

Protocol authorisation for non-medical referrers.

## 2ry care- spinal imaging-physiotherapy

Reference: RAD\_RP\_IRMER\_NMR12

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<p><b>Protocol name</b></p> <p><b>Spinal Imaging - Physiotherapy</b></p>
<p><b>Rationale</b></p> <p>Patients with signs and symptoms of spinal musculoskeletal pathology, with or without neurological signs and symptoms where plain radiographic imaging, CT, MRI and Spinal injections would affect management.</p>
<p><b>Patients to whom protocol will apply</b></p> <p>Those patients attending spinal neurosurgery or orthopaedic out-patient clinic for assessment of suitability for surgery.</p> <p>Adult patients under the care of a community Clinical specialist physiotherapist.</p>
<p><b>Inclusion and exclusion criteria</b></p> <p><i>Exclusion:</i></p> <p>patients under 16 years of age</p> <p>patients with implantable device</p> <p><i>Inclusion:</i> those patients in whom imaging would be used to</p> <ol style="list-style-type: none"> <li>1. Aid diagnosis and differential diagnosis</li> <li>2. Assist assessment of suitability for spinal surgery</li> <li>3. Gain up to date images to assess progress/regression of pathology</li> <li>4. Check post-operative position/condition of instrumentation following spinal fusion</li> </ol>
<p><b>Clinical assessments to be undertaken prior to decision to request imaging</b></p> <p><b>(please attach any flowcharts/other documents as necessary)</b></p> <p>History and clinical examination including focused MSK examination of spine, proximal joints and neurology.</p> <p>Assessment of other investigations including blood results, prior imaging, baseline observations.</p>
<p>Additional documents attached?</p> <p>No</p>
<p><b>Description of who will be making these assessments</b></p> <p>Clinical specialist physiotherapist authorised and approved for this role by their lead clinician.</p>
<p><b>Details of imaging to be requested</b></p> <p>X-ray, MRI, CT.</p>
<p><b>Form of words to be used on request</b></p> <p>Non-medical requester and job role</p> <p>Clinical details of patient</p> <p>Exact details of spinal imaging required</p>
<p><b>Audit standards for annual recertification</b></p> <p>Annual audit of referrals using audit tool found on LTHT radiology intranet pages.</p>

**NOTE – Version control managed in Q-Pulse, all printed documents must be checked against Q-Pulse version to ensure that it is current.**