

A few Guidelines for the use of Imaging Modalities in Musculoskeletal Problems in General Practice

US

Ultrasound (US) is a targeted examination to exclude localised causes of pain eg Morton's neuroma/intermetatarsal bursa in foot pain or trochanteric bursitis. It is inappropriate to request ultrasound for generalised pain. As a general rule of thumb, if the patient localises pain with their finger, US is likely to be useful.

US is of no help in back pain.

Whilst US does demonstrate a Baker's cyst in adults and helps to exclude popliteal artery aneurysm, these entities are usually distinguishable clinically. The main question to my mind is 'why is there a Baker's cyst present?', and since the majority are due to OA, a plain radiograph may be more informative than an US examination.

US is very good at lumps and bumps BUT some lumps and bumps such as sebaceous cysts are clinically obvious and don't need ultrasound. Also I would suggest that there is a role for reviewing some lumps prior to referral for a scan - it is not infrequent that they have disappeared by the time the patient gets an appointment and I assume they have been due to a transient infection. There may be a role for reviewing fatty lumps prior to referral - we only worry about lipomata which are larger than a walnut, or have grown rapidly or have begun to hurt.

US is useful for inguinal/femoral and other abdominal hernias.

US is very good at excluding rotator cuff tears. If you want us to inject for subacromial bursitis, please note that we can't do so unless you write '*and inject if necessary*' on the request card. This saves the patient another trip, but you should warn them that they ought not to drive themselves to the appointment.

Please refer all lumps in the breast tissue or axillae in women to the breast clinic NOT to the MSK services.

MR

Please obtain a plain radiograph of the knee in atraumatic knee pain over 45years of age. The majority of these are due to OA and do not require MR.

If you request MR of both knees or both feet the patient will have to lie still in the scanner for nearly an hour - not much fun, so I suggest that if you consider MR is necessary, please concentrate on the worst body part.

The RCR has issued guidelines for spinal MR in the MBUR pamphlet.

CT

CT carries a significant radiation penalty and should probably only be requested when recommended by a hospital specialist or radiologist.

Plain Film

Generalised bone and joint pain. Remember that LSP radiographs carry a significant radiation penalty and are inappropriate for investigation of back pain in children and adolescents.

If in doubt, my colleague Dr Chandramohan and myself are happy to advise and can be reached through the radiology secretaries on 01274 364123.

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July 2011