

## MRI KNEE APPROPRIATENESS CHECKLIST

This checklist is required for all MRI knee referrals.

Please include with MRI requisition.

Referring Physician Name:	Patient Name: Date: Date of Birth (YYYYMMDD): Gender: MRN/HCN:
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### CHECK ANY/ALL THAT APPLY:

<b>A. <input type="checkbox"/> Previous knee Imaging (plain radiographs and/or other)</b>	
<b>X-Ray Imaging Required</b> for: -Patients $\geq$ 55 years old -History of <i>trauma</i> -Suspected <i>osteoarthritis</i> (weight bearing views)	<b>X-Ray Imaging Recommended</b> for all patients
Modality: _____	
Date: _____	
Location: _____	
<b>B. MRI is recommended for:</b>	
<input type="checkbox"/> Locked knee/Mechanical symptoms (unable to fully extend knee with relaxed muscles) when weight bearing radiographs show minimal osteoarthritis <input type="checkbox"/> Suspected ligamentous injury Which ligament(s): _____ <input type="checkbox"/> Persistent swelling/effusion despite 6 weeks of adequate conservative therapy <input type="checkbox"/> Suspected soft tissue or bone tumor	
<b>C. Consider MRI if <i>all</i> of the following are present:</b>	
<input type="checkbox"/> Absent or mild osteoarthritis <input type="checkbox"/> Persistent unexplained pain and / or effusion > than 3 months <input type="checkbox"/> Failed conservative therapy for 6-12 weeks (physiotherapy and anti-inflammatories) <input type="checkbox"/> Patient is surgical/arthroscopy candidate	
<b>D. MRI is <i>NOT</i> recommended for:</b>	
Osteoarthritis without locking or extension block <b>MRI is unlikely to alter patient management ( please see section F)</b>	
<b>E. Additional Clinical Information</b>	
Please provide any additional information relevant to this request. <b>Include surgical reports and previous relevant imaging if not performed at HSN</b>	
<b>F. Alternative</b>	
For a diagnosis of OA, consider conservative treatment including active rehabilitation/physiotherapy. If treatment was not effective, refer to the Hip/Knee Rapid Access Clinic (NEJAC) for complete assessment and self-management plan which includes a pathway to an Orthopedic Surgeon if appropriate. Fax referrals to: 1-855-567-7969	

Referring Physician Signature

Date