



AMERICAN CHIROPRACTIC ASSOCIATION



AMERICAN CHIROPRACTIC COLLEGE OF RADIOLOGY

ACCR GUIDELINE FOR COMMUNICATON IN DIAGNOSTIC RADIOLOGY

The ACCR Guidelines address issues common to clinical practice. They are not rules, but guidelines that attempt to define the principles of practice that should generally produce a high quality radiologic procedure. Adherence to the ACCR Guidelines will not assure a successful outcome in every clinical situation. The Guidelines are not intended to establish a legal standard of care or conduct, and deviation from a guideline does not, in and of itself, indicate or imply that such practice is below acceptable level of care. The ultimate judgment regarding any specific procedure or course of conduct must be made by the physician/Doctor of Chiropractic in light of all circumstances presented by the individual clinical setting. The ACCR guidelines are a consensus of procedures and conduct taught in CCE accredited chiropractic institutions and the practice of radiology by professional members of the ACCR.

I. INTRODUCTION

Communication is a critical component of the art and science of chiropractic and medicine in general and is especially important in diagnostic radiology. Communication between interpreting physician and of referring physician is encouraged to promote optimal patient care and focus on selection of the appropriate and most cost-effective imaging study.

An official interpretation shall be generated following any examination, procedure, or officially requested consultation.

Communication of patient information must be done in accordance with federal and state privacy requirements.

II. THE DIAGNOSTIC RADIOLOGY REPORT

An official interpretation (final written report) shall be provided with all radiologic studies regardless of the site of performance. The report should include the following items as a minimum:

A. Demographics

1. Name of patient and other identifier such as office identification number.
2. Name of referring physician or other healthcare provider.
3. Name or type of examination.
4. Date of the examination.
5. Date of birth or age.

6. Gender.

B. Body of the report

1. Procedures and materials.

The report should include a description of the studies and or procedures performed.

2. Findings

The report should use precise anatomic, biomechanical, pathologic and radiologic terminology to narratively describe the findings accurately.

3. Potential limitations

The report should, when appropriate, identify factors that may limit the sensitivity and specificity of the examination.

4. Clinical issues

The report should address or answer any pertinent clinical issues raised in the request for the imaging examination.

5. Comparative data

Comparison with the relevant prior studies and reports should be part of the radiologic consultation and report when appropriate and available.

III. IMPRESSION (CONCLUSION OR DIAGNOSIS)

A. A precise diagnosis should be given whenever possible.

B. A differential diagnosis should be given when appropriate.

C. Follow up or additional diagnostic studies to clarify or confirm the impression should be suggested when appropriate.

IV. SIGNATURE

A. The report should be signed by interpreting physician in accordance with appropriate state and federal requirements. Electronic or rubber stamp signature devices, instead of written signature, are acceptable if access to them is secure.

V. OFFICIAL INTERPRETATION (FINAL WRITTEN REPORT)

A. The final written report is considered to be the definitive means of communicating the results of an imaging examination or procedure to the referring physician.

B. The final report should be proofread to minimize typographical errors, deleted words and confusing or conflicting statements.

C. A copy of the final report should be kept as part of the patients permanent medical record (paper or electronic) and be retrievable for future reference. Retention of these records should be in accordance with state and federal regulations and facility policies.

Adopted at the ACCR Workshop in Irving TX, 2004