

Protocol authorisation for non-medical referrers.

2ry care- spinal imaging-physiotherapy

Reference: RAD_RP_IRMER_NMR12

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Protocol name
Spinal Imaging - Physiotherapy
Rationale 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.
Patients to whom protocol will apply Those patients attending spinal neurosurgery or orthopaedic out-patient clinic for assessment of suitability for surgery. Adult patients under the care of a community Clinical specialist physiotherapist.
Inclusion and exclusion criteria <i>Exclusion:</i> patients under 16 years of age patients with implantable device <i>Inclusion:</i> those patients in whom imaging would be used to 1. Aid diagnosis and differential diagnosis 2. Assist assessment of suitability for spinal surgery 3. Gain up to date images to assess progress/regression of pathology 4. Check post-operative position/condition of instrumentation following spinal fusion
Clinical assessments to be undertaken prior to decision to request imaging (please attach any flowcharts/other documents as necessary) History and clinical examination including focused MSK examination of spine, proximal joints and neurology. Assessment of other investigations including blood results, prior imaging, baseline observations.
Additional documents attached? No
Description of who will be making these assessments Clinical specialist physiotherapist authorised and approved for this role by their lead clinician.
Details of imaging to be requested X-ray, MRI, CT.
Form of words to be used on request Non-medical requester and job role Clinical details of patient Exact details of spinal imaging required
Audit standards for annual recertification Annual audit of referrals using audit tool found on LTHT radiology intranet pages.

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