Spondyloarthritis can have diverse symptoms and be difficult to identify. The presence of these key indicators might prompt you to run through the appropriate box(es) below.

**Musculoskeletal symptoms**
- Joint pain in fingers or toes
- Chronic back pain
- Enthesitis
- Dactylitis

**Extra-articular symptoms**
- Uveitis
- Psoriasis
  - Including psoriatic nail symptoms

**Risk factors**
- Recent genitourinary infection
- Family history of spondyloarthritis
- Family history of psoriasis

**Suspected axial spondyloarthritis**
- Low back pain
  - Started before age 45
  - Lasting longer than 3 months
- Assess for referral criteria
- Low back pain that started before the age of 35 years
- Waking during the second half of the night because of symptoms
- A first-degree relative with spondyloarthritis
- Improvement within 48 hours of taking non-steroidal anti-inflammatory drugs (NSAIDs)
- Improvement with movement
- Buttock pain
- 2 or fewer referral criteria
- Exactly 3 referral criteria
- 4+ referral criteria
- HLA-B27 test
- Negative
- Positive

**Refer to a rheumatologist for specialist diagnostic assessment**

**Suspected psoriatic arthritis or peripheral spondyloarthritis**
- Dactylitis
- Inflammation of fingers or toes
- Suspected new-onset inflammatory arthritis
- Enthesitis
- Inflammation of entheses, often in the heel
- Persistent or multiple sites or a concurrent or historic condition
- Back pain without apparent cause
- Current or past uveitis
- Current or past psoriasis
- Gastrointestinal or genitourinary infection
- Inflammatory bowel disease
- A first-degree relative with spondyloarthritis or psoriasis
- Usually managed in primary care

**Specialist referral**
- Appears
- Gout
- Acute calcium pyrophosphate (CPP) arthritis
- Rheumatoid arthritis
- No additional features

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