

Musculoskeletal Ultrasound Applications

Division of Musculoskeletal Radiology University of Wisconsin School of Medicine & Public Health University of Wisconsin Hospital & Clinics

Research Park US



- Phillips HDI 5000 unit
- Specially trained sonographers: Amy Huari and Rhonda Arbogast
- Weekdays: 8:30am –5:00pm
- Daily add-ons

Why Ultrasound?

- Quick
- Easy
- Accessible
- Patient satisfaction

Advantages of Ultrasound

- No Radiation
- Directed, real time examinations
 - Patient feedback is helpful
- Dynamic
 - Multiplanar capability
 - Dynamic motion assessment
 - Tendon subluxation
 - Guided needle aspiration, injection
- Contralateral comparison

- Not affected by implanted devices / metal
- No claustrophobia
- Cost-effective
- Color / Power Doppler sonography for vascularity
- Non-radiopaque FB

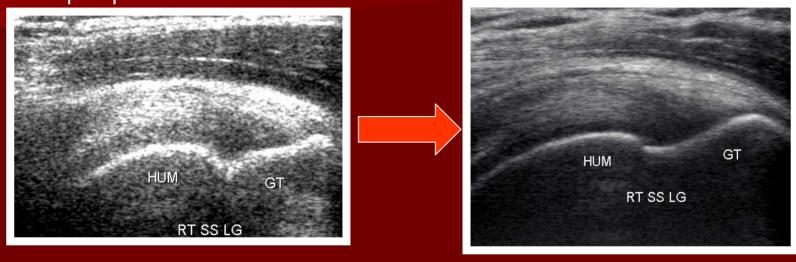
Limitations

- Operator-dependent
 - extensive training required
- Limited field of view
- Requires patient cooperation
- Body habitus dependent
 - > 5 cm deep hard to evaluate

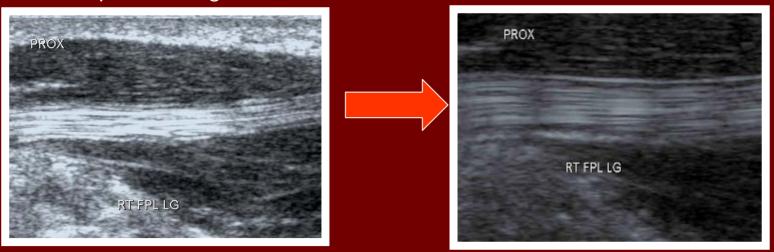


Technical Advances in Ultrasound 10 yrs ago vs. present

Supraspinatus



Flexor pollicis longus



When to evaluate with ultrasound?

- Shoulder
- Elbow
- Hand/Wrist
- Hip Knee
- Ankle/Foot
- Nerves

Shoulder Indications

- Rotator cuff tears
- Calcified tendinitis of the cuff
- Subdeltoid-subacromial bursitis
- Biceps tendinitis / tenosynovitis
- Glenohumeral effusion
- Impingement syndrome
- Acromioclavicular joint
- Suprascapular Ganglion Cyst

Elbow

- Ulnar collateral ligament evaluation
 - Unknown accuracy vs. MRI
- Triceps / biceps tendons
 - Unknown accuracy vs. MRI
- Epicondylosis
- Olecranon bursa
- Effusion
- US- guided aspiration/injection



Wrist / Hand Evaluation

- Ganglion cysts
- Tenosynovitis
 - DeOuervain's
- Carpal Tunnel Syndrome
- Foreign Bodies (esp. radiolucent)
- Tendon Tears (Flexor & Extensor)
- Gamekeeper Thumb (UCL)
 - Stener Lesion
- Extensor Hood Injury
- Pulley Tears

Foot / Ankle

- Joint effusion
- Achilles Tendon
- Posterior Tibialis Tendon
- Peroneal Tendon
- Joint / Tarsal Tunnel Injection
- Plantar Fasciitis
- Morton's Neuroma
 - Steroid or 20% ethanol injections

Knee

- Quad / Patellar tendon injuries
- Effusion Arthrocentesis
- Baker's Cyst
- Bursitis

Hip

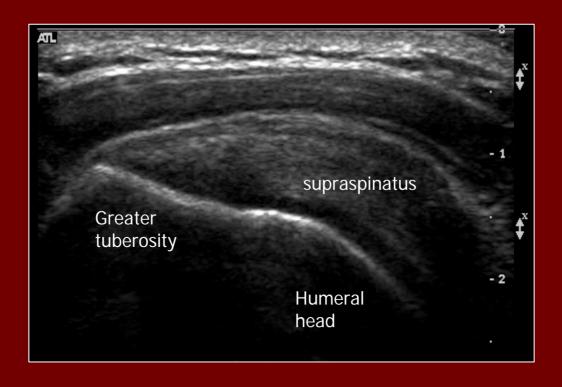
- Bursitis
 - Greater Trochanter
 - Iliopsoas
- Joint effusion
- US-guided aspiration/injection

