Indication Criteria for Musculoskeletal Ultrasound requests from first contact practitioners in the community

Contents

Indication Criteria for Musculoskeletal ultrasound for GP requesting only

Soft tissue Mass

- If there are concerning features (i.e. increase in size, pain, tethered to skin etc.) - proceed to ultrasound.
- If none of the above concerning features – no ultrasound.

Please include concerning features in the request details.

Shoulder (injection)

Patient must have all three to qualify for an ultrasound guided shoulder injection

1. Patient must have a plain radiograph within the past 12 months and
2. Completed course of physio and
3. had a clinically guided injection in the community/primary care, in the last 3 months with no benefit on follow-up clinical review

Please confirm the patient has had a clinically guided injection and completed a course of physiotherapy in the request details.

Shoulder (diagnostic)

Indicated for the assessment of rotator cuff tendons

1. Patient must have a plain radiograph within the past 12 months

Hip (injection)

Indicated for trochanteric bursal injection on condition:

1. Patient must have had a clinically guided injection in the community/primary care, in the last 3 months with no benefit on follow-up clinical review, for a trochanteric bursal injection.

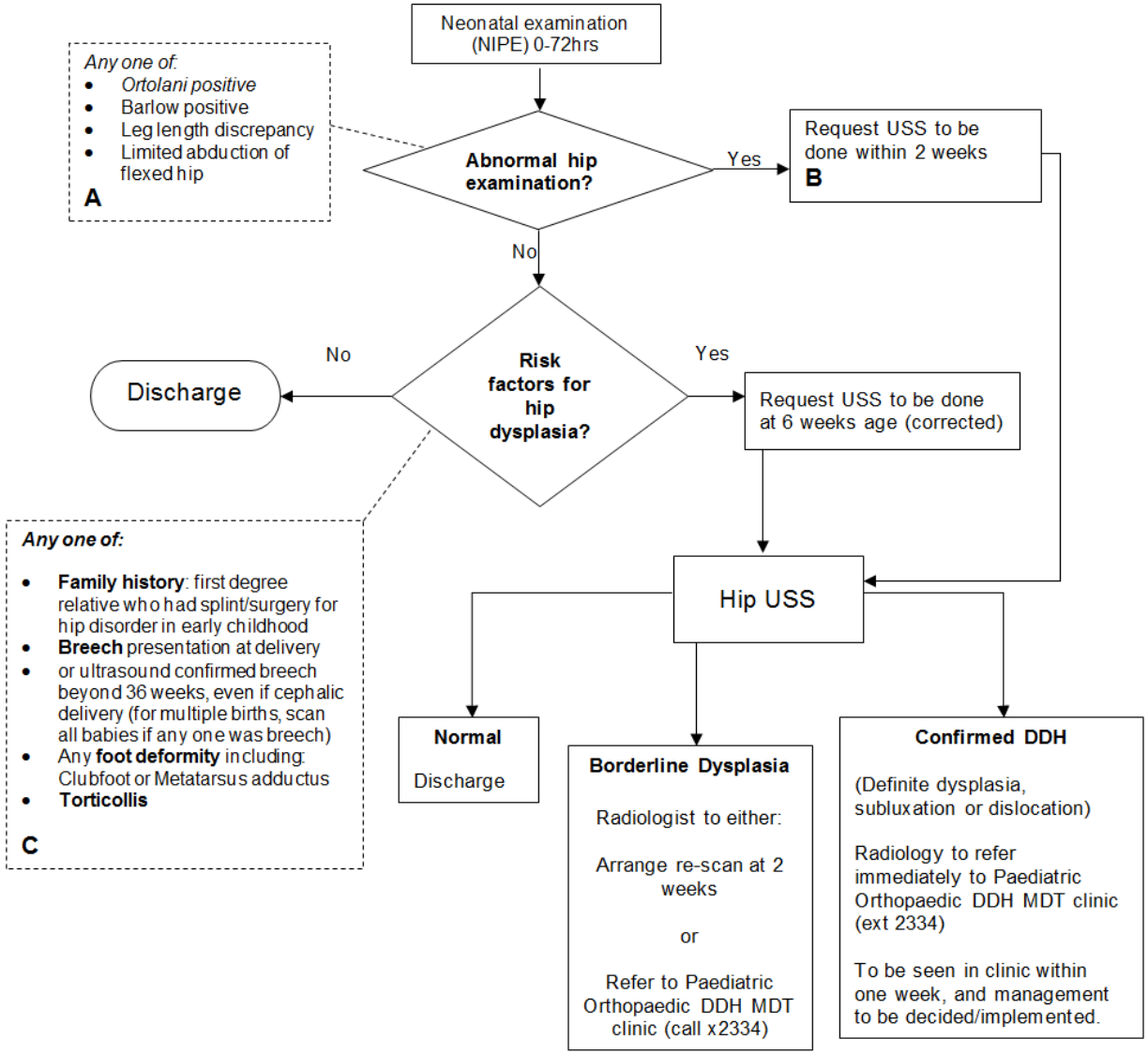
Please confirm your patient has had a clinically guided injection in the request details.

