Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · RHEUMATOLOGY

Joint pain
two questions sort out most of it

Joint pain covers everything from a worn knee to an autoimmune disease. Two questions do most of the sorting: **is it inflammatory or mechanical**, and **is it one joint or many**. The answers point in quite different directions, and getting them right early matters most for the inflammatory group.

Seek urgent assessment if you have

- a **single hot, red, swollen joint**, particularly with fever — possible septic arthritis
- joint pain with **fever and feeling systemically unwell**
- **inability to move or weight bear** on a joint after injury
- joint pain with a **rash that does not fade** under a glass
- **rapidly progressive swelling** over hours to days
- joint pain with **a recent tick bite** or foreign travel

A hot, swollen, painful joint is septic arthritis until proven otherwise. It destroys cartilage within days and needs joint aspiration and antibiotics the same day. Gout can look identical — and cannot be distinguished without aspirating the joint. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

Inflammatory or mechanical?

Inflammatory
morning stiffness over 30 min, better with movement

Mechanical
stiffness under 30 min, worse with use

Inflammatory
swelling, warmth, night pain

- **Inflammatory** — prolonged morning stiffness, joint swelling and warmth, pain that **eases as you move**, waking in the second half of the night, fatigue, and a good response to anti-inflammatories. Points to rheumatoid arthritis, psoriatic arthritis, axial spondyloarthritis, lupus, gout or reactive arthritis.
- **Mechanical** — brief stiffness, pain **worse with activity and better with rest**, no swelling or only bony swelling, crepitus. Points to osteoarthritis, tendon problems or injury.

One joint or many?

- **One joint, acute** — septic arthritis, gout, pseudogout, injury, or the start of an inflammatory arthritis.
- **Few joints, asymmetrical** — psoriatic arthritis, reactive arthritis, spondyloarthritis.
- **Many joints, symmetrical, small joints of hands and feet** — rheumatoid arthritis, lupus, viral arthritis.
- **Many joints, weight-bearing and hands, over years** — osteoarthritis.
- **Widespread pain without swelling, with fatigue and poor sleep** — fibromyalgia.

Persistent small-joint swelling needs referring within weeks

If the small joints of your hands or feet have been swollen for more than a few weeks, with morning stiffness over 30 minutes, that warrants urgent rheumatology referral — **even if your blood tests are normal**, because a third of people with rheumatoid arthritis have negative antibodies and inflammatory markers can be normal. Treatment started within about twelve weeks of symptoms beginning substantially alters the long-term outcome. This is the group where delay costs most.

What gets tested

- **Inflammatory markers** — CRP and ESR
- **Full blood count**, kidney and liver function
- **Rheumatoid factor and anti-CCP**
- **Urate** for gout — though it can be normal during an attack
- **ANA** where lupus or connective tissue disease is suspected
- **HLA-B27** where spondyloarthritis is suspected
- **Ultrasound**, which detects synovitis and effusion far more sensitively than examination alone
- **Joint aspiration** where infection or crystals need excluding

What helps most conditions

Helps

- Keeping the joint moving — rest stiffens and weakens it
- Strengthening the muscles around the joint
- Losing excess weight, which disproportionately reduces load on knees and hips
- Topical anti-inflammatory gel for superficial joints
- Getting inflammatory arthritis assessed early rather than managing pain

Unhelpful

- Prolonged rest or immobilisation
- Waiting months to see if swelling settles
- Glucosamine and chondroitin, which have little evidence
- Repeated steroid injections into the same joint
- Assuming joint pain over 50 must be wear and tear

Why come to us. The distinction that matters — inflammatory or mechanical — is made by examination plus a few tests, and we can do both in one visit. We take **CRP, ESR, full blood count, rheumatoid factor, anti-CCP, urate and ANA in-house** with results explained the same visit, and perform **ultrasound on site** to detect synovitis. Where it is inflammatory we refer to rheumatology with the workup complete; where it is mechanical, physiotherapy and guided injection are available here.

Inflammatory or mechanical — answered in one visit

Full arthritis panel and ultrasound on site. Seven days a week.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
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In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Musculoskeletal** · **Blood Tests** · **Ultrasound Scans** · **Physiotherapy** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE CKS guidance on joint pain, NG100 rheumatoid arthritis and NG226 osteoarthritis. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.