



KNEE & HIP HRA

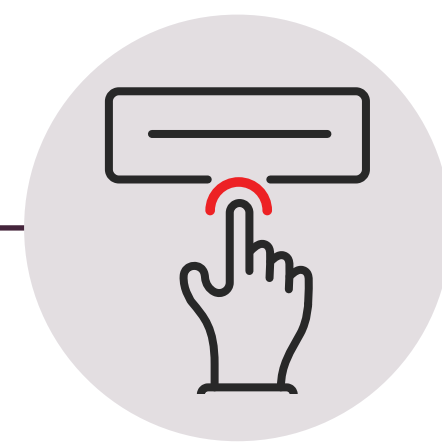
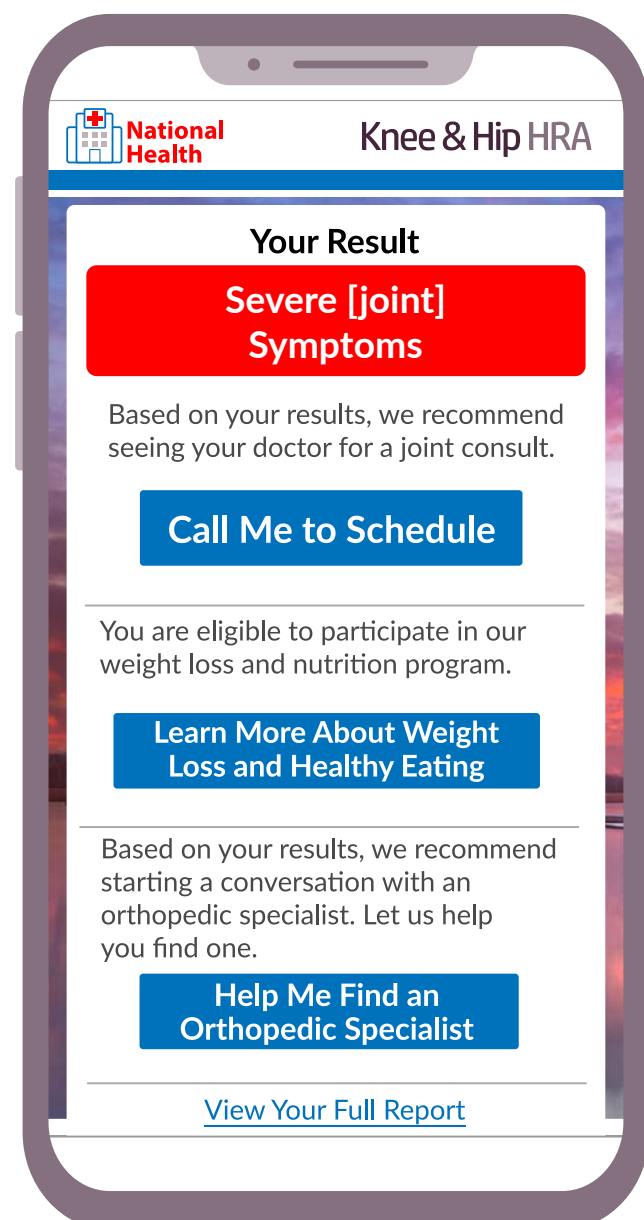
GOAL: REFERRAL TO AN ORTHOPEDIC SURGEON

SEVERE SYMPTOMS

People in this category have an Oxford knee/hip score of less than 20, indicating severe pain or problems with their joint. This may indicate severe arthritis.

The Oxford knee/hip score can range from 0 (severe symptoms/complete impairment) to 48 (no symptoms or impairment). The lower the score, the greater the degree of impairment.

In addition to limited joint function and severe symptoms, users may also have lifestyle-related risk factors that contribute to their current joint impairment. This includes overweight or obesity and low physical activity.



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling (potentially with an orthopedic surgeon).
- Orthopedic services offered by your organization.



FOLLOW UP

Follow up with the user as soon as possible to:

- Refer the user to an orthopedic surgeon for further assessment.
- Review the results report with them and explain their results.
- Discuss possible options for treatment and answer any questions they have about their next steps.



