Introduction to Ultrasound Anatomy and Injections



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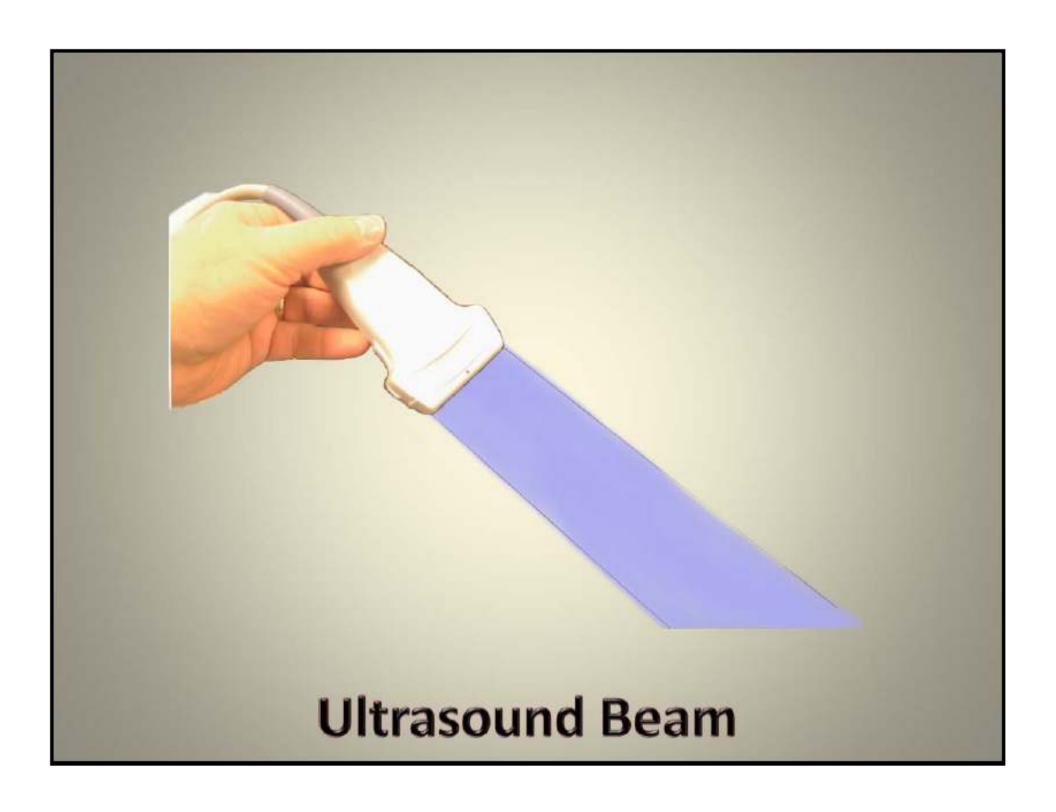




Linear (Straight) Array
Higher Frequency for shallow targets,
Good resolution, little inherent
distortion.

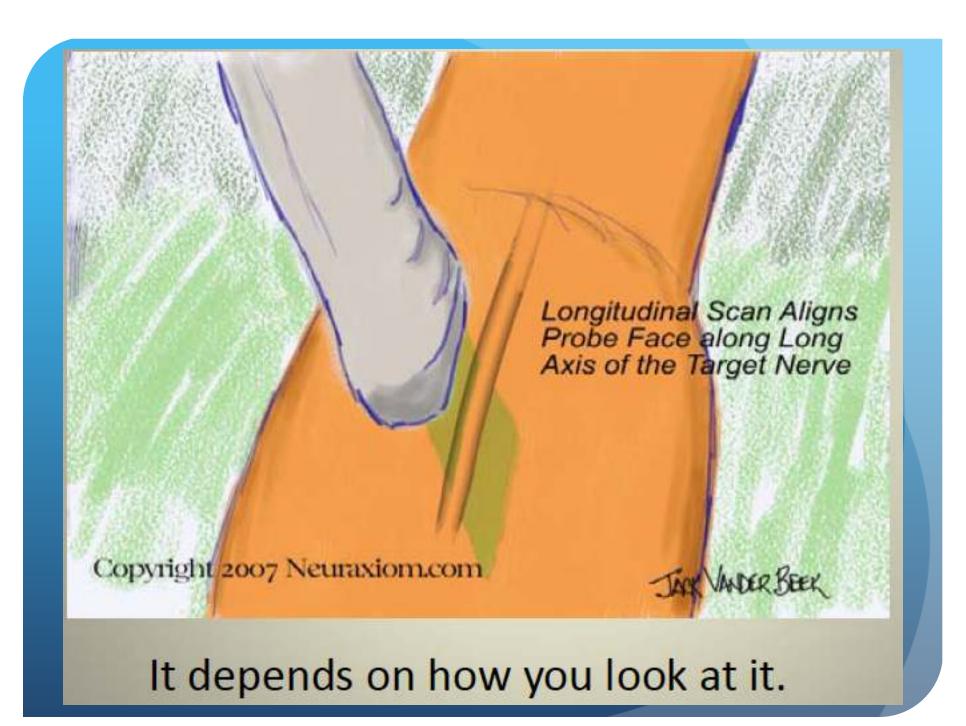
Curved Array
Low Frequency for deep targets.
Worse resolution, curved trapezoidal shaped display more distorting.

