GP Referred MRI Clinical Guidelines

22102020 VS 3.3

KEY

Assessment Guide

Management Plan

MRI CONTRAINDICATIONS
- Pacemaker

CAUTIONS - CONTACT RADIOLOGY PROVIDER
- Metalware
- Cochlear Implants
- Claustrophobia
- Works with Metal – Orbit check

*GLENO-HUMERAL JOINT PAIN OR INSTABILITY

Clinical Assessment

NO Red Flags

Red Flags – URGENT Consider Different Diagnoses
Unexplained deformity or swelling
Significant weakness not due to pain
Suspected malignancy
Fever/Chills/Malaise
Significant/unexplained sensory/motor deficit
Pulmonary or vascular compromise
Bilateral neurological symptoms

Suspicion of fracture or GHJ instability
including dislocation
including subluxation episodes

X-Rays
(include instability views if appropriate)

Fracture → **Refer Acute Service**

Shoulder instability with NO fracture → **Refer local pathways for management**
If not available discuss with specialist

Provisional Clinical Diagnosis consistent with:
1. Rotator cuff full thickness tear
2. Kinematic shoulder pain (partial rotator cuff tear, rotator cuff tendinopathy, subacromial bursitis, impingement)
3. Osteoarthritis
4. Frozen Shoulder
(see clinical assessment boxes below)

X-Rays/Ultrasound
(USS has high sensitivity & specificity in the detection and staging of rotator cuff tears)

Massive rotator cuff tear >3cm or tears involving 2 or more tendons (usually supraspinatus and infraspinatus, but also supraspinatus and subscapularis)

No → **Community Based Rehabilitation**

Yes → **Is the patient physiologically healthy and active and would be considered a surgical candidate**

No → **Community Based Rehabilitation**

Yes → **Refer Specialist**
Discuss MRI prior to referral

Persistent Pain after completion of an **appropriate rehabilitation programme** (maybe 6 months) and ongoing functional or physical impairment

Refer local pathways for management
If not available discuss with specialist

Provisional Clinical Diagnosis consistent with:
1. Rotator cuff tear or pathology
Age >35 yrs, upper arm pain/night pain, painful arc, limited active ROM, full passive ROM, possible weakness, +ve impingement signs, limited active ROM (shoulder abduction and ER predominantly)
2. Subacromal bursitis / Impingement syndrome - is a symptom and search for an underlying cause
3. Osteoarthritis - decreased external rotation
4. Frozen Shoulder
Gradual onset, increasing severity of pain, global limitation active ROM, limited passive ROM, possible diabetic

Persistent pain:
Rotator cuff - if full thickness tear refer at 6 weeks if no improvement BUT for tendinosis / partial thickness tear refer at 6 months
Frozen shoulder - Specialist referral may be indicated for additional clinical management if required
Osteoarthritis - Specialist referral may be indicated for uncontrolled pain and functional limitation
Impingement Syndrome - Look for alternative causes such as ACJ pathology, rotator cuff pathology, scapulothoracic dyskinesis or altered biomechanics to explain symptoms first and then to treat prior to referral to specialist if indicated