Sonographic Evaluation of Masses

- Lipomas
- Hematomas
- Nerve Sheath Tumors
- Hemangiomas
- Cysts
- Ganglia
- Foreign body not apparent on xray
 - Glass, wood, plastic

Shoulder Sonography

Normal Rotator Cuff

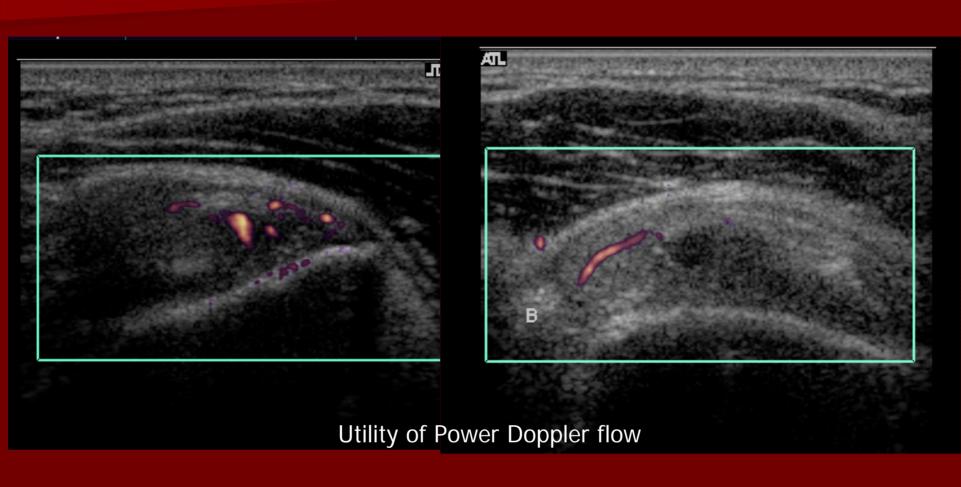


Ultrasound Accuracy for Rotator Cuff Imaging

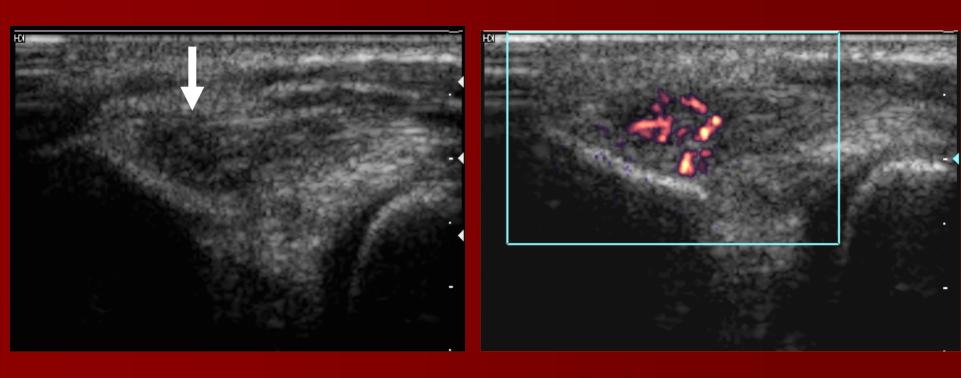
- Difficult to differentiate:
 - Partial-thickness articular vs. tendinopathy
 - High-grade partial vs full-thickness
- With Modern Equipment
 - Full-thickness:
 - Sensitivity: 95-100 %
 - Specificity: 94 %
 - Partial-thickness:
 - Sensitivity: 93 %
 - Specificity: 87 %

Van Holsbeeck et al. *Radiology* 1995;197:443-446 Teefey et al. *JBJS* 2000; 82:498

