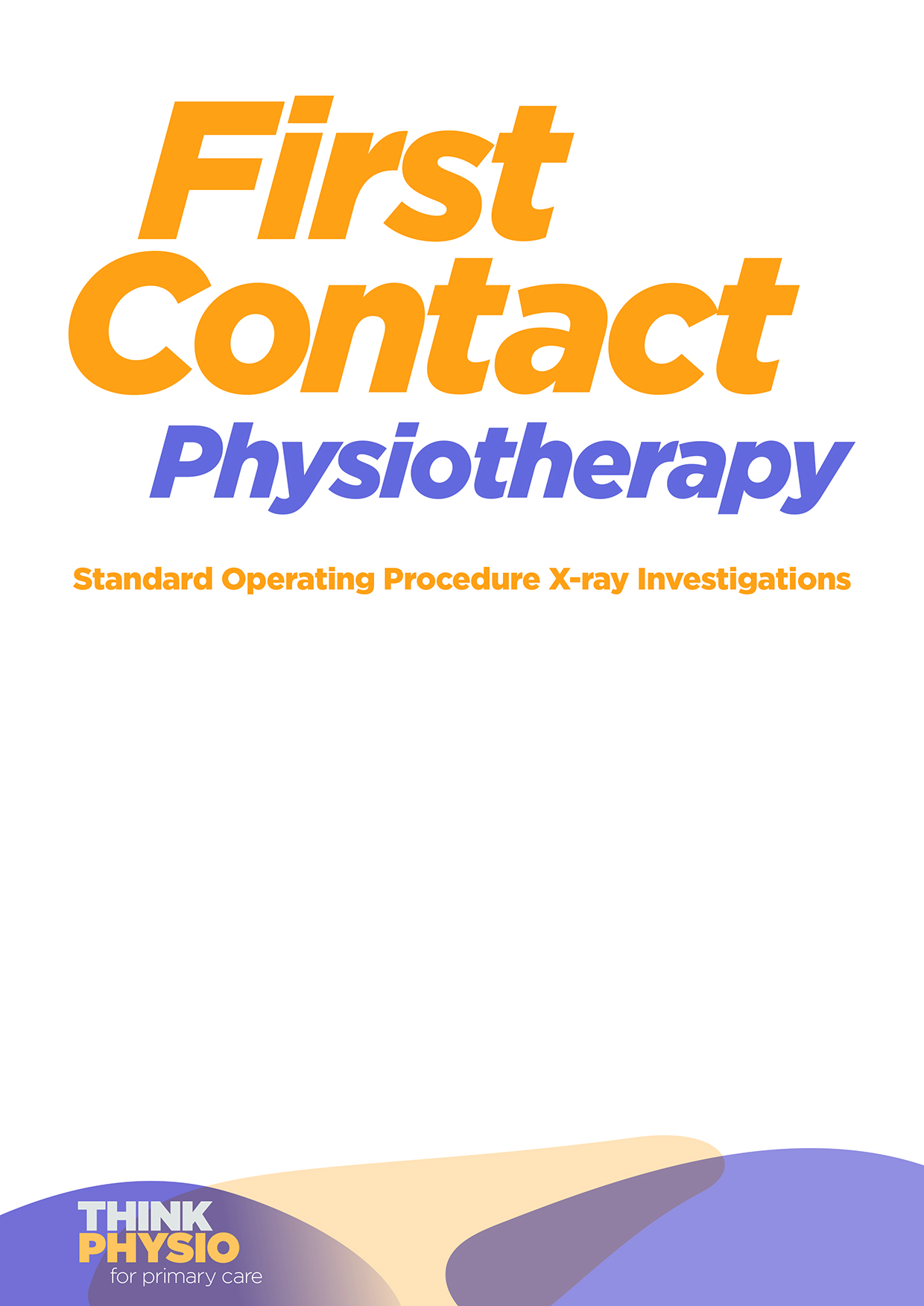
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**Guidelines for ordering x-ray investigations for new First Contact Physiotherapy (FCP) services**

This guidance document is intended as a point of reference for new FCP services. This is an example and it should be locally adapted to reflect service levels agreements and clinical indications for radiological investigations and should be reviewed within the Musculoskeletal (MSK) pathway prior to implementing. It should be noted that clinical recommendations are made in line with the evidence and recommendations at the time of writing and these should be updated accordingly, for example as part of an annual cycle.

The document includes the information generally required when establishing non-medical referrers. The layout and information should be adapted to the format required locally to comply with governance structures.

Suggested format:

1. Introduction
2. Indications for X-ray
   * 1. Red Flags
     2. Rheumatology
3. Referral procedure and acting on urgent results
4. Audit of practice
5. Staff authorised to act under this Standard Operating Procedure (SOP)
6. Reference of related policies

All sections will need amending/additional information, to reflect the local healthcare economy. Each area has been flagged with an asterisk and \* highlighted in red.

1. **Introduction \*(EXAMPLE)**

This document is pertinent to First Contact Practioners (Physiotherapists) working in an advanced practice role within the primary care setting. It specifies the indications for requesting x-ray investigations (spinal and peripheral) when working as a Non-Medical Requestor. It also covers the potential red flags that may be identified when working within this setting.

