

RADIOLOGY DEPARTMENT

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INDICATIONS FOR DIRECT ACCESS TO KNEE MRI

Name of Patient D.O.B.....

Name of Referring GP

- Pts aged 16-55 yrs
- Suspected traumatic meniscal tear
- Suspected traumatic ligamentous injury
- Persistent undiagnosed knee pain with red flags (see back pain pathway)

EXCLUSIONS

- Suspected OA → Clinical assessment + X-ray
- Non traumatic arthropathy and joint effusion → may need further Ix ? rheumatology referral.
- Chronic instability of knee joint and history of previous major injury → specialist assessment.
- Previous surgical intervention in same knee.
- Isolated patello-femoral joint pain
- Acutely locked knee/"Hot Knee" → Hot Knee clinic/urgent orthopaedic referral / fracture clinic.

PLEASE TICK BOXES

 Y

 N

or add clinical information

- How long has patient had knee pain ?.....

LEFT knee

RIGHT knee

After clinical examination of knee joint

Suspicion of medial meniscal tear ?

Suspicion of lateral meniscal tear ?

Suspicion of ligamentous injury ?

details

Is there true locking ?

Is there instability ?

Is there giving way ?

Is there a history of trauma ?

mechanism

Other Clinical information

**PLEASE COMPLETE MRI REQUEST /AND SAFETY FORM
FORM 2 AND FAX TO 0208-934 3291**

- ALL MRI's WILL BE BOOKED AND REPORTED WITHIN TWO WEEKS THE MRI
- REQUEST/REPORT CAN BE DISCUSSED WITH THE DUTY RADIOLOGIST ON 020 8546 7711 Ext.3885

PLEASE FAX THIS REQUEST AND MRI SAFETY FORM TO: 020 8934 3291