Tendinosis of the Supraspinatus



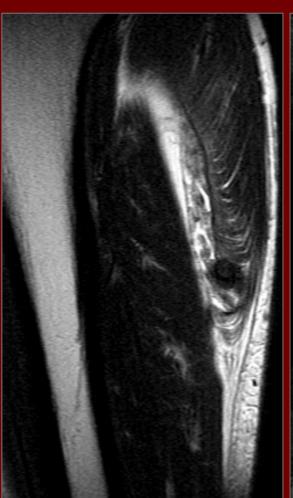
Tennis Elbow



Hypoechoic common extensor tendon with hyperemia

Muscle Strain Grade II

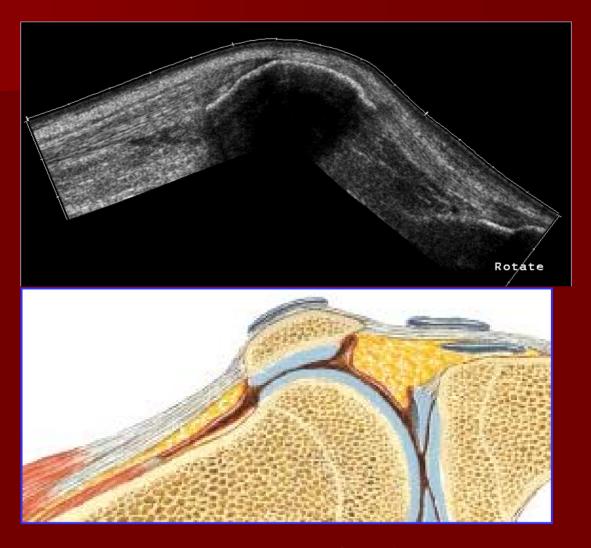








Extended Field-of-View



Extensor Mechanism

Distal Patellar Tendinosis

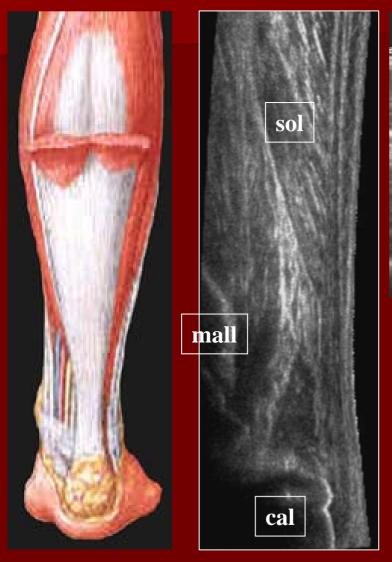


Short axis

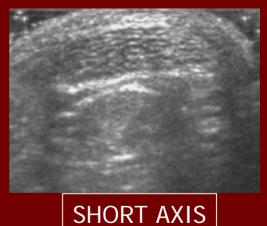
Foot / Ankle

- Joint effusion
- Achilles Tendon
- Posterior Tibial Tendon
- Peroneal Tendon
- Joint / Tarsal Tunnel Injection
- Ankle sprains
- Plantar Fasciitis
- Morton's Neuroma
 - Ethanol injections

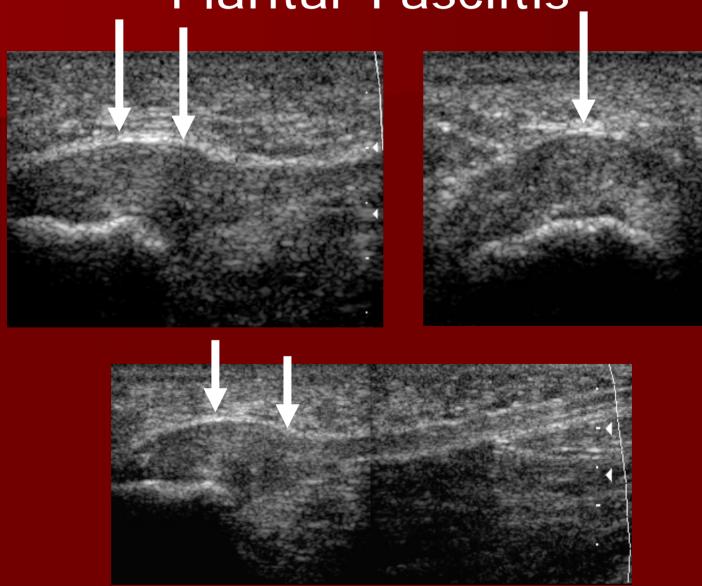
Achilles Tendon: Anatomy





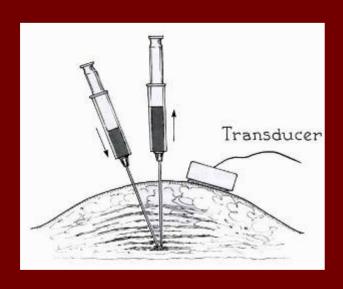


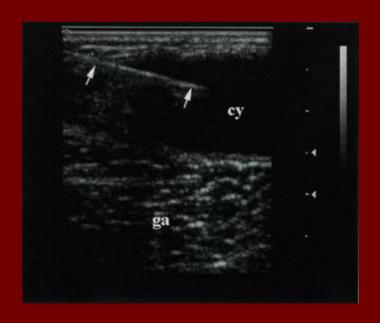
Plantar Fasciitis



US-guided Interventions

- Very useful technique
 - Multiplanar imaging of target
 - Information about surrounding tissues
 - Nerves, vessels





Summary

- Ultrasound is very useful for performing a focused exam for a specific question
- Ultrasound technology has improved
- Ultrasound can be used in conjunction with MRI
- Excellent for dynamic evaluation and guided procedures
- Safe, inexpensive, accessible, portable

Acknowledgments

- John Wilson, MD
 - Department of Family Medicine/Sports Medicine, UWSMPH
- Arthur De Smet, MD
 - Department of Radiology, UWSMPH
- Michael J. Tuite, MD
 - Department of Radiology, UWSMPH
- Tony Bouffard, MD
 - Department of Radiology, Henry Ford Hospital