Knee MRI referral guidelines for adults

Adult patient presents with a knee problem

**ACUTE ( <6 weeks)**
Clinical assessment

X-ray if suspect fracture/loose body. If concerns of significant knee pathology* refer to trauma. Otherwise consider physio alongside usual primary care conservative management. Review at 6 weeks.

**CHRONIC ( >6 weeks)**
Clinical assessment

**Patient >55 years?**
GP to arrange X-ray to confirm whether pathology is degenerative disease

X-ray normal?
Consider referral for MRI knee**

X-ray shows OA?
Primary care management or refer MSK hub

**Emergency or urgent referral/imaging**
if suspect:
Infection
Tumour
Neurovascular damage

**Patient < 55 years?**

Suspected
- Anterior/posterior cruciate ligament damage
- Instability of knee joint
- Meniscal tear

Patient fit and willing to have surgery?

Refer MRI knee

Diagnostic uncertainty and symptoms not suitable for primary care conservative management?

Second opinion from colleague or refer directly to MSK hub

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*pathology*

**MRI knee**

\*The signs of significant knee pathology are outlined in the emergency guidelines for trauma patients.

\**Referral for MRI should be considered in patients who are not fit for surgery and who present with degenerative disease.*
*Suspected: fracture, ligament damage with unstable knee, acute locking with pain and reduced range of movement

**If an MRI knee for a patient >55 is indicated or if there is a good clinical indication for imaging/referral which does not fall neatly into the pathway, referral can still be made to the MSK hub, clearly stating the indications.

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