



11.18 RHEUMATOLOGY REFERRAL GUIDELINES **Contracted Group: Southwest Medical**

For Appointments:

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History

- Characteristics, duration, and extent to the present pain complaint
- Past history of pain or similar problems
- Sleep and fatigue
- Other areas of pain other than the one of chief complaint

Physical

- The most important part of the assessment
- Palpation of joints: spongy/rubbery suggests inflammation, hard/bony swelling suggests degenerative.
- Rheumatoid/inflammatory arthritis should be diagnosed BEFORE deformities are present, since these days deformities are largely preventable with early treatment
- Neurologic exam when appropriate

Laboratory

- Bursitis, tendonitis, etc.: no labs are needed (RF, ANA are not of any clinical use in the evaluation of back pain)
- Current prescription of NSAIDS/COX-2: CBC and CMP within the last 6 months or sooner if any reason to suspect change
- Suspected inflammatory arthritis: CBC, CMP, ESR, CRP, RF, ANA panel, uric acid, anti CCP
- High suspicion for systemic illness (such as lupus or vasculitis): include auto-immune panel 224, ANCA, CMP, CBC, RF, anti CCP, ESR, CRP
- Gout: recheck and include results of uric acid and creatinine AFTER the acute attack (uric acid is often falsely low during the attack)
- Elevated liver enzymes (even mild): consider hepatitis viral serology (can also cause +RF)
- In most circumstances, it is not useful to “follow” or repeat RF/ANA in patients with established diagnoses of RA or Lupus. These tests are for diagnosis, and do not indicate disease activity
- The vast majority of people with +RF or +ANA do NOT have RA or lupus

- ANA titers of 1:80 are almost never significant

X-ray

- Please obtain an x-ray if:
 - If a fracture is suspected
 - In the case of progressive back pain, or if there are other suggestions of metastatic disease
 - If suspect spurring/degenerative changes may be the cause of radicular pain
- X-ray is unnecessary if:
 - It is a routine assessment of joint pain – they are not helpful
 - In some cases of neck and back pain, especially at the initial visit
 - No dramatic change in clinical situation since the patient had previous x-rays

When to refer to the rheumatologist

- Please refer all patients suspected or known to have auto-immune diseases such as RA, lupus, psoriatic arthritis, etc
- These diseases are very treatable and treatment is best begun as soon as possible
- Refer all patients in whom there is diagnostic uncertainty
- Refer patients with osteoarthritis and other musculoskeletal pain syndromes when they are refractory to attempts to treat
- Please ensure that all lab and x-ray results are faxed in advance or available online

Follow-up

- Follow-up care will be arranged by rheumatology indefinitely for all patients with auto-immune disease
- Rheumatology will be responsible for toxicity monitoring of all medications for these disorders
- Follow-up care will also be arranged for those still with diagnostic uncertainty or pending issues