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Read moreLog on with your ACR member credentials to access the library.Log InEvidence-based guidelines to assist referring physicians and other providers in making the most appropriate imaging or treatment decision.257Diagnostic Imaging and Interventional Radiology documents165patient-friendly AC summariesIn 2025, we added 11 new and six revised topics. The ACR Appropriateness Criteria includes 257 Diagnostic Imaging and Interventional Radiology topics with over 1,200 clinical variants and 3,700 clinical scenariosCurrently, the ACR AC are the most comprehensive evidence-based guidelines for diagnostic imaging and image guided interventional procedures. They embody the best, current evidence for selecting appropriate diagnostic imaging and interventional procedures for numerous clinical conditions.The ACR includes a balanced, multidisciplinary team involving various stakeholders in the development process. The ACR AC are reviewed annually and updated by the panels as needed, based on the introduction of new and important scientific evidence. For more about the development process, please read the ACR Appropriateness Criteria Methodology Article in JACR, download the Literature Searchand RatingProcess documents and review the Evidencedocument.We track and manage insights and feedback from a variety of sources who are not directly involved in the ACR AC development and review processes. Comments on existing AC content or suggestions for new AC content may be submitted at any time, including during the focused commenting period scheduled for two months after each release. We do our best to provide timely responses to all input.These brief summaries, written by patients, for patients, help laypersons understand which imaging is most appropriate for their situation.Once you have found the Appropriateness Criteria document you want to use, open the corresponding Narrative and Rating Table PDF and use it for the title, authors and URL. If citing a specific ACR Appropriateness Criteria topic: List authors. Title. Available at [URL]. American College of Radiology. Accessed [DATE]. Example: Bancroft LW, Kransdorf MJ, Adler RA, et al. ACR Appropriateness Criteria Acute Trauma to the Foot. Available at . American College of Radiology. Accessed DATE. If citing the entire ACR Appropriateness Criteria American College of Radiology. ACR Appropriateness Criteria. Available at . Accessed [DATE].More than 700 volunteer physicians are involved in the ACR Appropriateness Criteria development process. Each panel chair is responsible for recruiting and selecting the radiology members of their expert panel, considering diverse geographic regions, practice settings, imaging modalities and clinical settings. We also work in partnership with numerous medical specialty organizations to identify nationally recognized non-radiology clinical content experts to participate in AC documents. View the current AC organizational chartand list of medical specialty societies.The funding for the process is assumed entirely by the American College of Radiology. ACR staff support the expert panels through the conduct of literature searches, acquisition of scientific articles, drafting of evidence tables, dissemination of materials for the Delphi process, collation of results, conference calls, document processing and general assistance to the panelists.The AC panel members have editorial independence from the ACR when developing the guidance documents. There are inputs within the committee governance structure to encourage diversity and representation for the guidance development panels members and to support adequate review by primary care providers, patient representatives and technical experts. The recommendations on the final documents are the result of the objective evidence-based processes and the process to determine group consensus. The panels review the recommendations and modify the text to ensure the text represents the final recommendations. The final AC documents are not reviewed, modified, or approved by an ACR committee external to the process, such as the ACR Board of Chancellors (BOC).The ACR BOC has delegated authority for independently creating the committees and documents through ACRs governing structure and process. The chair of the ACR AC Committee, who is ultimately responsible for the AC documents, is recommended for appointment to the BOC Chair by the Chair of the Commission on Quality and Safety.An important aspect of committee operations is the disclosure and management of potential conflicts of interest. The ACR AC programs COI process follows the current ACR COI policy and fulfills any and all additional requirements for qualified provider-led entities as designated by the Centers for Medicare and Medicaid Services AUC program.The ACR Committee on Appropriateness Criteria and its expert panels have developed criteria for determining appropriate imaging examinations for diagnosis and treatment of specified medical condition(s). These criteria are intended to guide radiologists, radiation oncologists and referring physicians in making decisions regarding radiologic imaging and treatment. Generally, the complexity and severity of a patients clinical condition should dictate the selection of appropriate imaging procedures or treatments. Only those examinations generally used for evaluation of the patients condition are ranked. Other imaging studies necessary to evaluate other co-existent diseases or other medical consequences of this condition are not considered in this document. The availability of equipment or personnel may influence the selection of appropriate imaging procedures or treatments. Imaging techniques classified as investigational by the FDA have not been considered in developing these criteria; however, study of new equipment and applications should be encouraged. The ultimate