NURTURING

Customize your nurturing content to explain:

- Who should see an orthopedic surgeon and when.
- Treatments and therapies for orthopedic conditions.
- Signs, symptoms, and risk factors for different orthopedic conditions.



REFERRAL TO AN ORTHOPEDIC SURGEON

- This group is most likely to have impairment that warrants an orthopedic procedure.
- Users in this group should be referred to an orthopedic surgeon for assessment and consultation.
- In most cases, patients in this group should be under the care of an orthopedic specialist or a physical therapist.



EXAMPLE PERSONA

Diane is a 73-year-old Caucasian female. She participated in distance running and tennis in her 20s and 30s, but she stopped in her 40s because of persistent knee pain.

Five days ago, Diane felt something “pop” in her right knee while going up a flight of stairs, and she experienced sudden, severe pain.

The pain has been so severe that she’s had trouble sleeping every night. Household shopping has become impossible because getting out of her car is extremely difficult and she can’t walk for more than 15 minutes. Getting up from a table is very painful, and she cannot kneel down and get up again afterwards. Her knee pain is greatly interfering with her day-to-day activities.

Diane is looking for a way to improve her quality of life.



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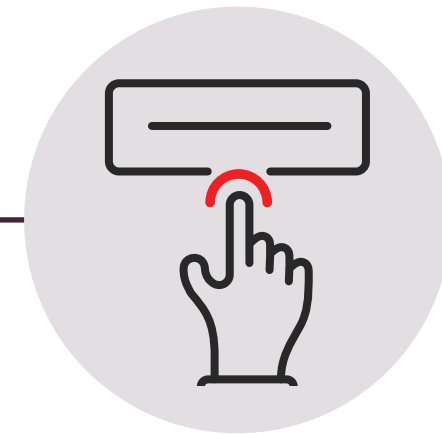
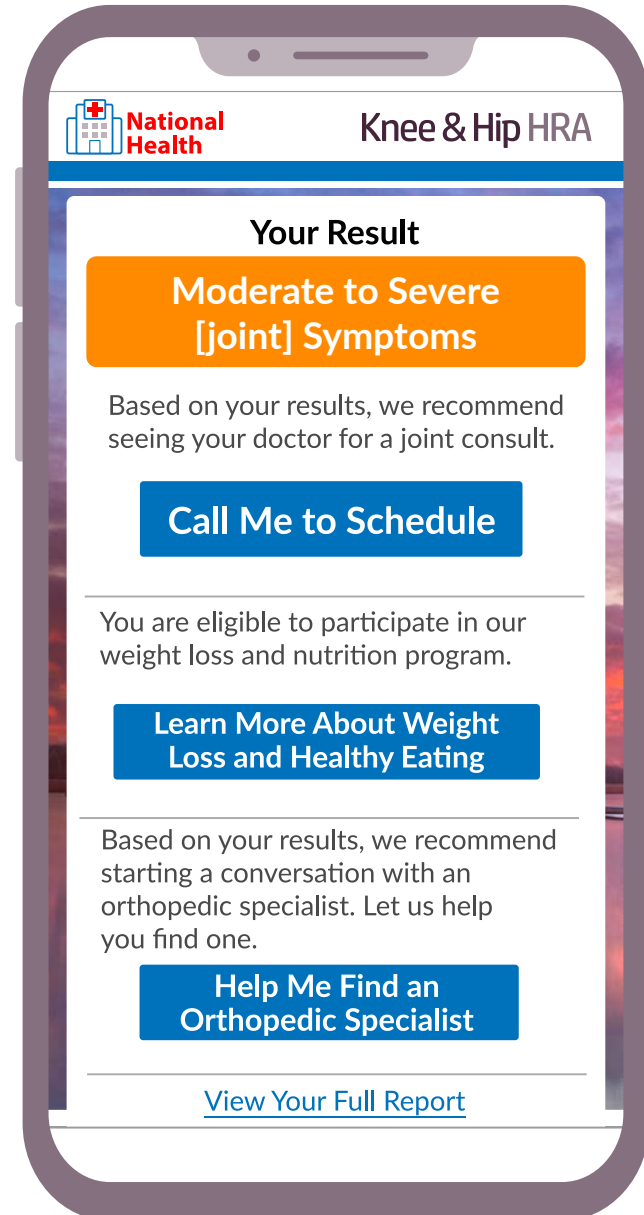
GOAL: REFERRAL TO AN ORTHOPEDIC SPECIALIST

MODERATE SYMPTOMS

People in this category have an Oxford knee/hip score between 20 and 29, indicating moderate to severe level of pain or problems with their joint. This may indicate moderate to severe arthritis.

