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# Referral guideline for imaging in patients presenting with ankle and Achilles tendon injuries

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*This information has been developed by ACC's Clinical Services working together with the New Zealand Foot and Ankle Society, the Royal Australian and New Zealand College of Radiologists (RANZCR), the Royal New Zealand College of General Practitioners (RNZCGP), and Sports & Exercise Physiotherapy New Zealand (SEP NZ) to help health practitioners recognise when imaging is appropriate to inform decision-making regarding patient management.*

History and clinical examination	<ul style="list-style-type: none"><li>• Take a thorough history and clinical examination before considering referral for any imaging.</li><li>• Isolated lateral collateral ligament injuries are generally diagnosed and managed on clinical grounds.</li><li>• Imaging may be required where there is doubt about clinical diagnosis and patient management.</li></ul>
X-ray	<ul style="list-style-type: none"><li>• <b>The Ottawa Ankle Rules</b> are helpful for deciding when to order ankle X-rays.</li><li>• Referral for an orthopaedic specialist assessment must be accompanied by X-rays (weight-bearing where tolerated).</li></ul>

MRI	<ul style="list-style-type: none"> <li>• MRI may be useful to inform decision-making regarding patient management.</li> <li>• MRI may be helpful to confirm the diagnosis if symptoms fail to settle after 8-12 weeks following injury.</li> <li>• MRI may be helpful if there is concern about alternative traumatic pathology (chondral damage or co-existing pathology such as syndesmotic or other ligament injury, or peroneal tendon, anterior calcaneal or other occult bony injury).</li> <li>• MRI would be preferred over ultrasound for the evaluation of this alternative pathology.</li> <li>• MRI is not routinely required in the assessment or diagnosis of isolated lateral collateral ligament injuries.</li> </ul>
Ultrasound	<p>Ultrasound is not routinely used in the assessment or diagnosis of isolated lateral collateral ligament injuries of the ankle.</p> <p>Ultrasound may be indicated for evaluating injury to:</p> <ul style="list-style-type: none"> <li>• an Achilles tendon</li> <li>• an isolated tibialis posterior tendon</li> <li>• the peroneal tendons.</li> </ul> <p>Ultrasound may also be helpful where there is concern about alternative traumatic pathology (such as a syndesmosis injury) and MRI is not available.</p> <p><b>Note:</b></p> <p>The diagnosis of an acute Achilles tendon complete full-thickness tear/rupture can generally be made clinically.</p> <p>Ultrasound scan may be indicated to confirm an Achilles tendon injury but the need for a scan should not delay the initiation of treatment.</p> <p>If there is strong suspicion of a complete full-thickness Achilles tendon tear/rupture, ultrasound scan or specialist* review within 24 hours is recommended to facilitate appropriate treatment.</p>

\* Specialists include: Orthopaedic Surgeons, Musculoskeletal Physicians, Sports Physicians, ACC-contracted GPs with a special interest (GPSIs), Urgent Care Physicians, and Sports Physiotherapy Specialists. Specialist input to confirm the diagnosis and treatment could be sourced either publicly or privately. We note that Urgent Care Physicians and Sports Physiotherapy Specialists cannot refer for MRI under the ACC High Tech Imaging Contract; however, a diagnosis is often made without MRI.

## Statement of intent

This guidance has been produced to help health practitioners recognise when, and what mode of, imaging is appropriate to inform decisions regarding patient management. The guideline reflects expert consensus. It is not intended to replace clinical decision-making in each individual case. The choice of imaging will be dictated by local preferences and expertise.

## Guideline development

This guideline has been developed through a collaboration between ACC and the New Zealand Foot and Ankle Society on behalf of the New Zealand Orthopaedic Association, the Royal Australian and New Zealand College of Radiologists (RANZCR), the Royal New Zealand College of General Practitioners, and Sports & Exercise Physiotherapy New Zealand (SEPNZ) on behalf of Physiotherapy New Zealand.

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