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MR imaging of the knee in primary care

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Stellingen behorend bij het proefschrift:

“MR imaging of the knee in primary care”

1. An MRI scan of the knee requested by the general practitioner for patients with traumatic knee complaints is not cost-effective (this thesis)
2. MR imaging in primary care tends to result in more ‘imaging driven’ arthroscopies without improving health outcomes while increasing the healthcare costs significantly (this thesis)
3. MR imaging performed on request of a general physician for patients with traumatic knee complaints does not result in less referral to an orthopaedic surgeon (this thesis)
4. An MR scan requested by the general practitioner for patients with traumatic knee complaints significantly improves patient’s perceived recovery and satisfaction, without changing validated knee specific scores between patients with and without an MR scan (this thesis)
5. MRI should not be performed for at least four to six weeks after the onset of knee pain, and then only after conservative treatment has been ineffective, DC Pompan, Am Fam Phys 2012; 85:223-224
6. In an increasingly hectic clinical service environment, imaging may be partially replacing time previously spent talking with and examining patients, C Hughes, JACR 2015; 12:458-462
7. The scientific resolution of most problems in clinical medical management will come from analyses of events and observations that occur in non-experimental circumstances during the interaction of nature, people, technological artefacts and clinical practitioners, A Feinstein, Ann Int Med 1983;99:544-550
8. Patients' illness concern, health anxiety, and symptoms are not reduced by diagnostic testing in the short or the long term A Rolfe, JAMA Intern Med. 2013 Mar 25;173(6):407-416
9. Als je door jezelf wordt ingehaald is het tijd voor een flinke Tackle (Loesje)
10. Je kan beter ten onder gaan met je eigen visie dan met een visie van een ander (Johan Cruijff 1947-2016)