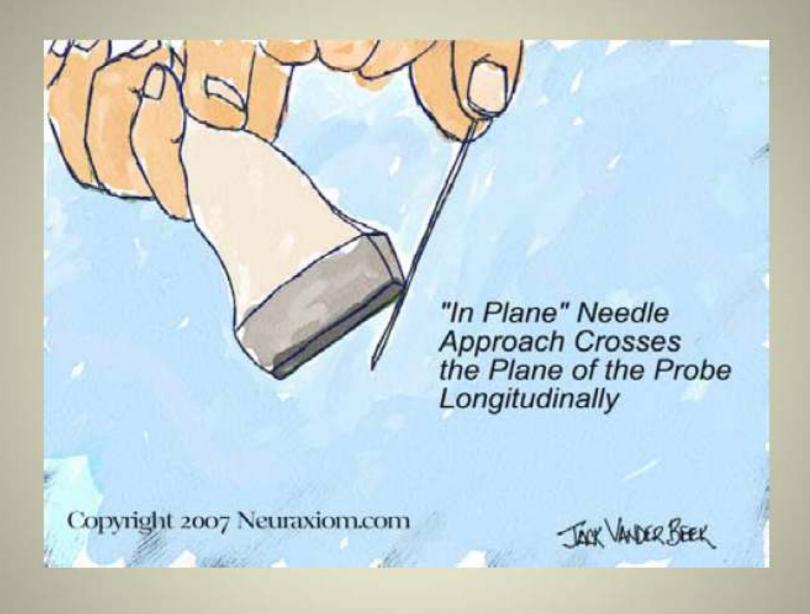
Choosing the Probe



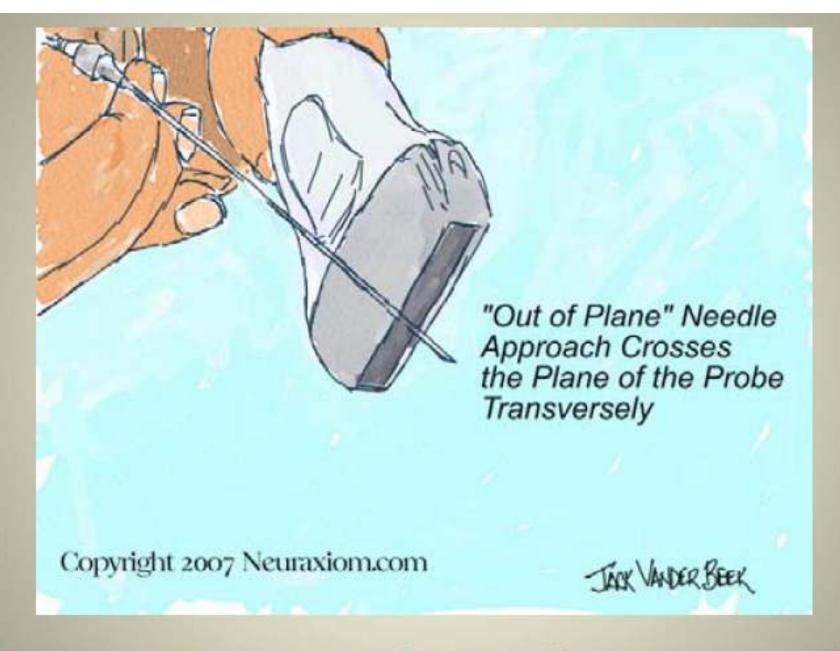


It depends on how you look at it.





