

MUSCULOSKELETAL ULTRASOUND: AN IRREVOCABLE PIECE OF PHYSICAL AND REHABILITATION MEDICINE

MIŠIČNO-SKELETNI ULTRAZVOK: NEPOGREŠLJIV DEL FIZIKALNE IN REHABILITACIJSKE MEDICINE

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Abstract

The specialty of Physical and Rehabilitation Medicine (PRM) deals with a large variety of diseases involving the neuro-musculoskeletal system. Accordingly, physiatrists need to diagnose, treat, and rehabilitate disorders affecting several tissues including muscles, nerves, tendons, ligaments, bones and cartilage. In this regard, the utility of ultrasound (US) imaging - which provides superior diagnostic and interventional opportunities for a musculoskeletal physician - is paramount for our specialty (1). Likewise, it is apparent that US imaging allows physiatrists to first see (without resecting), then assess/quantify, and eventually have access to the anatomical structure or pathology (for any intervention) (2). This gives PRM physicians the liberty to conduct multiple explorations and provide "comfort" to physicians and patients alike. Further, taking into account the fact that the use of US in clinical practice is naturally coupled with scholarly publishing, this also means "academic superiority" (3). Physiatrists now have the chance to discuss new observations and data that were not available to them before.

Herewith, other than being unable to image intraosseous tissues, the most important disadvantage of musculoskeletal US is its user-dependency. As such, there is indisputably need for a lengthy education before one can confidently make comments on a pathology or, in other words, before others can rely on his/her scanning. To this end, it is high-time international standardized consensus was established on formal educational curricula and accreditation programs to better educate and then certify those who are competent

Povzetek

Specialnost fizikalne in rehabilitacijske medicine (FRM) se ukvarja s široko vrsto bolezni, ki prizadenejo mišično-skeletni sistem. Zato morajo fiziatrji diagnosticirati, zdraviti in rehabilitirati motnje različnih tkiv, vključno z mišicami, živci, kitami, vezmi, kostmi in hrustancem. S tega vidika je uporaba ultrazvočnega (UZ) slikovnega prikaza, ki mišično-skeletnemu zdravniku nudi odlične diagnostične in terapevtske možnosti, osrednjega pomena za našo specialnost (1). Očitno je tudi, da UZ slikanje omogoča specialistom FRM, da brez operativnega posega vidijo, ocenijo, kvantificirajo in dosežejo anatomske strukture ali patologije (zaradi kakršnegakoli zdravljenja) (2). To omogoča specialistom FRM prosto raziskovanje in hkrati nudi "varnost" tako njim kot pacientom. Ker uporabo UZ v klinični praksi praviloma spremlja strokovno objavljanje, to pomeni tudi "akademsko prednost" (3). Specialisti FRM imajo dandanes možnost razpravljati o opažanjih in podatkih, ki jim prej niso bili na voljo.

Poleg nezmožnosti prikaza znotrajkostnih tkiv je glavna pomanjkljivost UZ njegova odvisnost od izvajalca. Zato je nedvomno nujno dolgotrajno usposabljanje, preden lahko izvajalec UZ preiskave zanesljivo presoja o patologiji oziroma preden se lahko drugi zanesejo na njegove/njene izvide. Skrajni čas je torej, da se vzpostavi mednarodno standardizirano soglasje o formalnem izobraževalnem programu in akreditacijskih postopkih za usposabljanje in certificiranje tistih, ki lahko opravljajo diagnostični UZ. Prepričani smo, da se lahko ta pomemben proces uspešno izvede v okviru mednarodnih organizacij, kot sta

enough to perform US. We strongly believe that this important process can well be accomplished within the umbrella of international bodies like ESPRM (European Society of PRM) and ISPRM (International Society of PRM) whereby special interest scientific committees or working groups on US are already in play.

ESPRM (Evropsko združenje za FRM) in ISPRM (Mednarodno združenje za FRM), kjer že obstajajo specializirani znanstveni odbori ali delovne skupine za UZ.

Reference:

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