



For use in General Practice

GP Access- MRI Knee Pathway

Referrals via **e-referral**

GP Access - MRI Knee Pathway

Indications

Injury with immediate swelling

Persistent symptoms restricting activities

Failed 6 weeks of conservative therapy

Referral

Radiograph of the knee post injury and within 1 year of referral

E-referral for MRI knee with completed MRI safety questions

Exclusions

Fixed locked knee → Emergency Department

Over 45 yrs → Orthopaedic ICATS

MRI contraindicated

Method of referral

- All patients must have a radiograph of the knee prior to referral
 - To assess for fracture, ossified intra articular body, osteochondral lesion or tumour
 - Post injury
 - Not more than 1 year prior to MRI request

- Routine e-referral with a completed MRI safety questionnaire
 - Waiting time as per current routine examination
 - Queries regarding a request or safety questionnaire can emailed to the MRI department (mri.cah@southerntrust.hscni.net)
 - All referrals will be vetted by a Consultant Radiologist

Criteria for referral

All criteria must apply

1. Less than 45 years old
 - Incidence of osteoarthritis, which is a relative contra indication to arthroscopic treatment, rises sharply over the age of 45

2. Clear history of trauma or twisting injury with immediate swelling
 - Associated with ligamentous disruption and/or displaced/unstable meniscal tear

3. Knee pain impairing ability to work or participate in sport, feeling of instability or intermittent locking

4. Non resolution of symptoms at 6 weeks.
 - Minor injuries which do not require intervention are likely to respond to conservative treatment in this time period

Exclusions

- Fixed locked knee
 - Emergency department referral for orthopaedic assessment required
- Not medically fit to be considered for surgery
- MRI not possible
 - MRI contraindicated as per safety questionnaire
 - Weight > 250kg (table limit)

Report

- Report will be available within 28 days of examination
- Urgent findings will be communicated by telephone
 - A contact number is required on the referral
- It is the referring physician's responsibility to follow up reports and implement management
- Queries about reports can be emailed to the reporting radiologist

Appendices

1. MRI safety summary
2. MRI safety questionnaire
3. Contact email addresses

References

1. iRefer, www.irefer.org.uk, Royal College of Radiologists.
2. Acute Trauma to the Knee. ACR Appropriateness Criteria. American College of Radiology. 2014.
3. Nontraumatic Knee Pain. ACR Appropriateness Criteria. American College of Radiology. 2012.
4. Influence of magnetic resonance imaging of the knee on GPs' decisions: a randomised trial. DAMASK (Direct Access to Magnetic Resonance Imaging: Assessment for Suspect Knees) Trial Team. British Journal of General Practice 2007; 57: 622–629.
5. Efficacy of MRI in primary care for patients with knee complaints due to trauma: protocol of a randomised controlled non-inferiority trial (TACKLE trial). Swart et al. BMC Musculoskeletal Disorders 2014, 15:63.
6. MRI of the knee for meniscal and anterior cruciate ligament tears. Clinical Guidance for MRI referral. Royal Australian College of General Practitioners. 2013.
<http://www.racgp.org.au/your-practice/guidelines/mri-referral/mri-of-the-knee/>