Hip joint injection not indicated, for specialist referral only.

Indication Criteria for Musculoskeletal ultrasound for GP requesting only
Foot and ankle
Specialist referral. These injections can be clinically guided. Ultrasound is reserved for potential acute high grade Achilles traumatic ruptures – which should be by specialist referral only.
Elbow (diagnostic)
iRefer – ultrasound not indicated
Elbow (injection)
iRefer – suggests specialist referral (ultrasound not indicated)
Hip (diagnostic)
iRefer – suggests specialist referral (ultrasound not indicated)
Knee (diagnostic and injection)
Not indicated. Injection can be performed clinically.
Wrist/Ankles (diagnostic)
iRefer – suggests specialist referral (ultrasound not indicated)

Paediatric Hip

Quick reference guideline algorithm, the bold letters refer to sections of the following text.



Broad recommendations

Clinical examination

A Clinical evaluation of the unstable hip at birth includes Barlow and Ortolani tests. In dislocated and irreducible hips these tests will be negative. It is important to look for a discrepancy in length between the two lower limbs. In addition, assess the range of abduction of the flexed hip; a dislocated hip will have a significant limitation in this movement (difficulty reaching 90 degrees).

The newborn physical examination should be performed within 72hrs, in accordance with the national newborn and infant physical examination guidelines.

B Any baby with clinically detectable hip instability or dislocated hips must be referred for ultrasound scan to paediatric radiologists for urgent scan within 2 weeks' age. The electronic ICE requesting system will provide a reminder for this time frame.

C Any baby with any of the following risk factors should be referred for USS to be performed within 6 weeks' corrected age (unless they have an abnormal examination, in which case it should be performed by 2 weeks' age):

- Family history of hip dysplasia – first degree family history of hip problems in early life as defined by a positive response to the question, "Is there anyone in the baby's close family, that is, mother, father, brother or sister, who has had a hip problem that started when they were a baby or young child that needed treatment with a splint, harness or operation?"
- Breech presentation at or after 36 completed weeks of pregnancy, irrespective of presentation at delivery or mode of delivery, or breech presentation at delivery if this is earlier than 36 weeks. In the case of a multiple birth, if any of the babies is breech presentation, all babies in this pregnancy should have an ultrasound examination
- Foot abnormality: Whilst the relationship between DDH and foot deformity remains controversial, any newborn with a foot deformity (including congenital talipes equinovarus, calcaneovalgus and metatarsus adductus) should have an ultrasound scan of their hips
- Torticollis is a "packaging disorder", as is DDH, and so all newborns with torticollis should be referred for hip ultrasound scan.

References

1. Guidelines written according to the Royal College of Radiologists, iRefer guidelines
2. NNUH Trust guidance for the screening of Developmental Dysplasia of the hip (DDH) in newborn children