Have a Reasoned Needle Approach



Have a Reasoned Needle Approach

- •Hyperechoic Boundary producing a strong ultrasound reflection
- •Hypoechoic Boundary that produces a weak echo.



Buzzwords

Diagnostic US Learning Curve Training Your Eyes

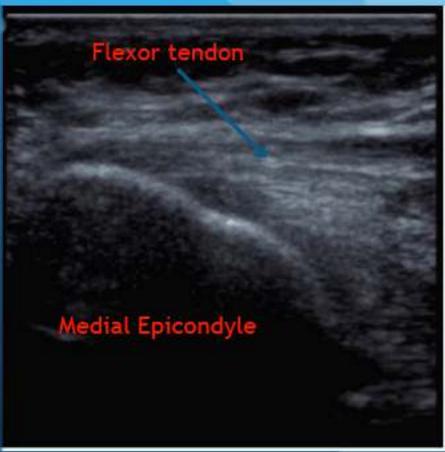


Maybe special 50 Shades of....



Common Flexors Tendon





Lateral Common Extensor Tendon





HIP JOINT

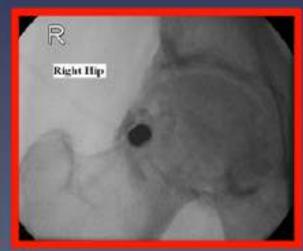
Indications

- DJD
- Labral tears, etc.

Fluoro

- Both accurate
- US: No radiation
- US: able to visualize soft tissue





Scanning Technique **Anterior Hip**

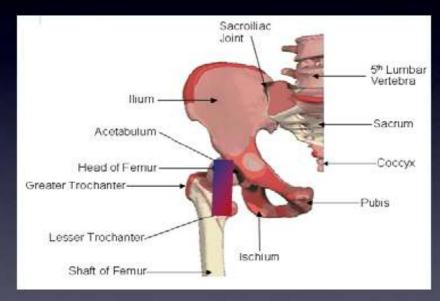






Linear Array Curved Array

Tightly Curved Array

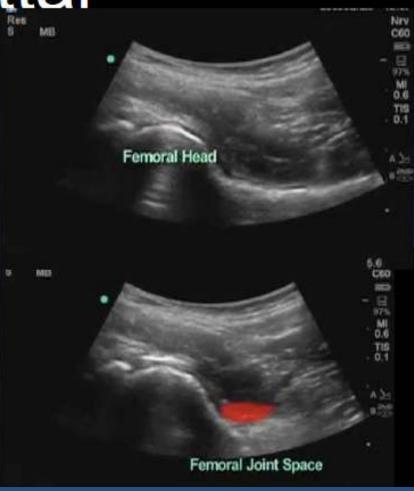




= Transducer position relative to anatomic structures

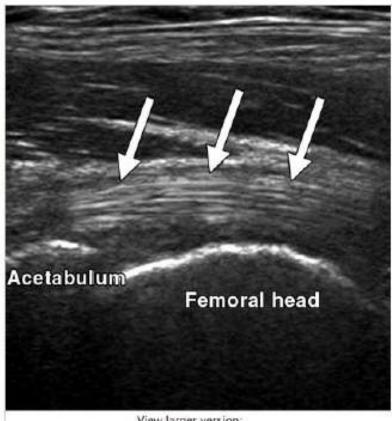
Long Axis View - Sagittal







Ileopsoas Tendon over femoral head, inserts medially at lesser trochanter

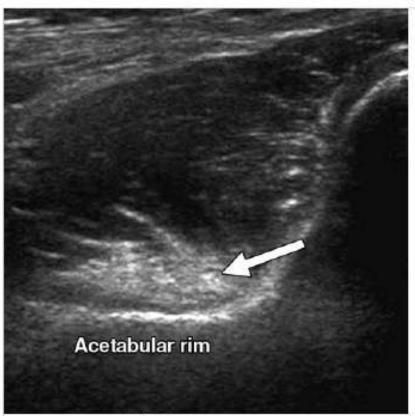


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Fig. 2B —Normal iliopsoas tendon on sonography of 38-year-old woman. Transverse (A) and longitudinal (B) sonographic images of iliopsoas tendon show normal echogenic fibrillar pattern (arrows). Distal portion of iliopsoas tendon often cannot be visualized near attachment onto lesser trochanter.



