### Chronic Foot Pain

**Variant 1:**

Chronic foot pain of unknown etiology. First study.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appropriateness Category</th>
<th>SOE</th>
<th>RRL</th>
<th>Panel Rating</th>
<th>Group Median Rating</th>
<th>Final Tabulations</th>
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<tbody>
<tr>
<td>CT foot with IV contrast</td>
<td>Usually not appropriate</td>
<td>☢ &lt;0.1 mSv ☢☢ 0.03-0.3 mSv [ped]</td>
<td>1</td>
<td>n/a</td>
<td>0 0 0 0 0 0 0 0 0</td>
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<tr>
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<td>Usually not appropriate</td>
<td>☢ &lt;0.1 mSv ☢☢ 0.03-0.3 mSv [ped]</td>
<td>1</td>
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<tr>
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<tr>
<td>Tc-99m bone scan foot</td>
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Variant 2: Adult or child. Painful rigid flat foot. Radiographs unremarkable or equivocal and clinical concern for tarsal coalition.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Study Quality</th>
<th>References</th>
<th>Study Quality</th>
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<tbody>
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<td>CT foot with IV contrast</td>
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</tr>
<tr>
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<td>☢ &lt;0.1 mSv ☢☢ 0.03-0.3 mSv [ped]</td>
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<tr>
<td>CT foot without and with IV contrast</td>
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<tr>
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<tr>
<td>Tc-99m bone scan foot</td>
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<tr>
<td>US foot</td>
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Variant 3: Radiographs unremarkable or equivocal and clinical concern for complex regional pain syndrome type I.
<table>
<thead>
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<th>Appropriateness</th>
<th>Radiation Dose</th>
<th>References</th>
<th>Study Quality</th>
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<tr>
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<td>☢ &lt;0.1 mSv ☢☢ 0.03-0.3 mSv [ped]</td>
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<tr>
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<td>0 0 mSv 0 0 mSv [ped]</td>
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<tr>
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<td>☢☢☢ 1-10 mSv</td>
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<tr>
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Variant 4: **Adult or child. Radiographs noncontributory. Pain and tenderness over head of second metatarsal and clinical concern for Freiberg infraction.**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appropriateness</th>
<th>Radiation Dose</th>
<th>References</th>
<th>Study Quality</th>
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<td>CT foot without and with IV contrast</td>
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<tr>
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<tr>
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<td>n/a</td>
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<tr>
<td>US foot</td>
<td>Usually not appropriate</td>
<td>O 0 mSv O 0 mSv [ped]</td>
<td>2</td>
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<tr>
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<td>☢ &lt;0.1 mSv ☢ &lt;0.03 mSv [ped]</td>
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</table>

**Variant 5:**

Pain and tenderness over tarsus, unresponsive to conservative therapy. Radiographs showed accessory ossicle.
## References

<table>
<thead>
<tr>
<th>MRI foot without IV contrast</th>
<th>Usually appropriate</th>
<th>References</th>
<th>Study Quality</th>
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<th>Study Quality</th>
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<th>Study Quality</th>
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<th>References</th>
<th>Study Quality</th>
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### Variant 6:

*Localized pain at the plantar aspect of the heel. Radiographs unremarkable or equivocal. Clinical concern for plantar fasciitis.*

<table>
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<th>Usually not appropriate</th>
<th>References</th>
<th>Study Quality</th>
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</thead>
<tbody>
<tr>
<td>☢ &lt;0.1 mSv ☢☢ 0.03-0.3 mSv [ped]</td>
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<table>
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<th>Usually not appropriate</th>
<th>References</th>
<th>Study Quality</th>
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</thead>
<tbody>
<tr>
<td>☢ &lt;0.1 mSv ☢☢ 0.03-0.3 mSv [ped]</td>
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<tr>
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<th>References</th>
<th>Study Quality</th>
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</thead>
<tbody>
<tr>
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<th>References</th>
<th>Study Quality</th>
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<tr>
<td>O 0 mSv O 0 mSv [ped]</td>
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<tr>
<td>Study Type</td>
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<td>Radiation Dose</td>
<td>References</td>
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<tr>
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<td>Usually not appropriate</td>
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<tr>
<td>Tc-99m bone scan foot</td>
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<td>☢☢☢ 1-10 mSv ☢☢☢☢ 3-10 mSv [ped]</td>
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<td>US foot</td>
<td>May be appropriate</td>
<td>O 0 mSv O 0 mSv [ped]</td>
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Variant 7:

Athlete with pain and tenderness over tarsal navicular. Radiographs unremarkable or equivocal. Clinical concern for stress injury or occult fracture.

