

Rheumatology Clinical Referral Guideline

Goal: Pediatricians and other specialty services should consider referral to Rheumatology when there is a concern for a rheumatological condition as delineated below.

DEFINITIONS

1. **Rheumatology:** A branch of medicine devoted to the diagnosis and management of autoimmune inflammatory musculoskeletal disease
2. **Traumatic Joint Pain:** Joint pain associated with an injury such as overuse, sprains, strains, etc.
3. **Chronic Pain Syndrome:** Pain that is ongoing and usually lasts longer than six months – this includes conditions such as fibromyalgia, complex regional pain syndrome, and amplified musculoskeletal pain

REFERRALS

- Patient should have the following labs prior to referral:
 - Laboratory testing including **CBC with differential, CMP, ESR, CRP, Urinalysis**
 - ANA is not required and **should not be performed** as results can be non-specific
 - Patients presenting with joint pain may need a new patient consultation with Rheumatology when they meet ALL the following criteria:
 - Persistent joint pain accompanied by swelling or tenderness with limited range of motion all of which has lasted for at least 6 weeks
 - Joint pain is not the result of trauma
 - Radiographic imaging of the affected joint either does not indicate another underlying issue or is suggestive of a rheumatologic process
 - Patients with concerning joint symptoms may benefit from X-rays of the affected joint(s)
 - In the absence of persistent joint pain and if all labs and imaging are normal, a rheumatologic process is less likely
 - Family history of a rheumatologic disease is not an indication for referral. A patient must meet the above-mentioned parameters to need a referral
 - Joint pain related to a history of trauma requires supportive care and a consideration of Orthopedics consultation if the issue does not resolve or there is concern for Orthopedic issue
 - Chronic Pain Syndrome is not a rheumatological condition and, if patient presents with chronic pain, consider the following:
 - Physical Therapy for desensitization
 - Behavioral Health
 - Rady Children's Hospital Chronic Pain Outpatient Team
 - Joint laxity is not a rheumatological condition; if there is consideration for Vascular Ehlers-Danlos or Marfan, consider referral to Genetics
 - If patient meets criteria for hypermobile Ehlers-Danlos Syndrome, patient does not need referral to Genetics
 - If the patient has pain, consider referral to Physical Therapy
- * To differentiate hypermobile and vascular Ehlers Danlos Syndrome, use: <https://www.ehlers-danlos.com/wp-content/uploads/2019/09/hEDS-Dx-Criteria-checklist-1-Fillable-form.pdf>

REFERENCES

1. *Rady Children's Hospital of San Diego Rheumatology Department*
2. *Malleson, P.N., Mackinnon, M.J., Sailer-Hoek, M. et al. Review for the generalist: The antinuclear antibody test in children - When to use it and what to do with a positive titer. Pediatr Rheumatol 8, 27 (2010). <https://doi.org/10.1186/1546-0096-8-27><https://rheumforprimarycare.org/>*