decision regarding the appropriateness of any specific radiologic examination or treatment must be made by the referring physician and radiologist in light of all the circumstances presented in an individual examination.Optimize Patient Care: The ACR AC provides enhanced diagnostic accuracy, reduces delays in access and improves health outcomes.Save Time:Utilizing ACR AC ensures that imaging services performed are appropriate and warranted, avoiding unnecessary increases in workloads.Empower You and Your Colleagues: The ACR AC supports physicians and non-physician providers to make the best clinical decisions around appropriate use of imaging.CareSelect Imaging is an EHR-integrated clinical decision support solution that helps ordering providers identify unnecessary diagnostic imaging by utilizing a comprehensive set of evidence-based guidelines, such as the ACR Appropriateness Criteria. Robust targeted analytics benchmark ordering provider performance against the criteria, helping health systems establish an enterprise-wide standard of care.Explore CareSelect ImagingOn-demand Webinar: Maximizing CareSelect ImagingThe duty of the radiologist is not limited to detecting and reporting pertinent findings following a radiologic study. The radiologists duty extends to ensuring that the report was received, understood and acted upon, as well as ensuring that active communication and information exchange between the healthcare providers occurs. Of particular concern are abnormal or critical findings in radiology reports. To ensure appropriate medical care, the radiologist and other individuals responsible for the patients care should consider the following communication factors:How immediate is the need for treatment?What is the degree of harm that is likely to result from inattention?Was the diagnostic test incomplete?Who is responsible for communicating with the patient?Is there a discrepancy between current findings and those previously reported?Is there adequate clinical information in the request (e.g., working diagnosis, symptoms, etc.) to develop an appropriate diagnosis?Has the person who should be notified been identified?American College of Radiology RecommendationsThe American College of Radiology (ACR) published a guideline for communicating diagnostic imaging findings. The ACR recommends that radiologists:Prepare a formal, written report for all studies that includes review of previous reports and comparison of previous images when possible.Transmit the report to the referring physician or healthcare provider, who provides clinical follow-up care.The ACR explains that routine reporting can be handled through the usual channels established by the practice or facility. However, the communication of a diagnostic imaging report should be expedited in emergent or other non-routine clinical situations. There should be efforts made to ensure timely receipt of findings when there is evidence of something that would require an immediate or urgent intervention (e.g. pneumothorax, pneumoperitoneum, or a significantly misplaced line or tube); when a final interpretation differs from the preliminary report (this can be a particular issue with images interpreted by emergency department personnel), or a subsequent review of a final report that has been submitted reveals discrepancies; or the radiologist believes there are findings that would seriously affect the patients health and are unexpected by the treating or referring physician. The ACR also recommends that diagnostic imagers document all non-routine communications and include time and method of communication as well as the name of the person to whom the communication was made.Methods of communication may vary, and when using some methods of communication that may not assure receipt of communication, e.g. text pager, facsimile, voice message, it would be appropriate to request confirmation of receipt of the report by the receiving clinician.Medical Professional Liability RisksCommunication errors may give rise to claims of malpractice when information that was delayed or not received could have been used to benefit the health of the patient. Common communication problems include the following:Radiologic findings that are delayed or not received by the referring physician.Failure to mention an inconclusive or incidental finding to the treating physician.Failure to notify a self-referred patient of an abnormal result.Risk Management RecommendationsPrepare a formal, written report for all studies that includes review of previous reports and comparison of previous images when possible.State if previous reports and images are not available and any attempts to obtain them.In a group setting, ensure that all radiologists consistently document review of previous reports and comparisons of previous images.Ensure timely receipt of findings for critical results by implementing a system to confirm receipt of the report by the referring physician.If the referring physician cannot be located, leave a message with a nurse or associate who will be accountable for notifying the referring physician of urgent findings.If no one is available, contact the patient directly.Communicate by phone or in-person, as appropriate, to confirm receipt of findings.Document notification of critical test results in the patients medical record or in the radiology report.Include the date, time and method of communication, as well as the name of the person to whom the communication was made and what was discussed.In a group setting, ensure that all radiologists consistently document notification of critical test results in the patients medical record or in the radiology report.Directly communicate results to a self-referred patient and advise appropriate follow-up.Consider communicating critical or unexpected findings directly to a patient when the patient has been referred by a third party, e.g., an insurance company or