

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

### Document Control:

<b>For Use In:</b>	NNUHFT		
	First contact practitioners in the community		
<b>Search Keywords</b>	MSK, Radiology, Ultrasound, Musculoskeletal, community, practitioners		
<b>Document Author:</b>	Consultant Radiologist		
<b>Document Owner:</b>	Radiology		
<b>Approved By:</b>	Nursing, Midwifery and Clinical Professionals Forum		
<b>Ratified By:</b>	Nursing, Midwifery Clinical Professionals Board		
<b>Approval Date:</b>	September 2023	<b>Date to be reviewed by:</b> This document remains current after this date but will be under review	September 2026
<b>Implementation Date:</b>	September 2023		
<b>Reference Number:</b>	17019		

### Version History:

Version	Date	Author	Reason/Change
V1.0	Sep 2020	Consultant Radiologist	To originate document
V2.0	Sep 2023	Consultant Radiologist	Reviewed in line with Template changes

### Previous Titles for this Document:

Previous Title/Amalgamated Titles	Date Revised
None	Not applicable

### Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

### Consultation

Author: Dr Geeta Kapoor, Consultant Radiologist  
Approval Date: September 2023  
Ref: 17019

Next Review: September 2026  
Page 1 of 8

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

The following were consulted during the development of this document:

Radiology Consultant  
Orthopaedic Consultants  
Radiology Consultants  
Rheumatology Consultant

### **Monitoring and Review of Procedural Document**

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

### **Relationship of this document to other procedural documents**

This document is a /clinical guideline applicable to first contact practitioners in the community.

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

## Contents Page

1.Introduction .....	4
1.1.Rationale .....	4
1.2.Objective .....	4
1.3.Scope .....	4
1.4.Glossary .....	4
2.Responsibilities .....	4
3.Criteria Required.....	4
3.1.Soft tissue Mass.....	4
3.2.Shoulder (injection).....	5
III.had a clinically guided injection in the community/primary care, in the last 3 months with no benefit on follow-up clinical review.....	5
3.3.Shoulder (diagnostic).....	5
3.4.Hip (injection).....	5
3.5.Foot and Ankle.....	5
3.6.Elbow (diagnostic).....	5
3.7.Elbow (injection).....	5
3.8.Hip (diagnostic).....	5
3.9.Knee (diagnostic and injection).....	6
3.10.Wrist/Ankles (diagnostic).....	6
3.11.Paediatric Hip.....	6
4.References .....	6
5.Audit of the process.....	6
Compliance with the process will be monitored through the following:.....	6
6.Appendices.....	7
7.Equality Impact Assessment (EIA) .....	8

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

## 1. Introduction

### 1.1. Rationale

This guidance is written to aid community and primary care radiology referrals, specifically ensure the correct investigation is requested to aid and not unduly delay a patient's pathway. This guidance is also followed by the James Paget and Queen Elizabeth Hospital in King's Lynn as well as supported by NICE, RCR and further endorsed by specialist physicians. Pending GIRFT approval.

### 1.2. Objective

As above

### 1.3. Scope

This document is for primary care and community referrals from GP, and community requestors only.

This document does not pertain to referrals from secondary care.

### 1.4. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
NICE	The National Institute for Health and Care Excellence
RCR	Royal College of Radiologists
GIRFT	Getting it Right First Time
NNUHFT	Norfolk and Norwich University Hospitals NHS Foundation Trust
GP	General Practitioner
USS	Ultrasound Scan
DDH	Development dysplasia of the hip
MDT	Multi-Disciplinary Team

## 2. Responsibilities

Collating evidence and clinical opinion when writing this guidance:

John Cahir, Radiology Consultant  
Geeta Kapoor, Radiology Consultant  
Andoni Toms, Radiology Consultant

## 3. Criteria Required

### 3.1. 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.

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

### **3.2. Shoulder (injection)**

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

- I. Patient must have a plain radiograph within the past 12 months.
- II. Completed course of physiotherapy
- III. 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.

### **3.3. Shoulder (diagnostic)**

Indicated for the assessment of rotator cuff tendons

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

### **3.4. Hip (injection)**

Indicated for trochanteric bursal injection on condition:

- I. 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.

### **3.5. 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 requested by specialist referral only.

### **3.6. Elbow (diagnostic)**

iRefer – ultrasound not indicated

### **3.7. Elbow (injection)**

iRefer – suggests specialist referral (ultrasound not indicated)

