American College of Radiology ACR Appropriateness Criteria®

Chronic Foot Pain

Variant 1: Adult. Chronic foot pain. Unknown etiology. Initial imaging.

	Appropria	ateness	~ ~ -		_						F	inal	Tabu	latio	ns		
Procedure	Catego	ory	SOE	Adults RR	RL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Radiography foot	Usual appropr		Moderate	� <0.1 mS	Sv		9	9	1	0	0	0	0	0	0	0	13
			References			Study	Quality										
			14 (18894612)				4										
			16 (25805712)				4										
			17 (23811947)				4										
			19 (16697701)				2										
			18 (20439021)				4										
			15 (8356270)				4										
			12 (2358259)				4										
			13 (30379105)				4										
US foot	Usually appropr		Expert Consensus	O 0 mSv	,	O 0 mSv [ped]	3	3	3	2	3	0	5	0	0	1	0
CT foot with IV contrast	Usually appropr		Expert Consensus	≎ <0.1 mS	Sv	�� 0.03- 0.3 mSv [ped]	1	1	9	2	2	0	0	0	1	0	0
CT foot without IV contrast	Usually appropr		Expert Consensus	� < 0.1 mS	Sv	�� 0.03- 0.3 mSv [ped]	1	1	8	3	0	3	0	0	0	0	0
CT foot without and with IV contrast	Usually appropr		Expert Consensus	� < 0.1 mS	Sv	�� 0.03- 0.3 mSv [ped]	1	1	10	1	2	0	0	1	0	0	0

MRI foot without IV contrast	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	8	3	1	1	1	0	0	0	0
MRI foot without and with IV contrast	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	10	2	1	0	1	0	0	0	0
Bone scan foot	Usually not appropriate	Expert Consensus	୫୫୫ 1-10 mSv	���� 3- 10 mSv [ped]	1	1	10	1	1	0	1	0	0	1	0
Image-guided anesthetic +/- corticosteroid injection foot or surrounding structures	Usually not appropriate	Expert Consensus	Varies	Varies	1	1	13	1	0	0	0	0	0	0	0

Variant 2: Adult. Chronic foot pain. Suspect tendon or ligament or fascia or muscle or other soft tissue origin. Radiographs negative or indeterminate. Next imaging study.

ъ	Appropriateness	COF	A L L DDI	D I DDI	D 4	3.7.11			F	inal '	Гabu	latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
MRI foot without IV contrast	Usually appropriate	Strong	O 0 mSv	O 0 mSv [ped]	9	9	0	1	0	0	0	0	0	4	9

	Li J	
References	Study	Quality
2 (34642777)		4
30 (36773427)		4
41 (9114115)		3
40 (25809742)	C	Good
28 (31498747)		4
29 (30063368)		4
33 (22727342)		2
32 (20964964)		3
37 (10551246)		3
38 (9016241)		3
35 (20308514)		4
36 (12668744)		4
39 (37353000)		3

		34 (35533558)		(Good										
		27 (8372200)			4										
		25 (17420632)			3										
		31 (10470906)			4		1								
		26 (11706214)			4										
US foot	Usually appropriate	Strong	O 0 mSv	O 0 mSv [ped]	8	8	0	1	0	0	2	1	3	6	1
		References		Study	Quality	•							•	•	
		2 (34642777)			4										
		52 (25466436)			4										
		51 (16819605)			3										
		49 (25027985)			2										
		50 (28398696)			2										
		48 (33135090)			4										
		42 (18064426)			3										
		47 (19664484)			4										
		40 (25809742)		C	Good										
		43 (16040817)			1										
		46 (27957702)			4										
		44 (-3145751)			3										
		45 (-3145753)			2										
		34 (35533558)		C	Good										
		21 (20489099)			2										
		28 (31498747)			4			1		1	_				
Image-guided anesthetic +/- corticosteroid injection foot or surrounding structures	May be appropriate	Limited	Varies	Varies	5	5	0	3	0	4	6	1	0	0	0
		References		Study	Quality										
		24 (9240528)			4										
		23 (31068007)			4										
		22 (11159075)			4										

