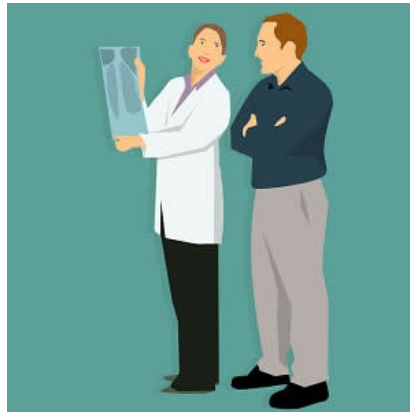




## ACR Appropriateness Criteria's 6 new patient summaries



The American College of Radiology has expanded its ACR Appropriateness Criteria (AC) summary resource, with the release of six new patient-friendly summaries that are intended to help patients understand what tests are appropriate for their situation.

The new AC patient summaries are less than 250 words, written in language that is easily understood by those with little or no medical experience or training, and based on input from an expert panel of providers from different medical specialities.

The ACR Appropriateness Criteria® are comprised of about 300 evidence-based guidelines, created and continually updated by multidisciplinary teams of expert physicians to help providers make the most appropriate diagnostic imaging and image-guided treatment decisions for specific clinical conditions.

The Journal of the American College of Radiology (JACR), in collaboration with the ACR, has launched "Patient Summaries" as a new publication category, representing an important, new initiative to have patients (laypersons) summarise AC recommendations for patients.

JACR Editor-In Chief, Bruce J. Hillman, MD, FACR, stated: "These patient-friendly summaries empower patients to more fully participate in their care, and are already strengthening the doctor-patient relationship. They also help ordering physicians and radiologists better communicate the reason they are requesting, or performing, a particular imaging test."

The new AC patient summaries are part of a larger, first-of-its-kind effort by the ACR to provide more patient- and family-centred radiology care. Enabling such medical guidelines to be "translated" and easily understood and used by patients will further the ACR's progress towards this goal.

The first patient-friendly summary, released in January of this year, explained the AC for acute chest-pain —suspected pulmonary embolism. The five summaries released most recently address the AC for headache, routine chest radiology, sinonasal disease, low back pain, asymptomatic patient at risk for coronary artery disease and acute onset flank pain – suspicion of stone disease (Urolithiasis).

Additional patient-friendly summaries are expected to be released in the months to come, according to the ACR.

Source: [American College of Radiology](#)

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