employer.Develop a system to ensure that radiographic studies are interpreted and the interpretation reported to the referring physician or another designated individual in a timely manner during holidays, periods of illness or any other time the communication of results could be delayed.Avoid informal consultations (see The Risks Associated with Curbside Consults for Radiologists to learn more); instead, recommend a formal referral for situations that are complex or focused on a particular patient.Additional ResourceAmerican College of Radiology. ACR Practice Guideline for Communication of Diagnostic Imaging Findings. Revised 2010 (Resolution II). (accessed: 6/9/2017) This 8.5" x 11" PDF chart provides comparisons of effective radiation dose for various radiologic procedures with background radiation exposure (please visit the Patient Safety: Radiation Dosepage for the most current data). It is intended to be used by physicians in combination with the Patient Safety: RadiationDose page in discussing the highly complex topic of effective dose with their patients. Actual dose can vary substantially, depending on a person's size and a facility's imaging practices. In all instances, the radiologist will select the appropriate dose reduction method(s) to accomplish the lowest possible dosenecessary to answer the clinical question at hand. Patients should always discuss any questions regarding radiation exposure with their physician. Radiation Dose Chart - Adobe PDF top of page The ACR Appropriateness Criteria (AC) are the largest body of evidence-based guidelines in medical imaging. For over 20 years, the AC have aided physicians and other providers with resources for appropriate utilization of medical imaging. As patients become increasingly involved in their medical care, they have begun to read and interpret the AC. A selection of patient-friendly AC summaries may be found on RadiologyInfo.org at Which test, procedure or treatment is best for me?These summaries are designed to be easily understood by patients and the lay public. Physicians are encouraged to use the summaries with corresponding RadiologyInfo.org content in discussing prescribed procedures with their patients. The complete clinical ACR Appropriateness Criteria may be found at . top of page The American College of Radiology (ACR) has created this series of Patient-Friendly Animated videos to educate patients about imaging tests. These videos contain content based on the Patient-Friendly Summaries of the ACR Appropriateness Criteria, ensuring that all the information is evidence-based and written in lay language. The complete library of animated videos including selected Spanish versions may be found on the ACR animations YouTube channel. top of page Use RadiologyInfo.org logos on your print or online radiology exam requisition forms. For your convenience, we've included templates for you to download and customize for your practice in various file formats. Be sure to include the RadiologyInfo.org logo and URL to ensure your patients have access to information about the exams or treatments you're prescribing. Adobe PDF Template MS Word Template top of page Printable PDF versions of the various radiology procedures are available as handouts for your patients. If you print them in advance, we recommend that you print small quantities and return to the RadiologyInfo website frequently to check for updates in the material. To ensure that you have the latest information, check that the date printed on the Handout matches the "date reviewed" on the procedure's PDF download page. English handouts Spanish handoutsOnly non-commercial reproduction and distribution of the handouts to your patients is permitted. top of page top of page top of page Physician websites may use one of our specially designed RadiologyInfo logos when linking to RadiologyInfo.org. 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For more information, contact Don Ferreira at dferreira@rsna.org. top of page Image Wisely is a program that seeks to deepen understanding of adult radiation safety among physicians, radiologists and medical physicists. It is a collaborative effort of the Radiological Society of North America (RSNA), the American College of Radiology (ACR), the American Society of Radiologic Technologists (ASRT), and the American Association of Physicists in Medicine (AAPM).Visit ImageWisely.org for research and educational materials that aid physicians in determining the appropriate imaging tests and how the radiation received from these exams may affect patients over time. top of page Image Gently is a campaign that seeks to raise awareness of the opportunities to reduce and limit radiation dose in the imaging of children among physicians, radiologists, technologists, medical physicists and parents. It is a product of the Alliance for Radiation Safety in Pediatric Imaging, a coalition of now over 90 medical organizations, founded in 2008 by the Society for Pediatric Radiology, the American Association of Physicists in Medicine, American College of Radiology (ACR), and the American Society of Radiologic Technologists (ASRT). Visit Imagegently.org for research and educational materials that aid physicians in determining the appropriate imaging tests and how the radiation received from these exams may affect patients over time and for clear, concise parent information, now translated in over 10 languages. Click the links below to access Image Gently's most downloaded resources: Visit theImage Gently Parents site for more information. top of page The duty of the radiologist is not limited to detecting and reporting pertinent findings following a radiologic study. 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Acr reporting guidelines. Acr appropriateness criteria. Acr radiology guidelines. Acr radiologist requirements. Acr guidelines. Acr guidelines 2015. Acr guidelines for radiology reports.