

Welcome to the MSK Ultrasound Guided Injection Course



Ultrasound Basics

MSK Ultrasound. The following anatomical positions are important

- ♦ Viewing the Left side of the screen. Proximal and Lateral.
- ♦ Viewing the Right side of the screen. Medial and Distal.
- ♦ Two Views: Longitudinal and Transverse
- ♦ Anterior to Posterior
- ♦ Medial to lateral



Advantages

- ♦ Images muscle, tendons, ligaments, nerves and bone
- Provides Dynamic live images
- No long term side effects
- ♦ Portable and inexpensive
- ♦ High resolution with high frequency probes (1mm cuts)
- ♦ Not affected by metal like MRI



Disadvantages

- Cannot see thru bone, due to density
- ♦ Relatively limited depth of penetration. Cannot view the ACL
- Operator dependent learning curve
- ♦ No scout image as seen with MRI or CT



Basic Ultrasound Concepts

- ♦ High resolution probes (10-18 MHz) Better resolution, less penetration.
- ♦ Lower frequency probes (2-5 MHz) Lesser resolution, deeper penetration.



How does ultrasound work?

The U/S wave is partially reflected when it hits a density change

The amount of reflection depends on the density of the object

Large density = Larger reflection = Hyperechoic, which is bright white

Low density = small reflection = Hypoechoic, which is greyer in color

No density = (fluid) is black

Probe: piezoelectric crystals

♦ Electricity converts to vibrations

♦ Sound Waves reflect at interfaces

♦ Crystal receives an echo > an image



Anisotropy

- ♦ If the probe is not held with the surface parallel to the tendon or bone, U/S reflection is not back towards the probe and the tendon appears falsely hypoechoic.
- ♦ The Hypoechoic appearance is eliminated with proper transducer alignment.
- ♦ It may simulate pathology
- Two Views: Longitudinal, (long axis) and Transverse, (short axis)



Linear probe





Curved Probe





Scanning Basics

- ♦ Select the appropriate transducer
- Coupling Gel: transducer makes contact to the skin
- ♦ Stabilize the transducer
- ♦ Anchor the hand & transducer comfortably
- ♦ Move the focus button on the screen to the proper level of anatomy



Image Appearance

- Near Field of the screen, located at the top level, skin layer (dermis)
- Far Field of the screen, located at the bottom level, deeper structures
- Bone: Cortical bone is hyperechoic, bright white, cannot view cancellous bone
- Tendon: Hyperechoic, bright fibrillar pattern, like hairs on a paint brush
- ♦ Ligament: Hyperechoic, very compact fibrillar pattern
- ♦ Muscle: Starry night appearance in 1st view, 2nd view, like a piece of marbled meat
- Nerve: Speckled, Honeycomb looking. Fascicular pattern of fascicles are present
- Fluid, Blood Vessels are Anechoic. Dark appearance in view



Scanning Technique

- ♦ Structured Protocols
- Specific Sequence
- ♦ Checklist of structures
- ♦ Focused Examination
- ♦ Other joints and structures
- ♦ Signs and symptoms



Color and Power Doppler

Turn on the Color or Power Doppler button

♦ Blood Flow to and from transducer

Benefits: View veins and arteries. Hyperemia



Needle Guidance

- ♦ In Plane Needle Guidance. Longitudinal View. See the whole needle
- ♦ Line up the transducer to your anatomical injection site. Place the needle about a finger width from the injection site at slight angle, in plane.
- ♦ Out of Plane Needle Guidance. Transverse View. See the tip of the needle, a dot. Place the needle about a finger width from then injection site at a slight angle.



Ultrasound is your first line of information

- Ultrasound is your first of information
- Ultrasound scanning is like using a stethoscope for soft tissue evaluation
- Evaluate information on the pathology side and contralateral side for comparison
- ♦ Ultrasound scanning takes time
- ♦ Take your time and practice
- ♦ Continue the learning process with further education, courses and books



Thank You

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