SUMMARY OF THE IMAGING SPECIAL INTEREST GROUP BUSINESS MEETING

CSM 2014
ISIG Leadership
Douglas M. White, DPT, OCS - President
Deydre Teyhen, PT, PhD, OCS – VP
Nominating Committee
Wayne Smith, DPT, Med, AT-ret, SCS, RMSK, Outgoing Chair
James “Jim” Elliot, PhD, PT, Incoming Chair
Richard Souza, PT, PhD, ATC, CSCS
Marcie Harris-Hayes, PT, DPT, MSCI, OCS
Research Committee
George Beneck, PhD, PT, OCS, KEMG, Nominated
Publications
John C. Gray, DPT, FAAOMPT Editor
Gerard Brennan, PT, PhD - Ortho Section Board Liaison

2013 Activities
Nominating Committee Report
• Success in recruiting for open position
  o 4 candidates for one open position on Nominating Committee
• Positions open for 2014 election
  o President
  o Vice President
  • Term of office for President or Vice President may be extended by one year to allow for staggered terms of office.
  o Nominating Committee one to be elected
Research Chair
George Beneck, PhD, PT, OCS, KEMG
Action: George Beneck confirmed as Research Committee Chair by vote of membership Term 2014-2017

ISIG Education Activities
Programming for CSM 2014
Diagnostic Imaging and Clinical Examination of the Spine: Consistency, Coincidence, & Comparison: Charles Hazle, Jr, PT, PhD
Diagnostic and Procedural Imaging in Physical Therapist Education Edmund M. Kosmahl, PT, EdD, et al
American Institute of Ultrasound Medicine (AIUM)
President appointed to the AIUM for the development of Point-of-Care US Guidelines. These guidelines are still in draft.

Research Committee
R13 Conference
Exploring a submission to the National Institutes of Health for funding for a R13 conference on developing imaging in physical therapist practice, education, and research.

Survey of Imaging Curriculum in PT Education Programs
Results presented by William Boissonnault, PT, DHSc, DPT, FAAOMPT, FAPTA

Publications
John C. Gray, DPT, FAAOMPT Editor
Orthopaedic Physical Therapy Practice
Imaging Pearl
  The Little Posterior Bridge, John C Gray, DPT, FAAOMPT; OPTP 2013 Vol. 3
  The Vacuum Disc Phenomenon, John C Gray, DPT, FAAOMPT; OPTP 2013 Vol 4
Clinical and Ultrasound Evaluation of an Acute Achilles Tendon Rupture, Theodore Croy PhD, MPT, OCS; OPTP 2014 Vol. 1
Soliciting Submissions for Imaging Pearl

Recruit Members
We are growing! 179 members
Social media
Discussed Section initiatives on social media
Encouraged members to use Twitter @Douglas_M_White

Member Needs Survey
Summary of the survey results to be published in the next issue of OPTP.

New Business
Noteworthy
American Registry Diagnostic Medical Sonography new credential (RMSK) in MSK Sonography. Open to PTs

2014 Activities
Research Committee
Appoint members
Develop Research Committee agenda
R13 Conference planning

Education Activities
Recruit high quality submissions for CSM

Imaging in PT Education
Survey article submitted to the Journal of Orthopaedic and Sports Physical Therapy for publication consideration
Develop curricular guidance?
Strong interest by ISIG members in attendance for developing imaging education guidance/manual
Competencies
Interest from membership on developing competencies for imaging
Need to define entry-level competency and advanced competency

Policy initiatives
Remove barriers for payment for physical therapists performing imaging
Remove barriers for imaging “privileges”
Conduct analysis of PT practice acts to determine scope of practice for imaging
Imaging Pearl

John C Gray, DPT, FAAOMPT

Syringomyelia

Syringomyelia is a fluid-filled cyst (syrinx) within your spinal cord (myelia). The cyst, or syrinx, contains cerebrospinal fluid and can grow over time, causing the spinal cord to expand and stretch nerve tissue. Eventually, the syrinx can cause permanent nerve damage, muscle weakness, pain, and sensory changes in the extremities. The most common cause of syringomyelia is a Chiari malformation. A syrinx can also form after an injury to the spine, a spinal infection, spine surgery, or as a result of a tumor or mass in the spinal cord.

On magnetic resonance images (see Figures 1-3 below) the syringomyelia will be seen as an area of increased signal intensity. Increased signal activity often indicates the presence of edema or increased water content (cerebral spinal fluid) in the spinal cord.

BIBLIOGRAPHY


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 does not exist. Clinical Pearls should describe information pertaining to Imaging that help inform clinical practice.

Submissions should be sent to: John C. Gray DPT, FAAOMPT, Publications Editor. jcgray@san.rr.com

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Deydre Teyhen (@dteyhen)
James Elliot (@elliottjim)

Figure 1. T2-weighted sagittal view of cervical spine of 35-year-old male demonstrating a syrinx at T1 vertebral level of spinal cord (see arrow – lighter than surrounding spinal cord tissue). Also note the Type I and II Modic changes, moderate size HNP, and central stenosis at C6-7.

Figure 2. T1-weighted sagittal view of cervical spine of 35-year-old male demonstrating a syrinx at T1 vertebral level of spinal cord (see arrow – darker than surrounding tissue).

Figure 3. T2-weighted axial view of cervical spine at level of T1 revealing a syrinx within the spinal cord (see arrow).