have a higher risk of developing severe functional impairments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: Your views about the role of exercise in treating chronic knee pain

We are interested in your views about the **role of exercise** in the treatment of **chronic knee pain in patients over 45 years old**. Please indicate the extent to which you agree or disagree with the statements given by ticking one box per row.

		Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
5.1	GPs should prescribe quadriceps strengthening exercises to every patient with chronic knee pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	GPs should prescribe general exercise, for example, walking or swimming, for every patient with chronic knee pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Knee problems are improved by quadriceps strengthening exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4	Knee problems are improved by general exercise, for example walking or swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5	Quadriceps strengthening exercises for the knee are safe for everybody to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.6	General exercise, for example walking or swimming is safe for everybody to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.7	Exercise for chronic knee pain is most beneficial when it is tailored to meet individual patient needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.8	A standard set of exercises is sufficient for every patient with chronic knee problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.9	GPs should educate chronic knee pain patients about how to change their lifestyle for the better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.10	It is important that people with chronic knee pain increase their overall activity levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.11	How well a patient complies with their exercise programme determines how effective it will be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.12	GPs should follow up patients to monitor extent of continuation of exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.13	It is the patient's own responsibility to continue doing their exercise programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.14	Exercise is effective for patients if an x-ray shows severe knee osteoarthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.15	Exercise works just as well for everybody, regardless of the amount of pain they have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.16	Increasing the strength of the muscles around the knee stops the knee problem getting worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.17	Increasing overall activity levels stops the knee problem getting worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.18	Exercise for chronic knee pain is more effectively provided by physiotherapists than GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.19	Time constraints prevent GPs from providing advice on individual exercises for chronic knee pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.20	Exercise for chronic knee pain should preferably be used after drug treatment has been tried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.21	Exercise for chronic knee pain would be used more frequently if access to physiotherapy was easier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you be happy for us to contact you again in the future regarding this study?

Yes

No

If you answered YES to the question above please provide your name and contact details below (these details will be kept separately from your responses to the questionnaire):

Name:	
Daytime telephone number:	
Address:	
Email:	

End of Questionnaire

You have reached the end of the questionnaire. Please return the questionnaire in the **FREEPOST** envelope provided.

If you have any questions about this questionnaire or the study in general, you can email Dr Elizabeth Cottrell at e.cottrell@keele.ac.uk

Thank you for taking the time to complete this questionnaire. Your time and participation is greatly appreciated.

Unique survey ID