

**North Bay Regional Health Centre  
Advanced Practice Physiotherapist- Diagnostic Tests  
MEDICAL DIRECTIVE**

<b>SUBJECT:</b> Ordering Radiology (X-ray - Hip/Pelvis/Knee)		<b>MEDICAL DIRECTIVE #</b>  DIR - P - 607	
<b>APPROVED BY:</b>  _____ Chair, MAC  _____ Vice President, Clinical & Chief Nursing Executive (CNE)  (See attached list of authorizing physicians at end of document)		<b>DEVELOPED BY:</b>  Advanced Practice Physiotherapist	
<b>APPROVAL DATE:</b>	May 31, 2017	<b>REVISION DATE:</b>	May 1, 2017
<b>BOARD APPROVAL (if applicable) DATE:</b>		<b>REVIEW DATE:</b>	May 26, 2017

**Description of procedure, treatment, intervention:**

The Advanced Practice Physiotherapist (APP) at the North East Joint Assessment Centre (NEJAC) at NBRHC may implement this medical directive to initiate the following diagnostic tests:

- Radiology: X-ray (Hip/Pelvis/knee)

**Required Clinical Criteria/Indications:**

Diagnostic x-ray imaging is a key component for the assessment of patients being considered for hip or knee joint arthroplasty. It is used in conjunction with a thorough history and physical examination in order to determine appropriateness for surgery. This information allows the examiner to assist and educate the patient in choosing the most appropriate course of treatment, whether it is surgical or conservative.

Diagnostic Imaging is also an important part of the post operative assessment for sequential comparison and evaluation or screening of infection or aseptic loosening.

The directive will be used for the following clinical conditions:

- Patients who present to the North East Joint Assessment Centre (NEJAC) – North Bay site for pre-operative assessment and triage that have been referred by their primary care practitioners.
- Patients returning to the NEJAC for post operative clinical review, under the care of a Surgeon at the NBRHC who has approved this directive.
- Patients who present for assessment at the NEJAC who:
  - a) Do not have accessible recent x-rays (less than 6 months).
  - b) Do not have appropriate x-ray views of the affected joint(s).
  - c) Consent to x-ray examination.
  - d) Also meet the following criteria:
    - i. Prior hip or knee replacement surgery
    - ii. Primary or secondary osteoarthritis of the hip or knee.
    - iii. Rheumatoid arthritis/inflammatory arthritis.
    - iv. Other destructive arthropathies e.g. spontaneous osteonecrosis.
    - v. Undiagnosed debilitating hip or knee pain.

**Contraindications to Implementation:**

This medical directive should not be carried out if the following contraindications are present:

- The patient conditions/circumstances as listed above are not met.
- If diagnostic test will negatively impact on patient's other co-morbidities.
- Pregnancy- obtain date of last menstrual period for females of child-bearing age (11-50).

**Authorized to:**

Advanced Practice Physiotherapist (APP) for Orthopaedics who is a member of the College of Physiotherapists of Ontario and has completed the required training.

**Communication Path:**

- Questions/clarifications pertaining to the implementation of this directive should be directed to the APP implementing this directive.
- If the APP is unavailable or if further clarification is required the assigned surgeon should be contacted.

**Reporting and Recording:**

- All patients scheduled for an assessment by the individual carrying out this directive (APP) are registered patients of NBRHC and have a health record.
- Documentation of the assessment conducted by the APP includes pre-approved forms.
- Written documentation of the assessment is forwarded to the referring care provider following the initial assessment and following requested patient reviews.

- Requisitions for diagnostic tests implemented through this medical directive are written and signed by the APP (as per NBRHC medical directive policy) or as indicated in the patient file.
- When a patient will proceed to orthopaedic surgeon consult, the name of that surgeon will be written on the x-ray requisition for billing purposes.
- When a patient will not proceed to orthopaedic surgeon consult, the chief of orthopaedics' name will be written on the x-ray requisition for billing purposes.
- The performance of the controlled act and delegator reference will be documented as per College of Physiotherapists of Ontario Documentation Standards (includes title or number of the Medical Directive in appropriate area each time it is implemented).

**References:**

- North Bay General Hospital Policy for Medical Directives ADM 1-131, May 2005.
- College of Physiotherapists of Ontario. Standards for Professional Practice, Guide to the Standard for Accepting the Delegation of a Controlled Act. 2009.
- Regulated Health Professionals Act.
- Competency Evaluation (attached).
- Approved NBRHC NEJAC Assessment Forms (RHC 2106, RHC 2107)

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**APPROVAL**

Authorizing Physicians:

_____ Dr. Creech	_____ Signature	<u>10 July 2017</u> Date
_____ Dr. Lewis	_____ Signature	<u>10 July 2017</u> Date
_____ Dr. Wallace	_____ Signature	<u>10 July 2017</u> Date
_____ Dr. Van Vliet	_____ Signature	<u>10 July 2017</u> Date