

## Content Description

### Pathology 28%

#### *Shoulder*

- Assess subacromial impingement
- Evaluate subchondral erosion
- Identify capsulitis, bursitis
- Identify hemarthrosis
- Identify myositis, tendinosis
- Identify rotator cuff tears
- Identify subchondral arthritic changes in the humeral head, clavicle, etc.
- Identify subluxing/dislocating biceps brachii long head tendon

#### *Elbow*

- Demonstrate the presence of loose bodies in the elbow joint
- Evaluate for a distended bicipitoradial bursa in patients with anterior elbow pain
- Evaluate for presence of enthesophytes
- Evaluate for presence of fluid within the olecranon bursa
- Evaluate for presence of hypoechoic defects within the tendon
- Evaluate for the presence of an enlarged bicipitoradial bursa
- Evaluate for the presence of bursal thickening
- Evaluate for the presence of enthesitis
- Evaluate for triceps displacement of the ulnar nerve
- Evaluate for ulnar nerve subluxation
- Evaluate Soft tissue abnormalities at the extensor surface of the elbow
- Evaluate the adjacent bony structures for erosions
- Evaluate the bony cortex for irregularities
- Evaluate the joint recesses for presence of fluid
- Evaluate the joint recesses for presence of synovial hypertrophy
- Identify erosions at the humeral capitellum or trochlea
- Identify prestenotic dilation of the ulnar nerve
- Identify rheumatoid nodules at the elbow
- Identify the presence of erosions at the annular head of the radius
- Identify tophaceous deposits at the elbow

#### *Wrist and hand*

- Evaluate first extensor compartment for de Quervain disease
- Evaluate for bifid median nerve
- Evaluate the A1 pulley for trigger finger
- Evaluate the distal carpal row for synovitis
- Evaluate the distal median nerve for compression in carpal tunnel syndrome
- Evaluate the first carpometacarpal (CMC) joint for synovitis
- Evaluate the first metacarpophalangeal (MCP) joint for gamekeeper's thumb
- Evaluate the first metacarpophalangeal (MCP) joint for synovitis
- Evaluate the first metacarpophalangeal (MCP) joint ulnar collateral ligament for Stener lesion
- Evaluate the proximal carpal row for synovitis
- Evaluate the second and third extensor compartments for crossover syndrome



Evaluate the Soft tissues of the hand and wrist for Soft tissue tumors
Evaluate wrist for bone and articular cartilage erosions
Identify dynamic instability of extensor carpi ulnaris tendon
Identify extensor carpi ulnaris tear and synovitis
Identify extensor pollicis longus tenosynovitis effusion proximal to Lister tubercle and distal to extensor carpi radialis longus crossing
Identify flexor carpi radialis (FCR) tenosynovitis in a patient with lateral volar wrist pain and lump
Identify flexor carpi radialis (FCR) tenosynovitis in a patient with thenar eminence tingling
Identify hyperechoic foci in flexor carpi ulnaris (FCU) tendon in a patient with pisiform tenderness
Identify hypoechoic area between tendons of first and second extensor compartments at the crossing
<i>Hip</i>
Assess adductor longus continuity in the injured hip
Assess hypoechoic masses with color Doppler
Assess the anterior hip for the presence of an iliopsoas bursa
Evaluate hip tears of the gluteus minimus and medius in patients with trochanteric syndrome
Use right-left comparison to diagnose adductor tendinitis
Use right-left comparison to diagnose hamstring tendinosis
<i>Knee</i>
Evaluate for bipartite patellae
Evaluate for the presence of popliteal artery aneurysm
Evaluate for the presence of popliteus venous thrombosis
Evaluate knee infections
<i>Ankle and foot</i>
Evaluate the dorsal surface of the metatarsal phalangeal joints for pathology (e.g., synovitis, effusions, arthritic changes)
Identify Achilles tendon rupture (partial or full)
Identify ankle joint effusions
Identify ankle ligament rupture with and without instability
Identify foreign bodies
Identify fracture of osseous structures that make up the ankle, which should include displacement and/or deformity (angulation)
Identify gas production and to what level
Identify hematoma at area of injury
Identify hematoma formation
Identify if the infection has a predilection to spread, i.e., via tendon sheath
Identify if the infection–ulceration extends to bone
Identify laceration of tendon, nerve (with location of tendons that have retracted post laceration)
Identify myoseptal tear/separation of muscles of the leg
Identify stress fracture of metatarsals
Identify which structures are involved and/or damaged
<i>Soft tissue</i>
Assess normal vs. abnormal anatomy and pathology of Soft tissue structures
Differentiate between abscess formation and cellulitis
Evaluate intrabursal Soft tissue collections



Evaluate scar formation

Identify cysts, tumors, foreign objects