The Oxford knee/hip score can range from 0 (severe symptoms/complete impairment) to 48 (no symptoms/impairment). The lower the score, the greater the degree of impairment.

In addition to limited joint function and severe symptoms, users may also have lifestyle-related risk factors that contribute to current joint pain and impairment. This includes overweight or obesity and low physical activity.



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling.
- Orthopedic services offered by your organization.



FOLLOW UP

Follow up with the user as soon as possible to:

- Refer the user to an orthopedic specialist for further assessment.
- Review the results report with them and explain their results.
- Discuss possible options for treatment and answer any questions they have about their next steps



NURTURING

Customize your nurturing content to explain:

- Who should see an orthopedic specialist and when.
- Treatments and therapies for orthopedic conditions.
- Signs, symptoms, and risk factors for different orthopedic conditions.



REFERRAL TO AN ORTHOPEDIC SPECIALIST

- Users in this group should be referred to an orthopedic specialist for assessment and x-ray.
- This group may have impairment that warrants consultation with a surgeon.
- In most cases, patients in this group should be under the care of a primary care physician or a physical therapist.



EXAMPLE PERSONA

Carlos, 58, is an overweight Hispanic male who does not exercise. His mother had osteoarthritis and a double-knee replacement.

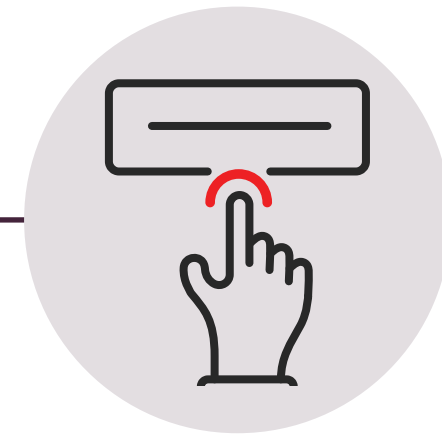
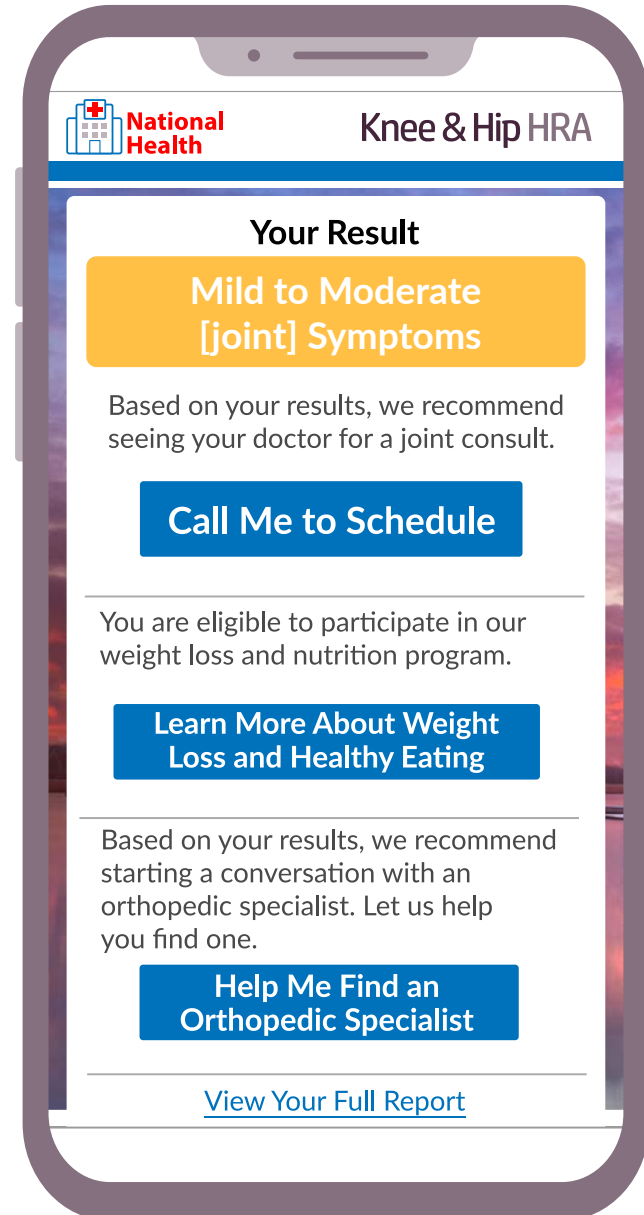
Carlos has had hip pain for years, recently worsening in his left hip after a walking-intensive vacation. He now experiences persistent moderate pain, which affects his daily activities and sleep. Walking over 25 minutes and standing up are very painful, and he sometimes limps. Climbing stairs is still manageable with a handrail.