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Fig. 2A —Normal iliopsoas tendon on sonography of 38-year-old woman. Transverse (A) and longitudinal (B) sonographic images of iliopsoas tendon show normal echogenic fibrillar pattern (arrows). Distal portion of iliopsoas tendon often cannot be visualized near attachment onto lesser trochanter.

Biceps Tendon

Scan 1.1 and 1.2 Patient Positioning

- •Patient Seated in a neutral position.
- •External rotation of the palm.
- •Elbow approximating the rib cage as close as comfortable.



Biceps Tendon

Scan 1.1 and 1.2 Probe Placement

- •Transducer central beam transverse to the bicipital groove / long head of biceps tendon.
- Scan Biceps tendon proximal to the labrum junction and distal to the myotendinous junction.
- •Note: Proximal biceps tendon curves to the labrum.
- Note The toe of the probe (cord end angle caudally for better image.

Toe of Probe.



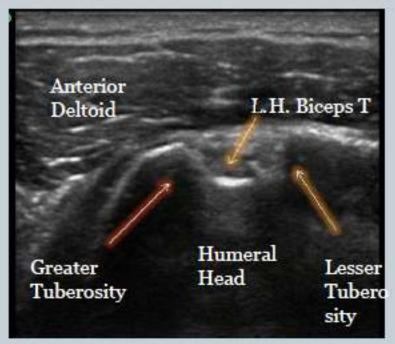
Nose of Probe

Biceps Tendon

Shoulder Structures (Rotator Cuff)

Major Landmark (Intertubercular Sulcus, "bicipital

groove")



