### COMMON PRESENTATIONS AND CONDITIONS

Basic Trainees will require a sufficient depth of knowledge of these presentations and conditions.

- **Arteritis:**
  - giant cell arteritis and polymyalgia rheumatic
  - Takayasu arteritis
- **Arthritis:**
  - crystal associated arthritis, including gout and pseudogout
  - monoarthritis, acute
  - osteoarthritis
    - generalised
    - regional
  - rheumatoid arthritis
  - septic arthritis
- Fibromyalgia
- Musculoskeletal conditions (regional), such as acute low back pain and shoulder rotator cuff tear
- Osteoporosis
- Scleroderma
- Seronegative spondyloarthropathies, including ankylosing spondylitis, psoriatic arthritis, enteropathic arthritis and reactive arthritis
- Systemic lupus erythematosus

**For all common presentations, Basic Trainees will need to know how to:**

**Synthesise**
- incorporate epidemiology, pathophysiology and clinical science
- recognise the clinical presentation
- take a relevant clinical history
- conduct an appropriate examination
- establish a differential diagnosis
- plan and arrange appropriate investigations

**Manage**
- provide initial, evidence-based management
- discuss the principles of ongoing management
- apply quality use of medicines
- recognise potential complications of the disease and its management, and initiate preventative strategies
- refer appropriately

**Consider other factors**
- identify broader considerations and their impact on diagnosis and management

### LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Basic Trainees will need to have an awareness of, and an understanding of appropriate resources that should be used to help manage patients with these presentations and conditions.

- Adult onset Still’s disease
- Antiphospholipid syndrome
- Connective tissue diseases including Ehlers-Danlos syndrome, Marfan syndrome, and osteogenesis imperfect
- IgG4-related disease
- Myopathies that are inflammatory, metabolic, and drug induced including polymyositis and dermatomyositis
- Neuropathic joint
- Periodic fever syndromes
- Sarcoidosis
- Sjögren syndrome
- Tendinopathy
- Vasculitis, including antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis, immune

**For all less common and more complex presentations, Basic Trainees will need to know how to:**

**Synthesise**
- incorporate epidemiology, pathophysiology and clinical science
- recognise the clinical presentation
- take a relevant clinical history
- conduct an appropriate examination
- establish a provisional diagnosis
- plan and arrange appropriate initial investigations

**Manage**
- initiate therapy in consultation
- discuss broad therapeutic options
complex vasculitis, and polyarteritis nodosa
- Viral arthritis

> recognise potential complications
> refer appropriately

**Consider other factors**
> identify broader considerations and their impact on diagnosis and management

**EPIDEMIOLOGY, PATHOPHYSIOLOGY AND CLINICAL SCIENCE**

Basic Trainees will be able to describe the principles of the foundational sciences.

- Epidemiology and pathophysiology of osteoarthritis, osteoporosis, and rheumatoid arthritis
- Extra-articular manifestations of rheumatic disease constitutional symptoms, inflammatory eye disease and dermatological and internal organ manifestations
- Principles of innate and adaptive immune responses
- Joint inflammation pathophysiology
- Normal joint structure and physiology
- Signs of clinical inflammation and the principles of monitoring disease activity in inflammatory rheumatic diseases
- Understanding the principle actions of common immunosuppressive agents

**INVESTIGATION AND PROCEDURES**

Basic Trainees will know how to select and interpret the results of these investigations and procedures.

- Laboratory tests including:
  > Angiotensin-converting enzyme (ACE)
  > anti-beta-2 glycoprotein antibody
  > anti-cardiolipin antibody
  > anti-double stranded DNA (anti-dsDNA)
  > anti-neutrophil cytoplasmic antibodies (ANCA)
  > antinuclear antibody (ANA)
  > C-reactive protein
  > C3 and C4, also known as total complement tests
  > cyclic citrullinated peptide antibody (CCP)
  > erythrocyte sedimentation rate (ESR)
  > extractable nuclear antigen (ENA)
  > full blood count (FBC)
  > liver function test (LFT)
  > lupus anticoagulant
  > rheumatoid factor (RF)
  > urea, electrolyte, and creatinine (UEC)
  > urinalysis
  > viral arthritis serology
- Muscle biopsy
- Reports of electromyography (EMG) and nerve conduction studies,
- Reports of regional musculoskeletal radiology tests such as CT, MRI, DEXA, and nuclear medicine scans
- Synovial fluid aspiration of the knee
- Rheumatoid arthritis investigations and procedures:
  > knowledge of common treatment options including prednisolone and methotrexate
  > biological drug class treatment options (trainees are not expected to have detailed knowledge of individual drugs)
BASIC TRAINING
Knowledge Guide
Rheumatology

IMPORTANT SPECIFIC ISSUES
Basic Trainees will be able to identify important specialty-specific issues and their impact on diagnosis and management.

X-ray images of:
» hands
» hips
» knee joints
» shoulders
» spine and sacroiliac joints

Cardiovascular morbidity associated with inflammatory rheumatic diseases
Cost and disease burden of musculoskeletal diseases
Principles of treating and monitoring infections in immunosuppressed patients
The effect of musculoskeletal disorders on mobility and independence

LEARNING METHODS
Suggested opportunities, activities, and resources to assist with learning.

Journals
- Arthritis and Rheumatology onlinelibrary.wiley.com/journal/10.1002/(ISSN)2326-5205
- Current Opinion in Rheumatology journals.lww.com/co-rheumatology
- Nature Reviews Rheumatology www.nature.com/nrrheum/index.html

Textbook

Other
- American College of Rheumatology www.rheumatology.org/Learning-Center
- Rheumatology Medical Knowledge Self-Assessment Program (MKSAP) mksap.acponline.org
- Australian Rheumatology Association www.rheumatology.org.au