1. **Indications for X-ray \*(EXAMPLE)**

National Institute of Clinical Excellence (NICE) recommend Osteoarthritis (OA) can be diagnosed without X-ray in people > 45 years with activity related joint pain with or without morning stiffness lasting < 30 minutes in the absence of signs and symptoms indicating possible alternative pathology e.g. trauma, infection, inflammatory arthropathy etc.

|  |  |
| --- | --- |
| **Spine** | **\*EXAMPLE – re-write according to local requirements/latest evidence**  X-rays are generally not indicated for spinal pain.  Indications for X-ray for spinal pain are limited to:   * Significant trauma or suspected osteoporotic vertebral fracture * Suspected atlanto-axial subluxation - lateral view in supervised comfortable flexion. More common in patients with Rheumatoid Arthritis (RA) or Downs syndrome * Red flags present\* i.e. if suspected tumour, infection or fracture. ***Note that “normal” plain films may be falsely reassuring*** |
| **Shoulder** | **\*EXAMPLE – re-write according to local requirements/latest evidence**   * If red flags present\* * After trauma to exclude fractures - dependent on Mechanism of Injury (MOI), Range of Movement (ROM) restriction/loss of function, bony tenderness * X-rays are not initially indicated, as degenerative changes in the acromio-clavicular joints and rotator cuff are common and may be unrelated to the patient’s symptoms. * X-ray if there is no improvement after 6 months of conservative management * If the following conditions are suspected clinically: * Calcific tendonitis - to confirm * Frozen shoulder - to exclude glenohumeral OA and malignancy * Glenohumeral and Acromio-clavicular Joint (ACJ) Osteoarthritis (OA), Anteroposterior (AP) and axial * Subacromial pain - if failure of conservative treatment for 6 months |
| **Knee** | **\*EXAMPLE – re-write according to local requirements/latest evidence**   * After trauma to exclude fractures (including stress fractures) - Ottawa knee rules. * If locking, restricted movement or effusion present and suspecting loose body * Weight bearing films needed to image degenerate joints - see above re diagnosis of osteoarthritis * Post-operatively if implants used or painful prosthesis * If red flags present\* / suspicion of serious pathology * In knee pain/dysfunction not responding to conservative measures for 3 months * Any patient over 45 yrs. with knee pain should have X-rays before considering further investigations such as Magnetic Resonance Imaging (MRI) in order to exclude degenerate changes in the absence of any other clear cause for symptoms e.g. Trauma. Consider alternative views e.g. Rosenberg and Skyline if standard views are normal. |
| **Elbow, Hand and Wrist** | **\*Add according to local requirements/latest evidence** |
| **Hip** | **\*Add according to local requirements/latest evidence** |
| **Foot and Ankle** | **\*Add according to local requirements/latest evidence** |

* 1. **Red Flags**

**\*EXAMPLE – EDIT WITH LOCAL INFORMATION/LATEST EVIDENCE**

These are signs of suspected serious pathology and can include any of the following:

* Presentation age (1st episode) < 20 or > 55
* Non mechanical pain (constant)
* Past history of carcinoma, steroids, HIV
* Unwell, unexplained weight loss
* Widespread and progressive neurological symptoms and signs
* Structural deformity
* Thoracic pain
* Possible infection
  1. **Rheumatology**

*\*The threshold for radiological investigations should be agreed collaboratively with local rheumatology secondary care services.*

1. **Referral Procedure and acting on urgent results**

**\*EXAMPLE – edit with local information/LATEST EVIDENCE**

* An x-ray request will be made within the GP surgery
* The referral must comply with Ionising Radiation (Medical Exposure) Regulations (IRMER) and contain accurate patient identifiable information (3 patient identifiers), relevant clinical information (including previous investigations) and a clinical question. Nuclear Magnetic Resonance (NMR) Imaging should be written within the clinical information.
* The patient will be provided with a printed copy of the x-ray request to take with them to their local x-ray department. Relevant information regarding access to the x-ray department will be provided to the patient.
* If an urgent finding is reported and the referring clinician is not available, the duty GP will take the necessary steps to make any necessary/urgent referrals. This will ensure that there is no delay to patient care.

1. **Audit of practice**

**\*EXAMPLE – edit with local information/lATEST eVIDENCE**

A record of all x-ray requests made by the first contact practitioner must be kept and include the patient’s identifiable information, the clinical question/reason for referral, the result of the x-ray and the outcome.

* This will allow clinicians to:
* Review their own practice
* Determine whether the clinical question was answered/relevant information obtained
* Ensure that no red flags/sinister pathologies are missed
* Evaluate whether the x-ray was the most appropriate investigation/the initial suspected diagnosis was confirmed or refuted, and whether it changed the outcome for the patient.

1. **Staff authorised to act under this SOP**

**\*EXAMPLE – edit with local information**

* All clinicians working as First Contact Practitioners within…
* An appendix of dated signatories may be required.

1. **Reference of related policies**

**\*EXAMPLE – Edit with local information**

*\*Link to local policies and competencies- insert here*