

AMERICAN COLLEGE OF RHEUMATOLOGY

Referral Guidelines

The following guidelines have been developed to provide a rationale for referral of patients to an adult rheumatologist. Some adult rheumatologists include pediatric patients in their practices and in those cases please see separate guidelines for referral of pediatric patients to a rheumatologist. Rheumatologists provide care for patients with rheumatic disease in a cost-efficient and evidence-based approach that is tailored to a patient's circumstances and preferences.

According to the Centers for Disease Control and Prevention, rheumatic diseases remain the number one cause of disability in adults in the United States. Early diagnosis and intervention as well as prevention efforts are important to minimize the impact of short- and long-term morbidity and mortality. Rheumatologists provide a key role in the non-surgical treatment of osteoarthritis, soft tissue rheumatism, back pain, and other aspects of musculoskeletal health. Particularly, attention is paid to care of the geriatric patient who is may be unable or does not wish to have extensive surgical procedures for treatment of osteoarthritis, spinal stenosis as well as other conditions. Many rheumatologists provide expertise in osteoporosis diagnosis and management.

Rheumatologists who treat adults are physicians who have undergone training and initial American Board of Internal Medicine certification in internal medicine, followed by additional fellowship training in rheumatology. This fellowship training is done over a two-to-three year period followed by board certification. In this training, rheumatologists develop skills in musculoskeletal examination and interpretation of laboratory and radiographic studies to evaluate rheumatic disease.

Rheumatologists are trained to work in a variety of settings including the hospital, outpatient office and infusion center. Rheumatologists are intensively instructed and have received extensive additional experience in the diagnosis and treatment of more than 100 conditions. Some of these conditions are exceedingly rare but can be fatal if not diagnosed and managed appropriately. During their fellowships, Rheumatologists become proficient in the communication skills with primary care physicians and specialists necessary for complex chronic disease management.

Adult rheumatologists are specifically trained to be highly skilled in:

1. Developing a differential diagnosis of rheumatic disorders and autoimmune diseases
2. Efficient use of diagnostic evaluations in rheumatic disorders
3. Selecting appropriate medical therapy for treatment of rheumatic disease given the patient's lifestyle and co-morbidities
4. Monitoring long term efficacy and side effects of multiple medications including anti-inflammatory and biologic agents used to treat rheumatic disease
5. Improving quality of life and decreasing disability of patients suffering from rheumatic disease

6. Providing longitudinal care for chronic rheumatic disease management such as, rheumatoid arthritis, systemic lupus erythematosus and many more.)(should be mention specific diseases or be more generic?)
7. Aspiration and injection of joints for diagnosis and treatment of rheumatic disease
8. Interpretation of radiographic, imaging, (e.g., ultrasound, MRI, CT, dual energy X-ray absorptiometry) and laboratory studies in context of rheumatic disease evaluation
9. Evaluation and management of osteoporosis

When to refer to a rheumatologist includes but is not limited to:

1. Diagnostic evaluation of patients with unclear diagnosis:
 - a. Fevers that are not diagnosed
 - b. Patients with normal laboratory studies, but local or generalized joint pain and/or swelling
 - c. Abnormal laboratory findings such as elevated sedimentation rates, anti-nuclear antibodies, rheumatoid factor)
 - d. Unexplained musculoskeletal pain
 - e. Unexplained constellation of symptoms including fatigue, rash, fevers, arthritis, anemia, weakness, or weight loss
2. Diagnostic evaluation and long-term management of:
 - a. Inflammatory Arthritis
 - i. Rheumatoid Arthritis
 - ii. Adults with history of Juvenile Idiopathic Arthritis
 - iii. Ankylosing Spondylitis
 - iv. Psoriatic Arthritis
 - v. Inflammatory Arthritis associated with Inflammatory Bowel Disease
 - vi. Reactive Arthritis
 - vii. Lyme Arthritis
 - b. Connective Tissue Disease
 - i. Lupus
 - ii. Sjögren's Syndrome
 - iii. Mixed Connective Tissue Disease
 - iv. Undifferentiated Connective Tissue Disease
 - v. Scleroderma
 - vi. Dermatomyositis
 - vii. Polymyositis
 - viii. Polymyalgia Rheumatica
 - ix. Antiphospholipid Antibody Syndrome
 - x. Relapsing Polychondritis
 - x.
 - c. Vasculitis
 - i. Henoch Schonlein Purpura
 - ii. Polyarteritis Nodosa
 - iii. Wegener's Granulomatosis
 - iv. Giant cell Arteritis

- v. Takayasu Arteritis
 - vi. Churg-Strauss Syndrome
 - vii. Cryoglobulinemia
 - viii. Behçet's Syndrome
 - ix. CNS Vasculitis
 - x. Cogan's Syndrome
 - xi. Hypersensitivity Vasculitis
 - d. Osteoarthritis
 - e. Regional Musculoskeletal Disorders
 - i. Degenerative disc disease
 - ii. Radiculopathy
 - iii. Spinal Stenosis
 - iv. Bursitis/tendonitis
 - v. Tenosynovitis
 - vi. Hypermobility Syndromes
 - vii. Regional pain Syndromes
 - viii. Repetitive use Syndromes
 - ix. Adhesive Capsulitis
 - f. Crystal-Induced Arthropathies
 - i. Gout
 - ii. Calcium Pyrophosphate Dihydrate Deposition Disease
 - iii. Hydroxyapatite Deposition Disease
 - iv. Calcium Oxalate Deposition Disease
 - g. Metabolic Bone Disease
 - i. Osteoporosis
 - ii. Paget's Disease
 - h. Fibromyalgia
 - i. Sarcoidosis
3. Confirm diagnosis and help formulate and/or participate in a treatment plan for the following conditions:
 - a. Complex regional pain syndrome
 - b. Serum sickness
 - c. Inflammatory eye disease
 - d. Raynaud's phenomenon
 4. Diagnostic or treatment plan evaluation for rheumatic manifestations of other primary disease: metabolic disorders; genetic disorders; paraneoplastic disorders; infectious disorders; neuropathic disorders; and, hematologic disorders.
 5. Provide second opinion or confirmatory evaluation when requested by primary care physicians.

Approved by the Board of Directors: 08/15