



DIAGNOSTIC IMAGING

Radiology Reports: Are You Dr. Insight or Dr. Ordinary?

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Clearly communicating to your patients is the key to educating them about their condition, gaining their trust and ultimately achieving greater patient compliance to your treatment plan. And one of the best ways to communicate clearly with a patient is through a radiology report. A proper radiology report that gives the patient a visual explanation of their specific spinal health condition can take you from being Dr. Ordinary to Dr. Insight.

Interpretation vs. Communication: Two Sides to the Report Equation

The important point to remember is that there are two major components to a radiology report. First is the interpretation of the study, which involves identification and recognition of the salient findings, and using them to arrive at a diagnosis or a differential diagnosis (in other words, a suggested pathway for further investigation). The second component is the equally important element of communicating those findings and conclusions clearly, usefully and unequivocally in a report.



Mastering one component does not necessarily mean success in the other.¹

Patients place a high value on procedural correctness and clear communication with their chiropractor as their clinician in ordering and reading the X-ray images. Patients want and need information provided that it outlines the procedures being ordered, an explanation of the results, and a personal consultation regarding the findings.

A lack of or incomplete communication is often found to be a cause of dissatisfaction among patients and could suggest a means of improving patient outcomes as measured by value-based health care metrics.²

Are You Confusing Your Patients? Why Your Own Report Matters

The reality of "depending" on a medical radiologist for a report is usually left without any mentioning of biomechanical references, alignment annotations or spinal alteration findings, unless obvious findings like a definitive scoliosis are present. In addition, the radiologist will never call the patient to discuss the findings since you are the one who ordered the study.

Does it seem odd that the ordering chiropractor would hand to the patient a radiologist (most likely your local medical radiologist) report, with no information related to biomechanical alterations, assuming there were some present?

To make the situation more confusing, you then add biomechanical information in your discussion of findings, making the patient wonder why the MD radiologist did not mention the findings you are mentioning.

This is not a suggestion for using the outdated bone-out-of-place terminology. Biomechanical considerations are evidenced-based clinical findings such as abnormal Ferguson's angle³ or lumbar

lordosis deviations out of normal range that have been shown to lead to LBP⁴ and a host of other issues.

Creating Your Own Report: Essential Elements to Include

In most cases, a chiropractic radiologist (DACBR) would be better utilized instead of the local medical radiologist. Even still, DCs are trained and qualified to order and read their own films, without any "dependence" on any radiologist being needed for most of their X-ray studies. A second opinion or an overread is sometimes warranted and logical when questions on certain fractures or tumors may present.

It makes sense to create your own radiology report complete with any diagnostic, biomechanical or pathological findings. You can always include the same findings as your MD radiologist for those who refer out and want that second opinion. Regardless, doctors of chiropractic need to create their own analysis of the radiology findings and present that to the patient. Include images and annotations to highlight any significant areas on the images.⁵

This event is just that: an event. It is a major educational moment that can give the "a-ha" acceptance of spinal health reality; and give the patient a sense of confidence in their selection of a health care provider (you), as well as trust and confidence in their chiropractor's recommendations.

After the patient demographics (DOB, gender), there are five main components of the body of the radiology report to focus on here: procedure/views, findings, potential limitations, clinical issues, and comparative data. Also include the referring physician, if more than one doctor is in the clinic; type of examination; and dates for both the exam and the report.⁶

It is also important to keep things brief, yet specific. Consider following this outline when composing your radiology report:

- Heading
- Comparison (if applicable or available)
- Clinical history (as it relates to the image / reason for obtaining the images)
- Technique
- Findings
- Impression
- Recommendations
- The Power of a Picture

The old saying really is true: A picture is worth a thousand words. It is important here to include the actual X-ray images inside your radiology report.⁷ You are the spinal health care expert! According to the Palmer Chiropractic College definition, a chiropractor is the primary care professional for spinal health and well-being. If the phrase *to see is to know* is applicable in this instance, then a DC holding themselves out as a spinal health care expert must ask themselves: *How can I be the spinal health care expert if I cannot see the spine?*

Dr. Insight should have the ability to report on the patient's actual spinal health by seeing the actual spine; and report those findings by showing those images to the patient if imaging is clinically necessary.

Clinical Pearls

Using technology to help generate those radiology reports and inserting images of the radiographs directly into the report with biomechanical annotations and measurements helps to visually communicate to the patient the status of their spine in terms they can understand, as opposed to just words on a page. Having the ability to create these educational moments more quickly with the use of digital X-ray software technology allows you to save time, provides a more professional presentation to the patient, and ultimately achieves greater patient satisfaction. This all leads to better care plan compliance, more referrals and a gold-standard reputation in your community.

References

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