He is concerned about needing a hip replacement someday. He's eager to learn if anything can lower his pain and improve his mobility.



KNEE & HIP HRA

GOAL: SCHEDULING A PRIMARY CARE APPOINTMENT FOR ASSESSMENT



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling.
- Physical therapy services.
- Community wellness events at your organization.



FOLLOW UP

Follow up with the user as soon as possible to:

- Schedule an appointment with a primary care physician for further assessment.
- Review the results report with them and explain their results.



NURTURING

Customize your nurturing content to explain:

- The importance of staying in touch with primary care for better joint health.
- Signs, symptoms, and risk factors for different orthopedic conditions.
- Healthy lifestyle habits that may help protect joints with age.
- Who should see a physical therapist and why.



PRIMARY CARE FOLLOW-UP

- Users in this group should see a primary care physician for assessment and possible x-ray.
- This group will likely benefit from non-surgical interventions and rehabilitative services.
- In most cases, patients in this group should be under the care of a primary care physician.



MILD SYMPTOMS

People in this category have an Oxford knee/hip score between 30 and 39, indicating mild to moderate level of pain or problems with their joint. This may indicate mild to moderate arthritis.

The Oxford knee/hip score can range from 0 (severe symptoms/complete impairment) to 48 (no symptoms or impairment). The lower the score, the greater the degree of impairment.

In addition to mild to moderate symptoms, users may also have lifestyle-related risk factors that contribute to current joint pain or impairment. This includes overweight or obesity and low physical activity.

For users in this group, encouraging healthy lifestyle habits to reduce joint strain while managing pain is key. Because surgery isn't usually indicated at this point, assessment from a primary care doctor and physical therapy services may best serve these individuals.

EXAMPLE PERSONA



Gloria is a 53-year-old African American woman with obesity. Her right knee has been bothering her for several years but not enough to prevent her from living a full life. She recently started taking a water aerobics class, and that increased her knee pain to a moderate level.

The pain impacts her day-to-day activities a little bit, as she's not able to walk for more than 45 minutes before the pain becomes severe. Going down stairs is becoming moderately difficult. She has no other joint-related symptoms.

She took this assessment because she wants to know if her pain is serious enough for her to see a physical therapist.



