

# Lakeview Community Wellness Center Orthopaedic Connection

## Unnecessary Diagnostic Imaging – Part 2

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### *Transforming patient information into patient understanding.*

I spent a lot of time in last week's article about the spine and how out of control the number of MRIs being ordered has become. MRI, CT, Bone scan are studies that were intended to be used to confirm a suspected diagnosis of nerve compression or some serious underlying condition such as cancer, vertebral compression fractures or infection.

Now doctors are often using these studies as screening tools for a patient with back or neck pain.

Instead, a thorough history, good physical exam and frequently plain x-rays should always be done before MRI, CT, etc. are considered.

If after the initial work up that was just described, I feel the patient might have spinal stenosis or a pinched nerve (radiculopathy) I probably will order special imaging.

### **Other Factors**

As I pointed out last week my patients very often have significant other problems that contribute to the back and neck pain. If those other problems are not considered in treatment, the back and neck problem can't get better.

Gee, I'm making this seem really complicated, but know what – IT IS unfortunately. It is all interrelated.

### **Spine – Bottom Line**

It is not the patient who is ordering the x-ray studies. I may be a voice crying in the wilderness as the saying goes. Until my colleague clinicians who are not Orthopaedic Surgeons stop ordering all these studies, I'm afraid the problem will continue to snowball.

### **Other Areas Of Concern**

Let's talk about the knee. I think almost as many people have knee pain off and on as the spine.

I see lots of patients with knee trouble and many have already been seen by their family doctor, but not all of course.

*Basic Fact: MRI is not a good way to diagnose arthritis of the knee.*

### **Knee Problems**

There are a whole bunch of things that can cause the knee to hurt. Everyone whose knee hurts does not have "arthritis".

After my history and exam of the affected knee, the whole leg and possibly the other knee and the back, I probably will order special plain knee x-rays. These are done with the patient standing in certain ways. Nobody but an Orthopaedic Surgeon does this. It is critical for initial diagnosis, however.

### **Knee Arthritis**

I often don't need MRI to diagnose it. When a person comes in with advanced arthritis and they have had an MRI, they had an unneeded study in most cases. Often the patient I am seeing for the knee problem did not even have plain x-rays done. Sad, but true.

### **Other Conditions**

MRI is a wonderful help to me in diagnosing torn cartilage, ligament injuries, occult fractures and many other conditions.

But I know when to order it and it's not "always".

### **The End**

MRI imaging has become so widespread that many of my patients are suspicious that they didn't have a thorough work up by me if I chose not to do an MRI!! Really, I'm serious.

So I have to explain that I know when to do special imaging and in their case I did not feel it would help in diagnosis. It does help to maintain the confidence of my patients in those cases.

*My patients put their trust in me and what I do improves the quality of their lives.*

Please remember that anyone can make an appointment to see Dr. Haverbush at his office in Alma, at 315 Warwick Dr., across from Gratiot Medical Center. Call 989-463-6092 to make an appointment.

And don't forget every article I have written for Lakeview Area News is on my Website, [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com). Check it out. I specialize in you.

Be well.

Dr. Haverbush