CT foot with IV contrast	Usually not appropriate	Expert Consensus	≎ <0.1 mSv		2	2	7	3	1	0	1	1	1	0	0
MRI foot without and with IV contrast	Usually not appropriate	Limited	O 0 mSv	O 0 mSv [ped]	2	2	7	0	3	0	2	2	0	0	0
		References		Study	/ Quality										
		27 (8372200)			4										
		26 (11706214)			4										
		25 (17420632)			3										
CT foot without IV contrast	Usually not appropriate	Limited	 	0.3 mSv (ped]	1	1	8	2	0	0	3	0	1	0	0
		References		Study	Quality										
		21 (20489099)			2										
CT foot without and with IV contrast	Usually not appropriate	Expert Consensus	≎ <0.1 mSv		1	1	8	3	0	1	0	2	0	0	0
Bone scan foot	Usually not appropriate	Limited	��� 1-10 mSv	���� 3- 10 mSv [ped]	1	1	8	6	0	0	0	0	0	0	0
_		References		Study	Quality										
		20 (18806575)			4										

Variant 3: Adult. Chronic foot pain. Suspect occult fracture or painful ossicles or pain of other osseous origin. Radiographs negative or indeterminate. Next imaging study.

D 1	Appropriateness	COF	4 1 14 DDI	D I DDI	D.	3.6.11			F	inal '	Гаbи	latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
MRI foot without IV contrast	Usually appropriate	Limited	O 0 mSv	O 0 mSv [ped]	9	9	0	0	0	0	0	0	1	2	11
				•	- ··								•		

References	Study Quality
83 (30685010)	4
82 (19038613)	4
80 (27888854)	4

			81 (27885856)				4										
			78 (9765133)				4										
			79 (34704114)				4										
			76 (22078792)				4										
			73 (8571860)				4										
			65 (11858605)				4										
			75 (26888876)				2										
			64 (29876712)				3										
			74 (26557590)				3										
			77 (29228800)				4										
			60 (30973781)				4										
			26 (11706214)				4										
			15 (8356270)				4										
CT foot without IV contrast	Usua approp	lly riate	Strong	⊕ <0.1 mS	v	�� 0.03- 0.3 mSv [ped]	8	8	0	0	0	1	0	1	3	5	4
			References			Study	Quality										
			73 (8571860)				4										
			72 (15018183)				4										
			69 (19038614)				4										
			70 (21817003)				3										
			68 (12627621)				4										
			71 (8079860)				4										
			66 (15333345)				3										
			65 (11858605)				4										
			67 (29679212)			C	ood										
			64 (29876712)				3										
			60 (30973781)				4						1				
Image-guided anesthetic +/- corticosteroid injection foot or surrounding structures	May approp	be riate	Limited	Varies		Varies	5	5	0	1	2	2	9	0	0	0	0
			References			Study	Quality										

		60 (30973781)			4			_							
US foot	May be appropriate	Limited	O 0 mSv	O 0 mSv [ped]	4	4	1	3	3	4	3	0	0	0	0
		References		Study	Quality	•									
		61 (15230772)			4										
		85 (22506252)			4										
		84 (10477883)			4	_									
Bone scan foot	Usually not appropriate	Limited	��� 1-10 mSv	���� 3- 10 mSv [ped]	3	3	0	3	5	2	2	2	0	0	0
		References		Study	Quality										
		63 (29348982)		4											
		62 (25210293)		4											
		59 (1424449)		4											
		61 (15230772)		4											
		58 (3806228)			4										
		60 (30973781)			4										
		27 (8372200)			4										
		54 (21540716)			4										
		15 (8356270)			4										
		55 (7633586)			2										
		57 (11595853)			4										
		53 (30788224)			4										
		56 (31507140)			3										
CT foot with IV contrast	Usually not appropriate	Expert Consensus	 <0.1 mSv	�� 0.03- 0.3 mSv [ped]	2	2	7	3	0	0	3	1	0	0	0
MRI foot without and with IV contrast	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	2	2	7	0	4	1	0	2	0	0	0
CT foot without and with IV contrast	Usually not appropriate	Expert Consensus	� <0.1 mSv	�� 0.03- 0.3 mSv [ped]	1	1	8	2	0	1	2	0	1	0	0

Variant 4: Adult. Chronic foot pain. Suspect osteochondral lesion or cartilage abnormality or degenerative joint disease or pain of other articular origin. Radiographs negative or indeterminate. Next imaging study.

