

MUSCULOSKELETAL ULTRASOUND

Ultrasound is increasingly being used as a practical and rapid method of obtaining images of the musculoskeletal system. MSK ultrasound offers substantial benefits to the patient and physician, detailed below.

- Ideal for evaluation of superficial soft tissue structures, including tendons, ligaments, muscles, cysts, and bursa.
- Accuracy of greater than 90% in multiple series in evaluating full thickness and partial tendon tears, including rotator cuff^{1,2}, Achilles³, peroneals⁴, and distal biceps tendon⁵.
- Higher resolution than MRI.
- Allows for dynamic imaging with patient feedback.
- Excellent for evaluation of soft tissues adjacent to hardware that would create artifact with MR and CT imaging techniques.
- More comfortable for patients than MRI⁶.
- Less expense than other advanced imaging modalities⁷.
- Alternative imaging for patients with MR contraindication.
- MR remains standard of care for deep structures, cartilage, and intraosseous abnormalities.

Body part	Common Indications	Soft tissue structures poorly evaluated
Shoulder	Tendon pathology (rotator cuff and biceps); bursitis	Labrum
Elbow	Tendon pathology (biceps, epicondylitis); ligaments; bursitis; joint effusion	
Wrist/hand	Tendon pathology; ganglion cysts; inflammatory arthropathy disease activity	Intrinsic and extrinsic ligaments; triangular fibrocartilage
Hip	Tendon pathology; metal on metal reaction; bursitis; snapping hip	Deep structures
Knee	Tendon pathology (quadriceps, patellar); bursal collections	Menisci; ACL; PCL
Ankle	Tendon pathology; ligaments	
Foot	Tendon pathology; plantar neuroma	
Soft tissues	Lump; foreign body	Deep structures

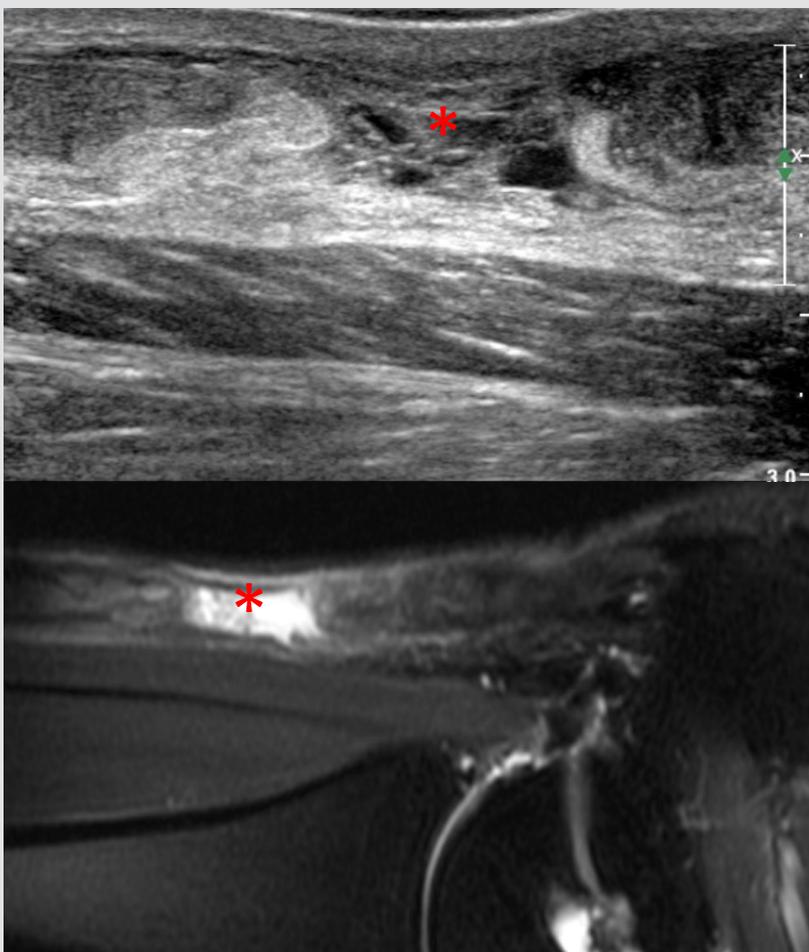


Figure 1. Full thickness Achilles tendon tear (*) on ultrasound in long axis (top image) and in sagittal plane on MRI (rotated to display in same orientation as ultrasound). Fluid and hemorrhage at sight of tear and proximal and distal tendon stumps visible.