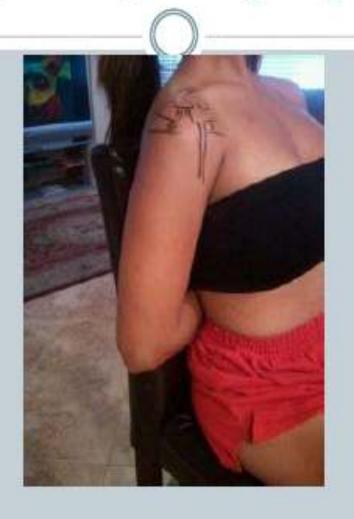
Scan 2.1 – Longitudinal Subscapularis



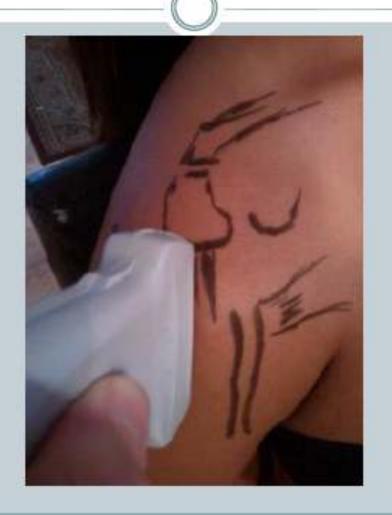
Scan 2.1 - Long. Subscapularis



Scan 3.1 and 3.2 Supraspinatus

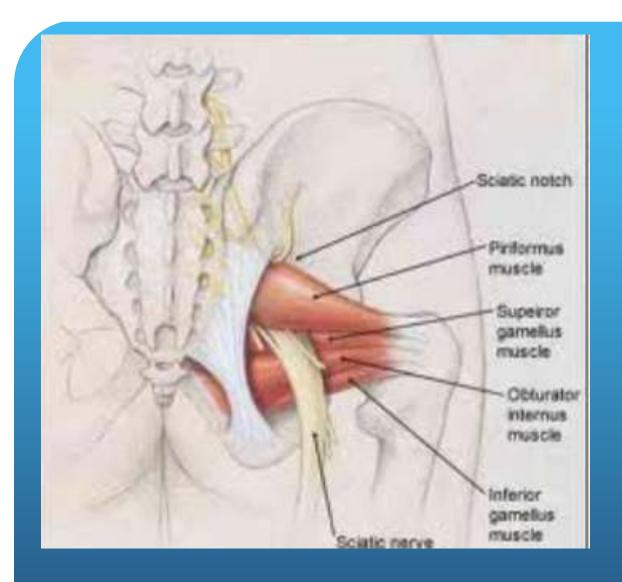


Scan 3.1 – Longitudinal Supraspinatus

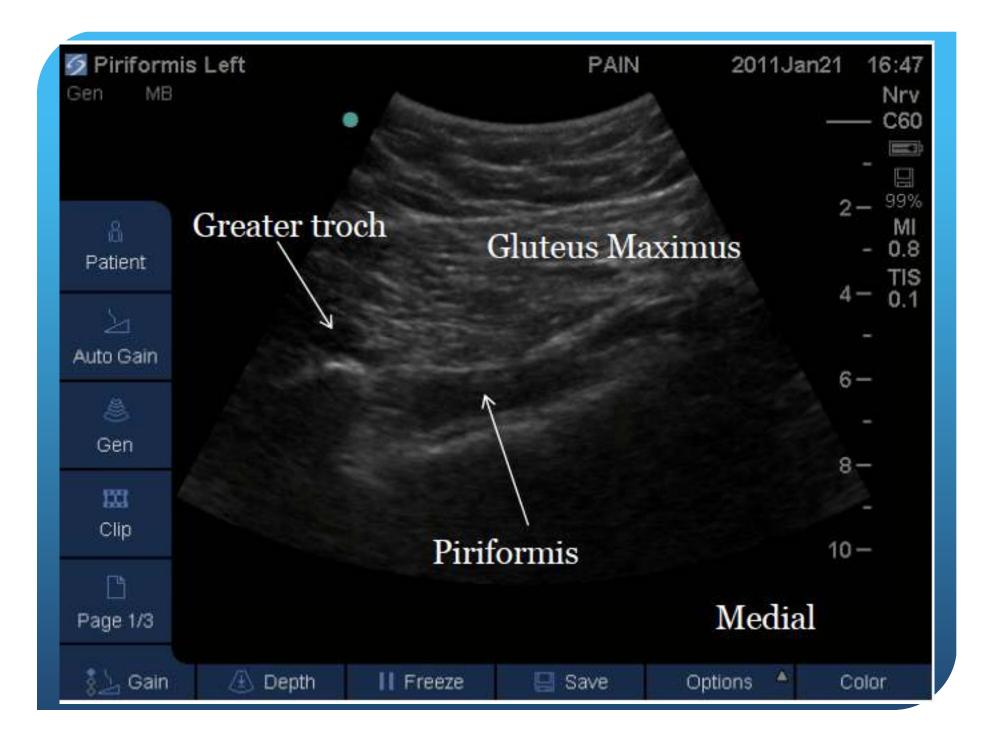


Scan 3.1 Longitudinal Supraspinatus

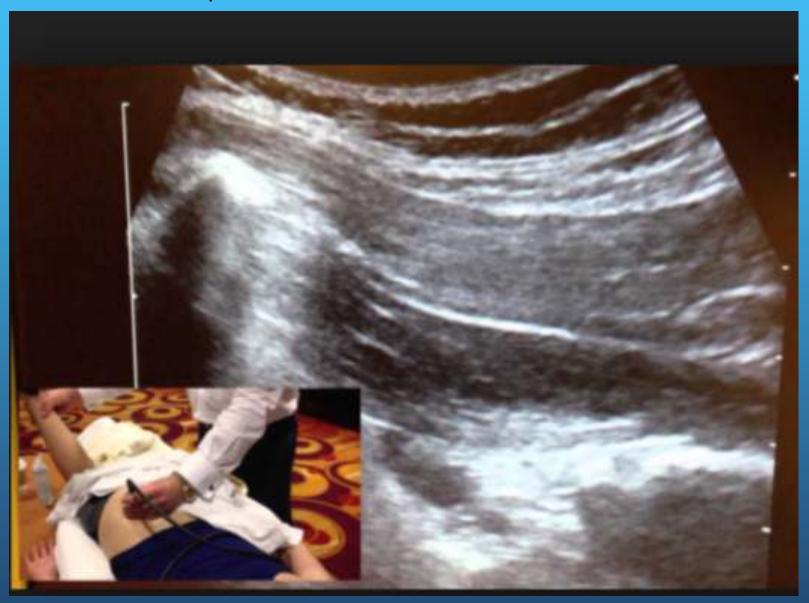




Apply curvilinear probe Across PSIS and greater Trochanter and sweep Caudad to find sciatic notch



Rotation of the hip with knee flexed reveals Piriformis Muscle



Come in First Place! Start using Ultrasound in your practice.