D 1	Appropriateness	COE	4 1 14 DDT	n i pri	D (3.6 11			F	inal	Tabu	latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
MRI foot without IV contrast	Usually appropriate	Limited	O 0 mSv	O 0 mSv [ped]	9	9	0	0	0	0	0	0	2	1	11
		References		Study	Quality										
		87 (36737484)			4										
CT foot without IV contrast	Usually appropriate	Limited	⊕ <0.1 mS\		7	7	0	0	0	0	0	1	8	5	0
		References		Study	Quality										
		91 (30383405)			2										
		90 (32995345)			4										
		89 (35219362)			4										
		88 (33259992)		3											
4		87 (36737484)			4										
Image-guided anesthetic +/- corticosteroid injection foot or surrounding structures	May be appropriate	Limited	Varies	Varies	5	5	0	0	1	1	9	3	0	0	0
		References		Study	Quality										
		24 (9240528)			4										
		95 (8751679)			4										
		92 (19755074)			4										
		93 (21940584)			4										
		94 (15664573)											_		
MR arthrography foot	May be appropriate	Limited	O 0 mSv	O 0 mSv [ped]	5	5	0	0	1	2	10	0	1	0	0
		References		Study	Quality										
		87 (36737484)			4										

US foot	May approp	be priate	Strong	O 0 mSv	O 0 mSv [ped]	4	4	1	1	2	4	4	2	0	0	0
			References		Stud	y Quality										
			10 (37236743)			4										
			98 (34378811)			2										
			96 (28478580)			4										
			97 (27999984) 87 (36737484)			1										
			87 (36737484)			4										
CT foot with IV contrast	Usuall approp		ot Expert 8 < 0.1 mSv		& 0.03- 0.3 mSv [ped]	2	2	7	2	2	1	0	1	1	0	0
MRI foot without and with IV contrast	Usuall approp	y not oriate	Expert Consensus	O 0 mSv	0.0 mSv	2	2	6	2	1	2	1	1	1	0	0
CT foot without and with IV contrast	Usuall approp		Expert Consensus	≎ <0.1 mS	\$\text{\$\phi\$} 0.03- 0.3 mSv [ped]	1	1	8	2	1	1	1	0	1	0	0
Bone scan foot	Usuall approp		Limited	≎⊕ ⊕ 1-10 mSv	0	1	1	10	2	2	0	0	0	0	0	0
			References		Stud	y Quality										
			86 (37953864)			4										

Variant 5: Adult. Chronic foot pain. Suspect foreign body. Radiographs negative or indeterminate. Next imaging study.

Procedure	Appropriateness	COF	A L L DDI	D I DDI	D 4:	37.1			F	inal '	Tabu	latio	ns		
	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
US foot	Usually appropriate	Limited	O 0 mSv	O 0 mSv [ped]	9	9	0	0	0	0	0	0	1	2	11
	,	References		Study	/ Quality										

References	Study Quality
114 (14682417)	4
113 (1887037)	4
111 (9423650)	2

		109 (11553831)													
		110 (7594298)													
		112 (11312171)													
		99 (11856673)			4										
MRI foot without IV contrast	May be appropriate	Limited	O 0 mSv	O 0 mSv [ped]	6	6	1	0	0	0	1	8	2	2	0
		References		Study	Quality										
		108 (12740473)													
		107 (9215474)													
		99 (11856673)													
		101 (24951233)													
		105 (7618565)													
		106 (21886538)													
CT foot with IV contrast	May be appropriate	Limited	⊕ <0.1 mSv	�� 0.03- 0.3 mSv [ped]	5	5	0	1	1	2	10	0	0	0	0
		References		Study	Quality										
		99 (11856673)													
CT foot without IV contrast	May be appropriate	Limited	⊕ <0.1 mSv	�� 0.03- 0.3 mSv [ped]	5	5	0	0	1	4	9	0	0	0	0
		References		Study											
		104 (33136481)			4										
		103 (23264199)			4										
		99 (11856673)			4										
		101 (24951233)			4										
		100 (20100917)		2											
			4												
		102 (21442560)			4					1					
MRI foot without and with IV contrast	May be appropriate	102 (21442560) Limited	O 0 mSv	O 0 mSv [ped]	5	5	0	0	0	1	7	6	0	0	0
			O 0 mSv	[ped]		5	0	0	0	1	7	6	0	0	0

