

joint status checklist

a checklist for haemophilia patients

Use this checklist to regularly assess the status of your patient's joints and monitor whether there has been a change in the status. Ideally this should be done every time you see the patient. The objective is to help you identify early where a patient may need referral for a specialist physiotherapist assessment. Please see overleaf for a description of this tool and what it can – and cannot – do.

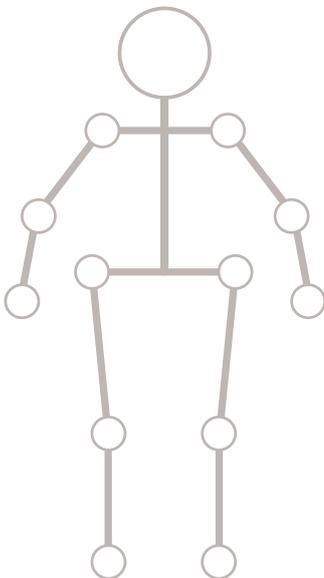
Before beginning the review, check if there is evidence of an active bleed in the joint. If there is, then discontinue the check and ensure the patient receives appropriate treatment.

Patient details

Name:	DOB: / /	Hospital ID number:
Date of previous assessment (if known):	/ /	Today's date: / /
History of orthopaedic surgery (date and procedure, if known):		

1. Identify joints

Mark or number joint(s) being checked on the diagram below.



2. Assess patient

Checklist questions for:	Joint 1	Joint 2	Joint 3
Is the joint swollen?	Yes / No	Yes / No	Yes / No
If yes how long has it been swollen?			
How severe is the swelling? (Please circle appropriate score)	0 1 2	0 1 2	0 1 2
Scoring: 0 = no swelling 1 = looks moderately swollen 2 = is severely swollen and tense			
Does the joint hurt at rest without painkillers?	Yes / No	Yes / No	Yes / No
How severe is the pain at rest? (Use scale below)	□ /10	□ /10	□ /10
Scale: (No pain) 0 1 2 3 4 5 6 7 8 9 10 (Worst pain imaginable)			
If yes, how long has it been painful?			
Do you need to take painkillers to manage the pain?	Yes / No	Yes / No	Yes / No
If yes, which painkillers?			
If yes, how long have you been taking painkillers?			
Does the joint hurt when weight bearing?	Yes / No	Yes / No	Yes / No
How severe is the pain when weight bearing?	□ /10	□ /10	□ /10
Scale: (No pain) 0 1 2 3 4 5 6 7 8 9 10 (Worst pain imaginable)			
When is the pain worst during the day? Sketch on the graph (opposite) how the pain varies during the day			
For knee or elbow Can the joint be fully extended?	Yes / No	Yes / No	Yes / No
Has the extension of the joint changed over the past 6 months? (Please circle appropriate score) Scoring: 0 = Improved or no change 1 = Worsened	0 1	0 1	0 1
For knee or elbow Can the joint be fully flexed?	Yes / No	Yes / No	Yes / No
Has the flexion of the joint changed over the past 6 months? (Please circle appropriate score) Scoring: 0 = Improved or no change 1 = Worsened	0 1	0 1	0 1
For shoulder, wrist, hip or ankle Does the joint move easily?	Yes / No	Yes / No	Yes / No
Has the ease of movement of the joint changed over the past 6 months? (Please circle appropriate score) Scoring: 0 = Improved or no change 1 = Worsened	0 1	0 1	0 1

3. Refer?

You should consider referring the patient for specialist physiotherapist evaluation if:

- Any joint evaluated is scored as '1' or more in any category (swelling, pain, extension and flexion or ease of movement)

AND...

- This represents a worsening of the joint condition since the last assessment

Compare today's scores with the individual joint scores from the previous assessment to see if there is a change in the joint status.

Why is joint assessment important?

Joint arthropathy is an important consequence of joint bleeds.¹ Arthropathy has a negative impact on patient wellbeing, affecting range of motion, pain, and potential need for early orthopaedic surgery.^{1,2,3}

Regular checking of joints can help patients recognise early any change in status/function. It is important to assess disease progression by evaluating markers including pain, degree of swelling/synovitis, range of motion, crepitus, muscle power, balance and gait.⁴

How to use the checklist

First confirm that the patient is not experiencing an active joint bleed. If they are, discontinue the check and ensure the patient receives appropriate treatment. This checklist is also not intended to be used for patients recovering from a recent bleed (i.e. a bleed within the past week).

Then select the joint(s) to be assessed. These can include a target joint, a joint with symptoms of arthropathy, or any joint the patient is worried about. The joints that account for most bleeds are the 'hinge' joints: knees, elbows and ankles.⁵ This checklist sheet can be used for assessing up to three joints.

The checklist asks a series of questions about each joint, starting with a simple 'yes/no' question. It then asks you to score the function of the joint, and how it has changed over the past 6 months. These are, of course, subjective assessments but they are intended to help you quickly identify any changes in function based on nonspecialist physiotherapists' and other healthcare professionals' observations.

What this tool can do

- ✓ Provides a quick checklist and guide to allow you to assess the status of the patient's joint or joints and monitor any changes
- ✓ It may help you and the patient to decide if there is a problem, or sufficient worsening of joint status, that needs further evaluation

What it does not do

- ✗ It is a subjective assessment – not intended to generate a validated specialist joint status 'score'
- ✗ It is NOT A SUBSTITUTE FOR FORMAL ASSESSMENT by a HCP specialized in haemophilia

What can specialist physiotherapy do?

Physiotherapy is an important component of an arthropathy treatment programme; however, it must be carefully performed under appropriate supervision to reduce the risk of further bleeds.⁵ The specialist physiotherapist assessment, typically using the Haemophilia Joint Health Score, will look in detail at the function of the patient's joints.⁵ Specialist physiotherapists can work with patients to improve joint status, including reducing pain in the joint, increasing function by maintaining range of motion, and increasing muscle strength and balance.⁵

When should you refer to a specialist physiotherapist or to other HCPs for support?

You should consider referring the patient for specialist physiotherapist evaluation if any joint evaluated is scored as '1' or more in any category (swelling, pain, extension and flexion or ease of movement) AND this represents a worsening of the joint condition since the last assessment. Comparing today's scores with the individual joint scores from the previous assessment will help you identify if there is a change in joint status. If there is no worsening but the patient reports a severe impact on their daily life, then you may also want to consider referral.



TalkingJoints® is a programme of information, education and support that talks to healthcare professionals, patients and carers about haemophilia and its impact on joint function. TalkingJoints® aims to help individuals detect changes early (feel something) and act accordingly (do something). We hope that by helping people with their joint function we can help improve the way they live with haemophilia, for the better.



References

1. Valentino LA. J Thromb Haemost 2010; 8(9): 1895-902.
2. Raffini L and Manno C. Br J Haematol 2007; 136: 777-87.
3. Rodriguez-Merchan EC. Haemophilia, 2012; 18(1): p. 8-16.
4. Stephensen D. Haemophilia 2005; 11 Suppl 1: 26-9.
5. WFH, Guidelines for the Management of Hemophilia, Haemophilia 2013; 19: e1-47.
6. Mulder K and Llinas A. Haemophilia 2004; 10 Suppl 4: 152-6.

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