IMAGING

SPECIAL INTEREST GROUP

SAVE THE DATE

Open Forum on the draft, *Imaging in Physical Therapist Education Manual* is scheduled for Thursday February 5, 2015 at CSM. All APTA members are welcome to attend this portion of our Business Meeting. Please join us and provide feedback on this important initiative.

Research Committee

The Research Committee is exploring federal funding organizations for a conference proposal.

Imaging Education Manual

Work progresses on the writing of our Imaging Education Manual. By the time you receive this, the manual will be circulated to targeted stakeholders. At CSM we will present the manual at our Business Meeting. This portion of the meeting is open to all APTA members and anyone with an interest in imaging in physical therapist education. All are encouraged to attend and provide input to the manual. We hope to publish the manual in a yet-to-be determined manner in the spring of 2015.

The Steering Committee writing the manual is comprised of:

Douglas White, DPT, OCS, RMSK Chair
Bill Boisonnault, PT, DHSc, FAPTA
Bob Boyles, PT, DSc
Chuck Hazel, PT, PhD
Aimee Klein, PT, DPT, DSc, OCS
John Meyer, PT, DPT, OCS, FAFS
Becky Rodda, PT, DPT, OCS
Rich Souza, PT, PhD
Deydre Teyhen, PT, PhD, OCS

AIUM Ultrasound Guideline

The Imaging SIG participated in the development of the recently published AIUM Practice Guideline for the Performance of Selected Ultrasound-Guided Procedures available at www.AIUM.org and will also be published in an upcoming issue of the *Journal of Ultrasound in Medicine* 2014; 33:2223–2262. doi:10.7863/ultra.33.12.2223.

The guideline has implications for physical therapist practice, particularly for dry needling.

CSM Programing

Please plan to attend the ***Imaging and Low Back Pain: What's Useful, What's Not?*** with George Beneck, PT, PhD, OCS. Combined Sections Meeting in Indianapolis, Thursday, February 5, 2015, 11:00 AM – 1:00 PM

Call for Imaging Submissions

The Imaging SIG is soliciting submissions for publication in this space. Types of submissions can include:

- Case Report: A detailed description of the management of a unique, interesting, or teaching patient case involving imaging. Case reports should include background, case description including imaging, outcomes, and discussion.
- Resident's Case Problem: A report on the progress and logic associated with the use of imaging in differential diagnosis and/or patient management. Resident's case problem should include background section, diagnosis section which details the examination and evaluation process leading to the diagnosis and the rationale for that diagnosis, including a presentation of imaging studies. Interventions section used to treat the patient's condition and the outcome of treatment; however, the focus of the resident's case problem should be on the use of Imaging in the diagnostic process and patient management. The discussion section offers a critical analysis of how the Imaging guided the management of the patient.
- Clinical Pearl: Clinical pearls are short papers of free standing, clinically relevant information based on experience or observation. They are helpful in dealing with clinical problems for which controlled data do not exist. Clinical pearls should describe information pertaining to imaging which influence clinical practice.

Submissions should be sent to: Douglas M. White dr.white@miltonortho.com

Join Us on Twitter

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Deydre Teyhen @dteyhen
James Elliot @elliottjim

LEADERSHIP

Douglas M. White, DPT, OCS, RMSK – President / dr.white@miltonortho.com
Deydre Teyhen, PT, PhD, OCS – VP
Nominating Committee
James (Jim) Elliot, PhD, PT, Chair
Marcie Harris Hayes, PT, DPT, MSCI, OCS
Richard Souza, PT, PhD, ATC, CSCS
John C. Gray, DPT, OCS, FAAOMPT – Publications Editor
Gerard Brennan, PT, PhD – Ortho Section Board Liaison

Case Report: Clinical Decision Making with an Undiagnosed Post-Traumatic Osteolysis of the Distal Clavicle