<table>
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<tr>
<th>Study Type</th>
<th>Appropriateness</th>
<th>Radiation Dose</th>
<th>References</th>
<th>Study Quality</th>
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<tbody>
<tr>
<td>CT foot with IV contrast</td>
<td>Usually not appropriate</td>
<td>☢ &lt;0.1 mSv ☢ ☢ 0.03-0.3 mSv [ped]</td>
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<td>n/a</td>
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<tr>
<td>MRI foot without IV contrast</td>
<td>Usually appropriate</td>
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<td>9</td>
<td>n/a</td>
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<tr>
<td>MRI foot without and with IV contrast</td>
<td>Usually not appropriate</td>
<td>O 0 mSv O 0 mSv [ped]</td>
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<td>n/a</td>
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<tr>
<td>Tc-99m bone scan foot</td>
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<td>☢☢☢ 1-10 mSv ☢☢☢☢ 3-10 mSv [ped]</td>
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### Variant 8:

**Burning pain and paresthesias along the plantar surface of the foot and toes. Radiographs unremarkable or equivocal. Clinical concern for tarsal tunnel syndrome.**

<table>
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<th>Procedure</th>
<th>Usual Applicability</th>
<th>References</th>
<th>Study Quality</th>
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<tbody>
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### Variant 9: Pain in the 3-4 web space with radiation to the toes. Radiographs unremarkable or equivocal. Clinical concern for Morton neuroma.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appropriateness</th>
<th>Radiation Dose [mSv]</th>
<th>Study Quality</th>
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<tbody>
<tr>
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<td>Usually not appropriate</td>
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</tr>
<tr>
<td>CT foot without and with IV contrast</td>
<td>Usually not appropriate</td>
<td>☢ &lt;0.1 mSv ☢☢ 0.03-0.3 mSv [ped]</td>
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</tr>
<tr>
<td>MRI foot without IV contrast</td>
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<td>0 0 mSv 0 0 mSv [ped]</td>
<td>7 n/a 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>MRI foot without and with IV contrast</td>
<td>Usually appropriate</td>
<td>0 0 mSv 0 0 mSv [ped]</td>
<td>9 n/a 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>Tc-99m bone scan foot</td>
<td>Usually not appropriate</td>
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<td>2 n/a 0 0 0 0 0 0 0 0</td>
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<td>Usually appropriate</td>
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</table>

### Variant 10: Radiographs unremarkable or equivocal and with persistent clinical concern for tendinopathy.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appropriateness</th>
<th>Radiation Dose [mSv]</th>
<th>Study Quality</th>
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</tr>
<tr>
<td>CT foot without IV contrast</td>
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<td>☢ &lt;0.1 mSv ☢☢ 0.03-0.3 mSv [ped]</td>
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</tr>
<tr>
<td>CT foot without and with IV contrast</td>
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<td>Usually appropriate</td>
<td>O 0 mSv O 0 mSv [ped]</td>
<td>9</td>
</tr>
<tr>
<td>MRI foot without and with IV contrast</td>
<td>May be appropriate</td>
<td>O 0 mSv O 0 mSv [ped]</td>
<td>5</td>
</tr>
<tr>
<td>Tc-99m bone scan foot</td>
<td>Usually not appropriate</td>
<td>☢☢☢ 1-10 mSv ☢☢☢☢ 3-10 mSv [ped]</td>
<td>1</td>
</tr>
<tr>
<td>US foot</td>
<td>Usually appropriate</td>
<td>O 0 mSv O 0 mSv [ped]</td>
<td>7</td>
</tr>
</tbody>
</table>

**Variant 11:** Radiographs unremarkable, equivocal, or further diagnostic information needed. Clinical concern for inflammatory arthropathy, including rheumatoid arthritis.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appropriateness</th>
<th>References</th>
<th>Study Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT foot with IV contrast</td>
<td>Usually not appropriate</td>
<td>☢ &lt;0.1 mSv ☢☢ 0.03-0.3 mSv [ped]</td>
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</tr>
<tr>
<td>CT foot without IV contrast</td>
<td>Usually not appropriate</td>
<td>☢ &lt;0.1 mSv ☢☢ 0.03-0.3 mSv [ped]</td>
<td>1</td>
</tr>
<tr>
<td>Procedure</td>
<td>Appropriateness</td>
<td>Radiation Dose</td>
<td>References</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------------</td>
<td>-------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>CT foot without and with IV contrast</td>
<td>Usually not</td>
<td>✮✮✮✮ ≤0.1 mSv ✮✮ 0.03-0.3 mSv [ped]</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRI foot without IV contrast</td>
<td>Usually</td>
<td>0 0 mSv 0 0 mSv [ped]</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>appropriate</td>
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</tr>
<tr>
<td>MRI foot without and with IV contrast</td>
<td>Usually</td>
<td>0 0 mSv 0 0 mSv [ped]</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>appropriate</td>
<td></td>
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</tr>
<tr>
<td>Tc-99m bone scan foot</td>
<td>Usually not</td>
<td>✮✮✮✮ 1-10 mSv ✮✮✮✮ 3-10 mSv [ped]</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US foot</td>
<td>May be</td>
<td>0 0 mSv 0 0 mSv [ped]</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>appropriate</td>
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</tbody>
</table>
Please refer to the supporting documentation for a more complete discussion of the concepts and their definitions below.

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

Disagree: The variation of the individual ratings from the median rating indicates panel disagreement on the final recommendation.

References: Lists the references associated with the recommendation.

SQ: Study Quality (1, 2, 3, 4, Good M or Inadequate M) of the references listed.

RRL: Information on the Relative Radiation Level (RRL) designations can be found.