PHYSIOTHERAPY PATHWAY
WAHT-TP-011

Worcestershire Acute Hospitals NHS Trust

Specialist requesting MRI investigations Pathway

Limit and Indication of MRI/MR Arthrogram Examinations

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Approved by	Therapies Clinical Governance Approval Group/ DMB
Approval Date	16th May 2023
Review Date	16th May 2026 This is the most current document and should be used until a revised version is in place

Key Amendments

Date	Amendments	Approved by:
25th January 2023	Document extended to 30th June 2023 whilst under review.	Dr J Trevelyan/ Benjamin Thomas
16th May 2026	Document re-approved for 3 years	Therapies Clinical Governance Approval Group/ DMB

Investigation	Indication
Spine	**Urgent** • Major motor deficit • Evidence of suspected cord compression*/CNS pathology • PMH Carcinoma Whole spine recommended especially with radicular symptoms and/or when more than one area of the spine is painful • Spinal Pain +/- limb pain with red flag signs: onset <20 >55 years old; progressive neurological loss; systemically unwell; unexplained weight loss; non-mechanical pain. **WHAT-NEU-013 MSCC Guidelines for referral of patients with Spinal Metastatic Disease & Suspected Metastatic Spinal Cord Compression*
Spine **(following National & CCG MSK guidelines)**	**Routine** • Single or multiple level nerve root compression with either reduced or absent reflex, myotome, or dermatome not improving; duration longer than natural history recovery, not responding to conservative treatment, positive neural dynamics (SLR, FNS, ULTT). **Previous spinal surgery** - **NB** may require **gadolinium** enhancement. • Persistent spinal pain following a history of trauma *(with x-ray normal)* • Suspected spinal stenosis with disabling symptoms affecting function i.e. claudicant leg pain, with or without single or multiple level nerve root compression with either reduced or absent reflex, myotome, or dermatome. • Persistent undiagnosed spinal pain +/- referred pain. Is scan 'normal for age'? • Update images for surgical opinion because previous scan performed over 6 months ago. • AS protocol and inflammatory protocol Spine when suspecting spondyloarthropathy (NICE guidance recognition and referral of spondyloarthropathy

Hip	**Urgent** • Avascular necrosis femoral head • PMH cancer • Psoas abscess **Routine** • Suspected Labral tear – **MR Arthrogram** • Chondral lesion
Knee	**Routine** • Knee instability • Meniscal Injury • Pathological Plica • Chondral lesion
Foot/Ankle	**Routine** • Complicated fractures i.e. osteochondral fractures, or fractures within a joint e.g. the talar dome • Stress fractures - at risk patient, suspected non-union, patients with long term stress fractures • Suspected osteomyelitis, preferably to make diagnosis by plain film. • Posterior impingement syndrome - if diagnosis not certain after x-ray, or if surgery is being considered, MRI may be useful. • Ligamentous injury i.e. Grade 3/instability joint(s)
Shoulder	**Urgent** • Avascular necrosis humeral head **Routine** • Persistent pain +/- injury with x-ray 'normal' • Instability MRA • SLAP lesion/Labral tear **MR Arthrogram** • Chronic rotator cuff tears with no migration of humeral head on x-ray - inform surgical decision by evaluating the muscle bulk of the rotator cuff muscles and the extent of any fatty infiltration *Suspected rotator cuff tears/pathology will be sent for US Scan not MRI.*
Elbow	• **Biceps tear / tendinopathy**