

Specialist requesting radiographic investigations Pathway

Limit and Indication of Radiographic Examinations

<b>Key Document code:</b>	WAHT-TP-011	
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<b>Approved by:</b>	Therapies Clinical Governance Approval Group/ DMB	
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<b>Date of review:</b>	16 <sup>th</sup> May 2026 This is the most current document and should be used until a revised version is in place	

**Key Amendments**

Date	Amendment	Approved by
16 <sup>th</sup> December 2022	Addition of Femur, Tibia & Clavicle x-ray Addition of Shoulder CT Both additions reflecting agreed P37 Non-medical requested imaging exams	Therapies Clinical Governance Approval Group/ DMB

Investigation	View	Indication
<b>Spine</b>	<ul style="list-style-type: none"> <li><b>AP</b> (inclusive of odontoid peg in cervical spine *)</li> <li><b>Lateral</b></li> <li><b>Weight Bearing AP &amp; lateral lumbar spine</b> **</li> <li><b>Flexion &amp; extension views cervical spine</b> **</li> <li><b>WB AP thoracic &amp; lumbar</b> ***</li> </ul>	<ul style="list-style-type: none"> <li>History of trauma* **; RA with signs and symptoms of instability not already excluded</li> <li>Fracture not already excluded i.e. trauma, osteoporosis</li> <li>Rheumatoid arthritis (no film in the last 3 years or worsening symptoms)</li> <li>Spinal pain failed to respond to conservative treatment and suspect pathology other than OA (no film in the last 3 years or worsening symptoms)</li> <li>Known/suspect spondylolisthesis/spondylosis</li> <li>Bony evaluation lumbar spine if reported lumbarisation or sacralisation on MRI</li> <li>Adolescent spinal pain not responding to conservative treatment</li> <li>&gt; 60 years old with sudden onset spinal pain, not resolving</li> <li>Bone pain with history cancer (<i>urgent MRI required if not recent - see MRI protocol</i>)</li> <li>Suspected origin for lower limb pain i.e. referral to hip /knee</li> <li>Post surgery</li> <li>** To identify and/or evaluate presence of spondylolysis i.e. pre-surgical assessment spinal alignment to inform surgical technique</li> <li>*** Evaluate scoliosis</li> </ul>

<b>Pelvis</b>	<ul style="list-style-type: none"> <li>• AP</li> <li>• Lateral hip</li> </ul>	<ul style="list-style-type: none"> <li>• Suspected OA hip</li> <li>• Pain, swelling and/or deformity</li> <li>• Post-surgery</li> <li>• History of injury with no previous x-ray</li> <li>• Sacroilitis/ suspect inflammatory arthropathy</li> </ul>
<b>Hip</b>	<ul style="list-style-type: none"> <li>• AP <i>(Reduces scatter effect resulting in high quality individual hip image compared with AP pelvis)</i></li> </ul>	<ul style="list-style-type: none"> <li>• Post-surgery</li> <li>• Suspected bony injury/pathology</li> </ul>
<b>Femur</b>	<ul style="list-style-type: none"> <li>• AP &amp; Lateral</li> </ul>	<ul style="list-style-type: none"> <li>• Suspected periprosthetic fracture</li> </ul>
<b>Knee</b>	<ul style="list-style-type: none"> <li>• AP &amp; Lateral tibiofemoral joint</li> <li>• WB AP &amp; lateral tibiofemoral joint</li> <li>• Skyline view patellofemoral joint</li> <li>• Tunnel view ****</li> <li>• Roseburg view (PA 30 degrees)</li> </ul>	<ul style="list-style-type: none"> <li>• Suspect OA</li> <li>• Evaluate extent of OA (WB &gt;50yrs old)</li> <li>• Loose body</li> <li>• Patella Maltracking</li> <li>• Pain, swelling and/or deformity</li> <li>• Post-surgery</li> <li>• History of injury with no previous x-ray</li> <li>• Osteochondritis dessicans</li> <li>• ****Suspected bony injury/fracture/osteochondral lesion</li> <li>• Lateral compartment OA but not showing on WB PA</li> </ul>
<b>Tibia</b>	<ul style="list-style-type: none"> <li>• AP &amp; Lateral</li> </ul>	<ul style="list-style-type: none"> <li>• Suspected periprosthetic fracture</li> </ul>
<b>Ankle</b>	<ul style="list-style-type: none"> <li>• AP standing</li> <li>• Lateral</li> </ul>	<ul style="list-style-type: none"> <li>• Suspected bone and/or joint pathology</li> </ul>
<b>Foot/feet</b>	<ul style="list-style-type: none"> <li>• AP &amp; lateral standing</li> <li>• Non-weight bearing</li> </ul>	<ul style="list-style-type: none"> <li>• Suspected bone/and or joint pathology</li> <li>• Post-surgery</li> <li>• OA</li> <li>• History of injury with no previous x-ray</li> </ul>
<b>Shoulder CT</b> ROBO ONLY Mr Knox/Mr Malik		<ul style="list-style-type: none"> <li>• Pre-op work up for Total shoulder replacement</li> <li>• Pre-op work up for stabilisation following in shoulder instability patients</li> </ul>

		<ul style="list-style-type: none"> <li>• Pre-op work up for acute or chronic proximal humeral fractures</li> <li>• To assess glenoid retroversion in instability</li> <li>• Conservative and pre op work for acute or chronic proximal humeral #</li> </ul>
<p><b>Shoulder</b> <b>ACJ</b> <b>SCJ</b> <b>Humerus</b></p>	<ul style="list-style-type: none"> <li>• <b>AP</b></li> <li>• <b>Apical oblique</b></li> <li>• <b>Axillary</b></li> <li>• <b>Supraspinatus outlet</b></li> <li>• <b>Lateral</b></li> <li>• <b>Sternocostal joint(SCJ)</b></li> <li>• <b>Acromioclavicular joint (ACJ) -WB if subluxation</b></li> </ul>	<ul style="list-style-type: none"> <li>• Calcific tendonitis</li> <li>• OA</li> <li>• Impingement</li> <li>• Trauma/instability</li> <li>• Pre-injection if &gt;3/12 since last x-ray</li> <li>• Pain, swelling and/or deformity</li> <li>• Post surgery</li> <li>• Suspect rotator cuff failure with resulting upward migration of humeral head</li> <li>• OA suspected SCJ / exclude other bony pathology</li> </ul>
<p><b>Clavicle</b></p>		<ul style="list-style-type: none"> <li>• Post-op fracture follow up including conservative management pre and post op surgery</li> </ul>
<p><b>Elbow</b></p>	<ul style="list-style-type: none"> <li>• <b>AP</b></li> <li>• <b>Lateral</b></li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Suspected bone and/or joint pathology</li> </ul>
<p><b>Wrist</b></p>	<ul style="list-style-type: none"> <li>• <b>AP</b></li> <li>• <b>Lateral</b></li> </ul> <p><i>(ensure on wrist not inclusive whole forearm)</i></p>	<ul style="list-style-type: none"> <li>• Pain, swelling and/or deformity</li> <li>• Post-surgery</li> <li>• History of injury with no previous x-ray</li> </ul>