### **3.8. Hip (diagnostic)**

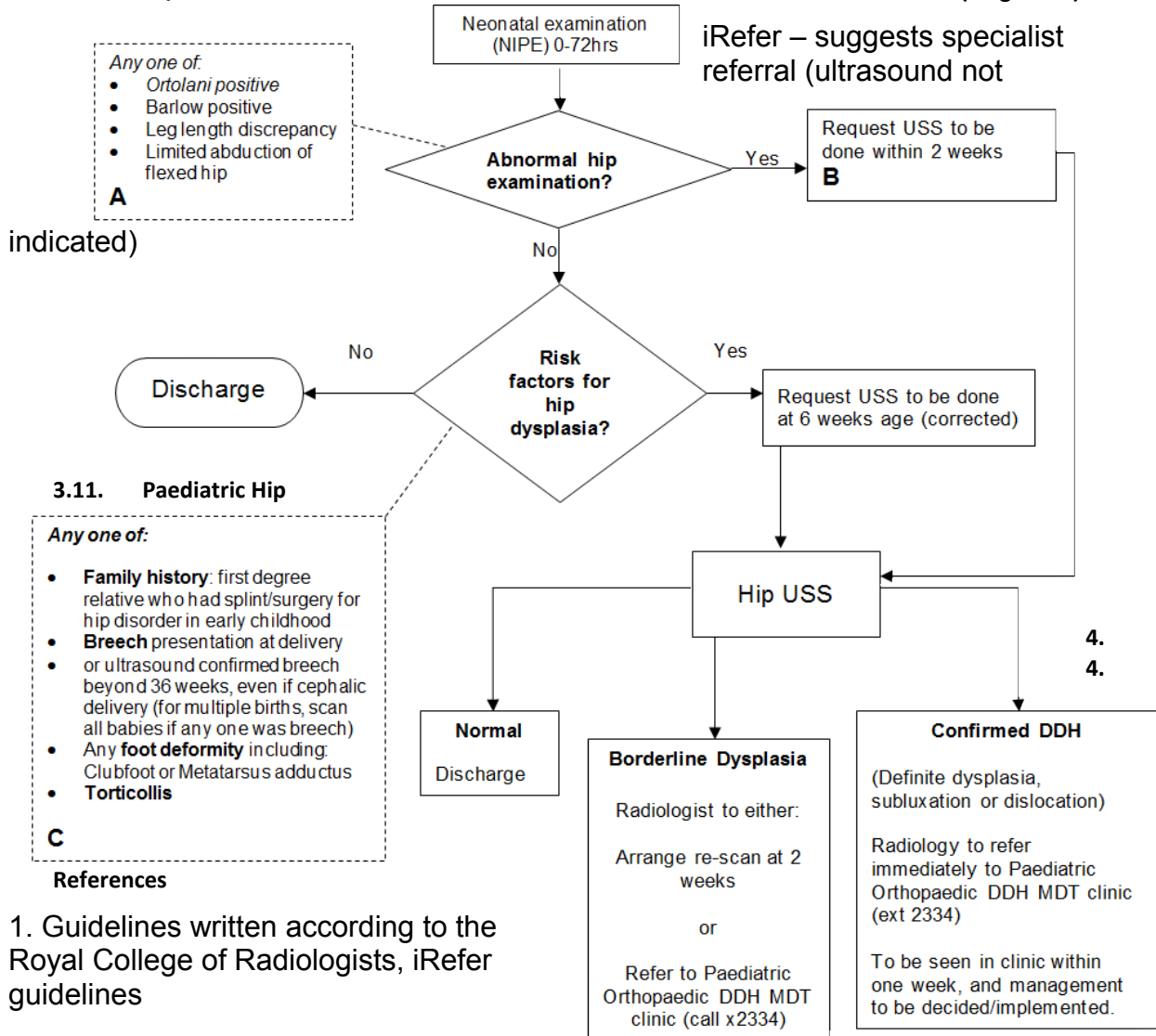
iRefer – suggests specialist referral (ultrasound not indicated)

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

## 3.9. Knee (diagnostic and injection)

Not indicated. Injection can be performed clinically.

## 3.10. Quick reference guideline algorithm, the bold letters refer to sections of the following text. **Wr** (diagnostic) **ist/Ankles**



## 5. Audit of the process

Compliance with the process will be monitored through the following:

Key elements	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
Revision of this document against local changes and RCR iRefer developments	As and when changes occur	Radiology Consultants	Radiology Clinical Governance Committee	3 yearly

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

The audit results are to be discussed with the MSK Radiology Consultants to review the results and recommendations for further action. The Radiology Clinical Governance Committee will ensure that the actions and recommendations are suitable and sufficient.

### **6. Appendices**

There are no appendices for this document.

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

### 7. Equality Impact Assessment (EIA)

<b>Type of function or policy</b>	Existing
-----------------------------------	----------

<b>Division</b>	CSS	<b>Department</b>	Radiology
<b>Name of person completing form</b>	Dr Geeta Kapoor	<b>Date</b>	01/08/23

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race	None	None	N/a	NO
Pregnancy & Maternity	None	None	N/a	NO
Disability	None	None	N/a	NO
Religion and beliefs	None	None	N/a	NO
Sex	None	None	N/a	NO
Gender reassignment	None	None	N/a	NO
Sexual Orientation	None	None	N/a	NO
Age	None	None	N/a	NO
Marriage & Civil Partnership	None	None	N/a	NO
<b>EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?</b>				

- **A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty**
- **Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service**
- **The policy or function/service is assessed to be of high significance**

**IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED**

**The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.**