

## Radiographs recommended for work-up of peripheral arthritis (if needed)

Radiographs may not be necessary in the initial work up of both inflammatory and osteoarthritis. Scenarios in which they may be considered include: the need to confirm the diagnosis in uncertain cases; cases in which the patient has failed to respond to evidence-based treatment (i.e. CCFP Toolkit for Management of OA); staging disease severity; or when considering a rheumatology or orthopedic surgery consultation. **Please be specific when ordering views.** The following radiographs are recommended for the initial assessment of peripheral arthritis (**non-traumatic** joint pain) if warranted.

### Shoulder:

- AP (anterior-posterior), glenoid, axillary

### Elbow:

- AP, lateral, both obliques

### Wrist:

- AP, lateral, oblique

### Hand/fingers:

- AP, lateral, oblique

### Hip:

- Weight-bearing AP pelvis, AP and lateral of affected hip

### Knee:

- Bilateral weight-bearing AP and tunnel views (PA flexed 30 degrees), lateral and skyline of affected joint

### Ankle:

- AP, mortise, lateral

### Foot/toes

- AP, lateral, oblique

\* Additional special x-ray views can be ordered with appropriate supportive clinical history.

\* ***MRI is NOT indicated for chronic joint pain and x-ray confirmed osteoarthritis.***

\* Ultrasound has a very limited role in chronic knee pain, and is generally used to evaluate for:

- joint effusion pre-arthrocentesis, integrity of the extensor mechanism (quads and patellar tendons), and solid vs. cystic masses (including Baker's cyst).

\* ***Ultrasound is NOT indicated for the routine evaluation of osteoarthritis.***

\* ***Ultrasound is NOT indicated for assessing menisci or cruciate ligaments of the knee.***