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BACKGROUND: Post-traumatic osteolysis of the distal clavicle should be considered in the differential diagnosis of an acute injury of the shoulder. **DESCRIPTION:** A 43-year-old male mechanic experienced sharp pain in his left shoulder while pulling a crowbar to move an engine. Initial plain radiographs 4 weeks postinjury were read as normal and negative for a fracture or dislocation (Figure 1). Upon initial evaluation, pain was reported along the left acromioclavicular (AC) joint and anterior glenohumeral joint. Flexion and abduction range of motion (ROM) were limited due to pain. External and internal rotation ROM were normal with pain. Palpation revealed tenderness to the AC joint, anterior glenohumeral joint, and the area of the rotator cuff interval. Positive special tests included the Hawkins/Kennedy Impingement, supraspinatus, Yergason's, Modified Yergason's, and Speed's tests. Negative special tests included the Drop Arm and O'Brien's tests. Mobility testing of the AC joint (shear test) and glenohumeral joint (load and shift) were normal. Manual muscle testing of flexion, abduction, and external rotation were weak and painful. **OUTCOMES:** After 3 weeks of conservative management, the patient presented with no subjective or objective progress. An MRI was recommended by the physical therapist and ordered by the physician. The MRI revealed post-traumatic osteolysis of the left distal clavicle (Figure 2). **DISCUSSION:** The earliest radiographic findings of post-traumatic osteolysis may not occur until 4 weeks postinjury. Physical therapists should consider the rare condition of post-traumatic osteolysis of the distal clavicle when a patient's symptoms and physical examination are not consistent with plain radiographic images. A physical therapist can contribute to the promotion of the diagnostic pathway of discovering rare pathologies and avoidance of unnecessary and potentially harmful interventions.

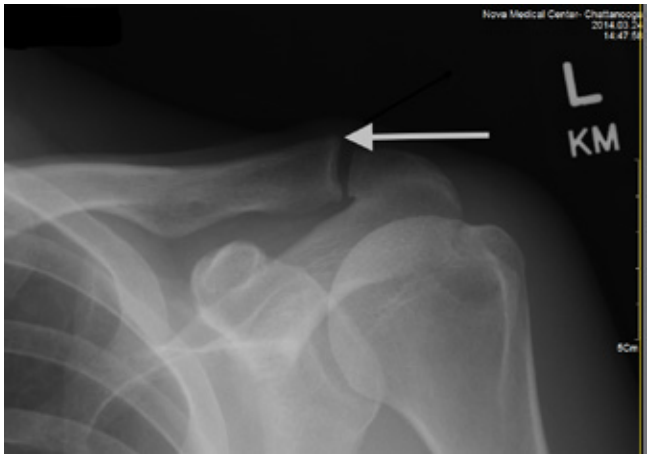

Figure 1. Initial plain radiograph of the left shoulder taken in the coronal projection. The white arrow identifies the left distal clavicle with no visible abnormalities.

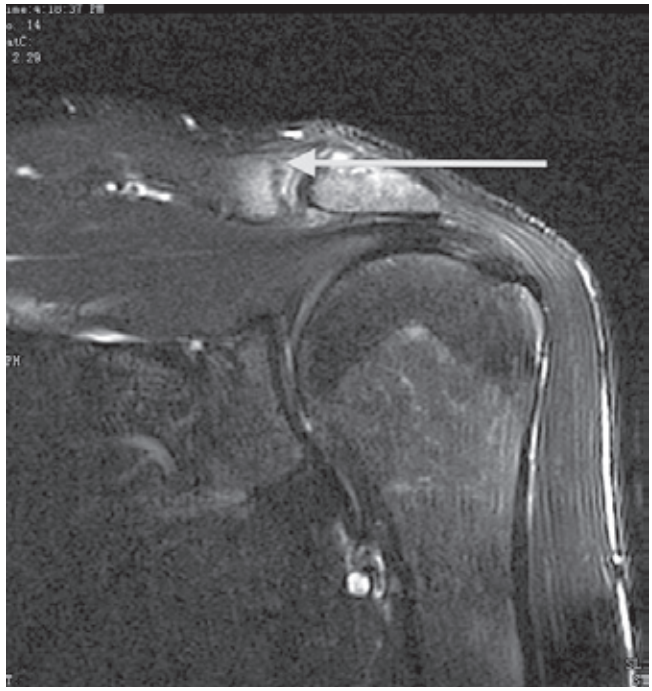

Figure 2. An MRI T2 TSE sequence of the left shoulder taken in the coronal projection. The white arrow indicates periarticular edema at the AC joint with cortical irregularity and a developing insufficiency type of fracture line at the lateral head of the clavicle. The findings are suggestive of osteolysis.