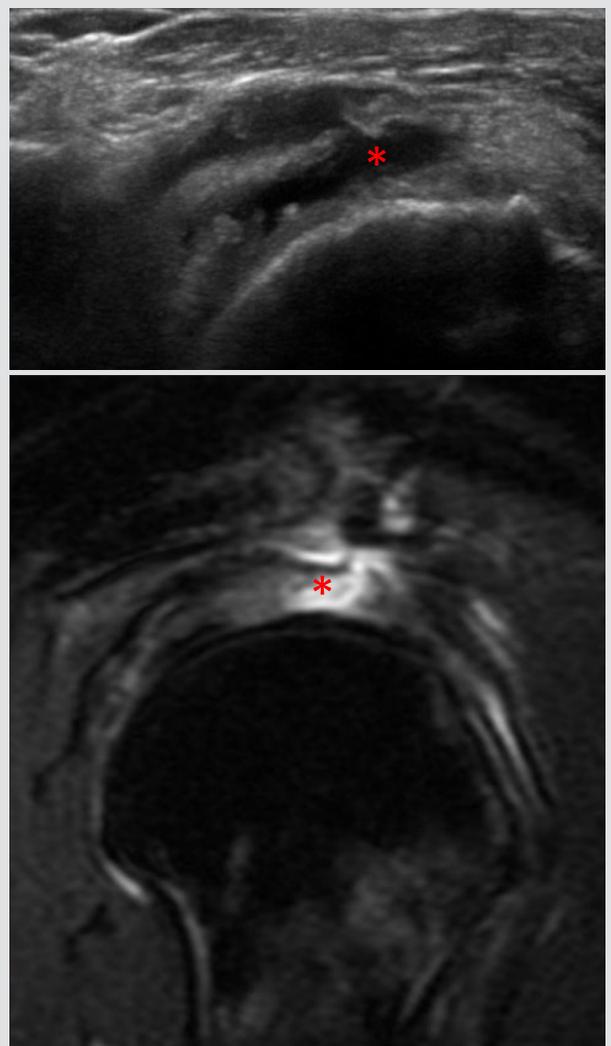


Figure 2. Full thickness supraspinatus tear (*) on ultrasound (top image) in short axis and in sagittal plane on shoulder MR.

Services are available at the Latham location. Any questions can be sent to Mike Cooley, MD at mcooley@communitycare.com. Dr. Cooley specializes in Musculoskeletal Imaging.

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References

1. Teefey SA, Hasan SA, Middleton WD, Patel M, Wright RW, Yamaguchi K. Ultrasonography of the rotator cuff: a comparison of ultrasonographic and arthroscopic findings in one hundred consecutive cases. *J Bone Joint Surg Am* 2000; 82:498-504
2. van Holsbeeck MT, Kolowich PA, Eyler WR, et al. US depiction of partial-thickness tear of the rotator cuff. *Radiology* 1995; 197:443-446
3. Hartgerink P, Fessell DP, Jacobson JA, van Holsbeeck MT. Full- versus partial-thickness Achilles tendon tears: sonographic accuracy and characterization in 26 cases with surgical correlation. *Radiology* 2001; 220:406-412
4. Grant TH, Kelikian AS, Jereb SE, McCarthy RJ. Ultrasound diagnosis of peroneal tendon tears: a surgical correlation. *J Bone Joint Surg Am* 2005; 87:1788-1794
5. Lobo LG, Fessell DP, Miller BS, Kelly A, Lee JY, Brandon C, Jacobson JA. The role of sonography in differentiating full versus partial distal biceps tendon tears: correlation with surgical findings. *AJR Am J Roentgenol*. 2013; 200(1):158-62.
6. Middleton WD, Payne WT, Teefey SA, Hildebolt CF, Rubin DA, Yamaguchi K. Sonography and MRI of the shoulder: comparison of patient satisfaction. *AJR Am J Roentgenol* 2004; 183:1449-1452
7. WPS Medicare Website. WPS Medicare: Medicare physician fee schedule for Michigan—locality 01. www.wpsmedicare.com/part_b/fees/2009_mi_01.pdf. Updated March 27, 2009.