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GOAL: EARLY INTERVENTION FOR LIFESTYLE-RELATED RISK FACTORS

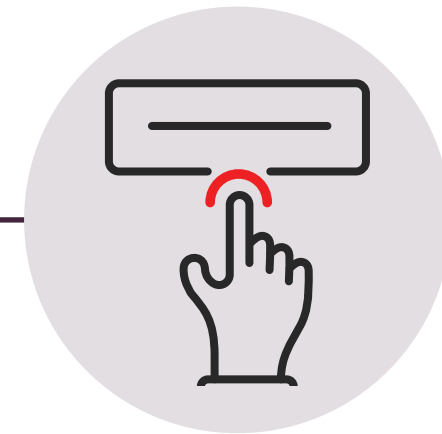
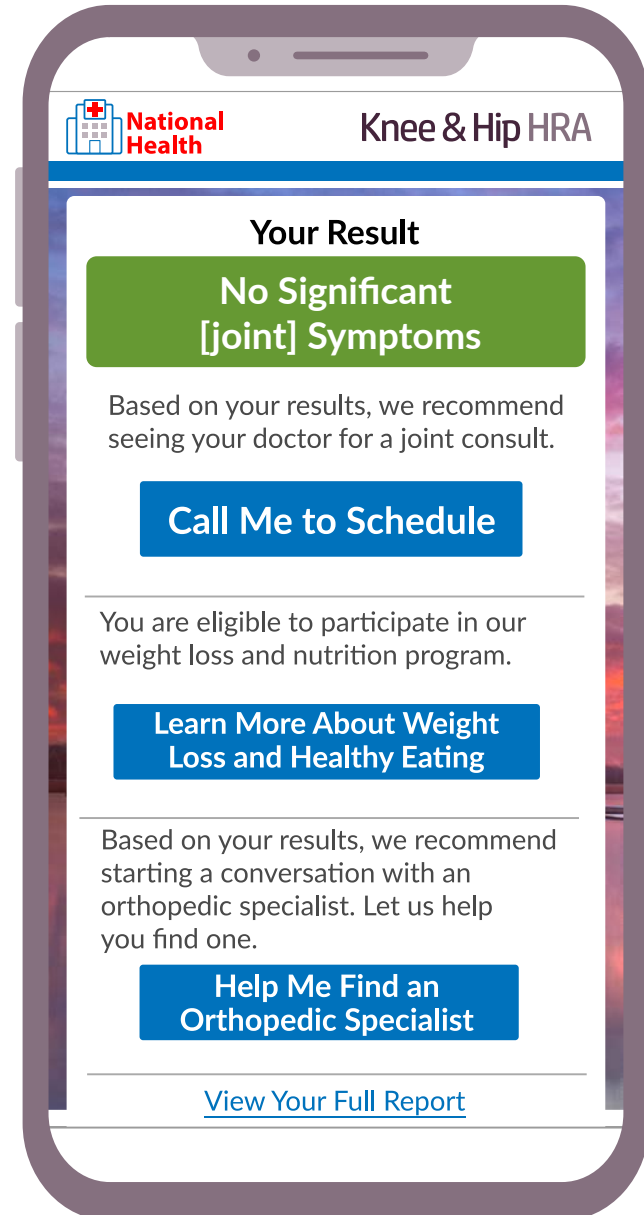
NO SYMPTOMS

People in this category have an Oxford knee/hip score between 40 and 48, indicating either no symptoms at all OR symptoms consistent with satisfactory joint function. This score does not indicate any arthritis or joint pain.

The Oxford knee/hip score can range from 0 (severe symptoms/complete impairment) to 48 (no symptoms or impairment). The lower the score, the greater the degree of impairment.

These users may have lifestyle-related risk factors that contribute to future joint pain or orthopedic conditions. This includes overweight or obesity and low physical activity.

For users in this group, encouraging healthy lifestyle habits to reduce joint strain while managing pain is key. Because surgery isn't indicated for this group, early intervention from a primary care physician and wellness initiatives may best serve these users.



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling with primary care.
- Health fairs and other events sponsored by your organization.
- Social media engagement or newsletter sign-ups.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review the results report with them and explain their results.
- Encourage them to visit their primary care physician to discuss their results and learn about lifestyle changes that may protect their joints.



NURTURING

Customize your nurturing content to explain:

- The importance of staying in touch with a primary care doctor.
- Lifestyle changes that can reduce the risk of developing joint pain and arthritis.
- Signs, symptoms, and risk factors for different orthopedic conditions.



SCREENING FOR HEALTHY BEHAVIORS

- Users in this group should visit primary care to discuss factors that influence their risk of joint pain and address their concerns.
- These users typically do not require any formal treatment but may benefit from early intervention and community wellness programs.



EXAMPLE PERSONA



Angela is a 36-year-old Native American woman. She's overweight and has a family history of osteoarthritis.

Her joint health is great except for occasionally feeling that her right knee might give away and send her to the ground.

She's wondering if this is an early sign of arthritis and is interested to learn how to protect her joint health as she ages.