			101 (24951233)			4										
CT foot without and with IV contrast	Usuall approp		Limited	⊕ <0.1 mS		2	2	7	1	2	1	2	0	1	0	0
		References			Study											
			99 (11856673)	4												
Bone scan foot	Usuall approp		Expert Consensus	≎≎≎ 1-10 mSv	���� 3- 10 mSv [ped]	1	1	10	4	0	0	0	0	0	0	0
Image-guided anesthetic +/- corticosteroid injection foot or surrounding structures	Usuall approp	y not oriate	Expert Consensus	Varies	Varies	1	1	11	1	2	0	0	0	0	0	0

Variant 6: Adult. Chronic foot pain. Suspect Baxter neuropathy or complex regional pain syndrome or entrapment syndrome or other neurogenic origin. Radiographs negative or indeterminate. Next imaging study.

D 1	Appropriater	ness	D (1	Median	Final Tabulations											
Procedure	Category	SOE	Adults RRI	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9	
MRI foot without IV contrast	Usually appropriate	e Limited	O 0 mSv	O 0 mSv [ped]	9	9	0	0	0	0	0	0	1	6	7	
		References	Study	Quality												
		125 (19703848)														
		124 (26284303)		4												
		123 (21415181)	ı		4		_									
MRI foot without and with IV contrast	May be appropriate	Strong	O 0 mSv	O 0 mSv [ped]	5	5	0	0	0	1	8	2	3	0	0	
		References		Study		•										
	122 (30322495)			4												
		121 (32534352)	ı		2											
		120 (7892471)			3											
		119 (17515744)	1		2											
		115 (22177715)	Inac	lequate												

			118 (24161450))		4										
3-phase bone scan foot	May approj		Limited	��� 1-10 mSv)	5	5	0	0	1	1	8	2	1	1	0
		References			Study	y Quality										
	_	115 (22177715))	Inac	dequate										
US foot	May be appropriate		Limited	O 0 mSv	O 0 mSv [ped]	5	5	0	0	0	3	6	1	4	0	0
			References		Study											
		2 (34642777)				4										
			128 (9798855)		4											
		127 (23980227)														
		124 (26284303)														
			126 (29791963))		4			1							
Image-guided anesthetic +/- corticosteroid injection foot or surrounding structures	May approj (Disagre	oriate	Expert Opinion	Varies	Varies	5	5	0	3	1	4	3	3	0	0	0
			References		Study											
			116 (21600446))	4											
			117 (27341442))	4											
CT foot without IV contrast	Usuall approp		Expert Consensus	≎ <0.1 mS	v 0.03- 0.3 mSv [ped]	2	2	7	2	0	1	2	2	0	0	0
CT foot with IV contrast	Usuall approp				v 0.03- 0.3 mSv [ped]	1	1	10	3	1	0	0	0	0	0	0
CT foot without and with IV contrast	Usuall approj		Expert Consensus	 ≪ < 0.1 mS	v 0.03- 0.3 mSv [ped]	1	1	8	1	0	2	1	1	1	0	0
Bone scan foot	Usuall approp		Expert Consensus	≎≎≎ 1-10 mSv	⊕⊕⊕⊕ 3- 10 mSv [ped]	1	1	8	0	3	2	0	0	1	0	0

Appendix Key

A more complete discussion of the items presented below can be found by accessing the supporting documents at the designated hyperlinks.

Appropriateness Category: The panel's recommendation for a procedure based on the assessment of the risks and benefits of performing the procedure for the specified clinical scenario.

SOE: Strength of Evidence. The assessment of the amount and quality of evidence found in the peer reviewed medical literature for an appropriateness recommendation.

- **References:** The citation number and PMID for the reference(s) associated with the recommendation.
- Study Quality: The assessment of the quality of an individual reference based on the number of study quality elements described in the reference.

RRL: Relative Radiation Level. A population based assessment of the amount of radiation a typical patient may be exposed to during the specified procedure.

Rating: The final rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

Median: The median rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

Final tabulations: A histogram showing the number of panel members who rated the procedure as noted in the column heading (ie, 1, 2, 3, etc.).

Additional supporting documents about the AC methodology and processes can be found at www.acr.org/ac.