

EUROPEAN FEDERATION OF SOCIETIES FOR ULTRASOUND IN MEDICINE AND BIOLOGY

'Building a European Ultrasound Community'

MINIMUM TRAINING REQUIREMENTS FOR THE PRACTICE OF MEDICAL ULTRASOUND IN EUROPE

Appendix 12: Musculoskeletal

Musculoskeletal ultrasound comprises a wide range of different examinations increasingly performed by practitioners with different background (e.g. radiology, orthopaedic surgery, rheumatology or paediatric). This curriculum is intended for medical doctors who perform musculoskeletal ultrasound scans. It includes standards for theoretical knowledge and practical skills.

Training should be integrated in a 3-level system and modular, as some practitioners may need to be proficient in some specific areas of the musculoskeletal pathology according to their daily practice (e.g. shoulder surgery, hand surgery, paediatrics or rheumatic diseases). At least level 1 competence should be obtained by anyone performing routine unsupervised musculoskeletal ultrasound.

Level 1

Level 1: Theoretical Module

Attendance in a basic course of at least 3 days (18 hours) including:

- Ultrasound physics and instrumentation, ultrasound techniques and administration (see Appendix 2).
- Normal musculoskeletal anatomy, normal musculoskeletal ultrasound findings, common pathological ultrasound findings in the musculoskeletal system.

Level 1: Practical Training

Level 1 competence requires:

- To obtain level 1 status it is recommended that the trainee should perform a minimum of 300
 examinations under supervision within a year.
- Examinations should encompass the full range of conditions listed in the competency assessment sheet level 1.
- A log book (or an illustrated log book) should be kept by the trainee, listing the number and type of
 examinations. Supervision of half of the 300 examinations can be achieved with approval of
 examinations in an illustrated log book.
- The trainee should be supervised by a level 2 or 3 practitioner.
- During the course of training a competency assessment sheet should be completed and signed by the supervisor, as this will determine in which area(s) the trainee can practise independently.

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To maintain level 1 status the practitioner should perform at least 300 examinations each year.

Level 1: Competencies to be acquired

At the end of training the trainee should be able to:



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- Perform common musculoskeletal ultrasound examinations (shoulder, elbow, wrist/hand, hip, knee, ankle/foot and common muscles) systematically, accurately, safely and with proper report and documentation.
- Differentiate normal and pathological findings.
- · Perform dynamic examinations.
- Recognise when referral for a second opinion is indicated (e.g. any diagnostic doubt, soft tissue tumours).
- Acquire knowledge about advantages, disadvantages and indications of alternative imaging modalities (e.g. MRI).
- Diagnose common abnormal ultrasound findings in shoulder, elbow, wrist/hand, hip, knee, ankle/foot
 and common muscles (e.g. effusion and synovitis, bursitis and cysts, tendon tears and tendinopathy,
 entesopathy, common muscle and bone pathology) (see competency assessment sheet level 1).

Level 2

Level 2: Theoretical Module

Attendance in one or more relevant advanced courses or congresses with a total of at least 3 days (18 hours).

Level 2: Practical Training

Level 2 competence requires:

- To have achieved level 1 competence.
- To have regular ultrasound clinics at level 1 and perform at least 500 examinations under supervision within a year.
- Supervised by a level 3 practitioner or someone who has achieved level 2 competence and has at least 2 years of experience at that level.
- To be able to recognise and correctly diagnose almost all musculoskeletal pathological conditions (or all conditions within a specific area of a musculoskeletal pathology).
- To maintain level 2 status the practitioner should perform at least 500 examinations each year.

Level 2: Competencies to be acquired

- To accept and manage referrals from level 1 practitioners.
- To have knowledge of new ultrasound modalities.
- To teach ultrasound to trainees and to level 1 practitioners.
- To conduct some research (clinical or fundamental) in musculoskeletal ultrasound.
- To recognize and correctly diagnose almost all pathology in the shoulder, elbow, wrist/hand, hip, knee, ankle/foot, muscles, bones and nerves (see competency assessment sheet level 2).



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• To perform basic, non-complex musculoskeletal US-guided interventions (e.g. aspirations, injections, drainages, biopsies).

Level 3

Level 3: Theoretical Module

Attendance in at least two advanced relevant courses or congresses with a total of at least 6 days during 2 calendar years.

Level 3: Practical Training

Level 3 competence requires:

- To have achieved level 2 competence.
- To have regular ultrasound clinics at level 2 for at least two years (at least 500 examinations per year).
- To be occupied mainly with musculoskeletal ultrasound.
- To perform (or have knowledge about) specialised musculoskeletal ultrasound examinations
- To perform advanced US-guided interventional procedures.

Level 3: Competencies to be acquired

- To accept and manage tertiary referrals from level 1 and 2 practitioners.
- To perform specialised musculoskeletal ultrasound.
- To perform all sorts of musculoskeletal US-guided interventions.
- To conduct substantial research (clinical or fundamental) in the field of musculoskeletal ultrasound.
- To teach musculoskeletal ultrasound to trainees and practitioners at all levels.
- To be aware of and to pursue developments in musculoskeletal ultrasound.

Maintenance of Skills

Having been assessed as competent to practice there will be a need for continued medical education and maintenance of practical skills. Recommended numbers of examinations to be performed annually to maintain skills at each level are given in the text. Practitioners should:

- Include musculoskeletal ultrasound in their ongoing continued medical education (CME) and continued professional development (CPD).
- Audit their practice.
- Participate in multidisciplinary meetings.
- Keep up to date with relevant literature.



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APPENDIX 12: MUSCULOSKELETAL ULTRASOUND TRAINING COMPETENCY ASSESSMENT SHEET

Trainee			Trainer		
Core Knowledge Base – Level 1					
	Trainer Signature	Date			
Physics and technology					
Practical instrumentation / Use of ultrasound controls					
Normal musculoskeletal anatomy			_		
US examination of normal joints and muscles					
Competencies/Skills to be acquired - To be competent to perform/diagnos					
	Trainer Signature	Date		Trainer Signature	Date
Shoulder	.		Hip		
Full-thickness rotator cuff tear			Hip joint effusion and synovitis		
Rotator cuff calcifications (different types)			Trochanteric bursitis		
Shoulder joint effusion and synovitis			(Rheumatoid erosions)		
Subacromial-subdeltoid bursitis			Knee		
Biceps tendon (tendinopathy, luxation, rupture)			Knee joint effusion and synovitis		
Hill-Sachs lesion			Baker's cyst (and rupture)		
Acromioclavicular joint pathology			Patellar ligament tendinopathy		
(Rheumatoid erosions)			Quadriceps tendon rupture		
Elbow			 Identification of the menisci 		
Lateral and medial epicondylitis			Large Meniscus cyst		
Elbow joint effusion and synovitis			Osgood-Schlatter		
• (Rheumatoid erosions)			Collateral ligament strain		
Wrist and Hand		. <u> </u>	(Rheumatoid erosions)		
Ganglion cyst			Ankle and Foot		
Tenosynovitis			Joint effusion and synovitis		
Tendon rupture			Achilles tendinopathy and rupture		
Joint effusion and synovitis			Tenosynovitis		
Rheumatoid erosions			Fasciitis plantaris		
Common Muscles			(Rheumatoid erosions)		
Large muscle rupture, hematoma			Other		
• Abscess			Identification of bone pathology		
Myositis ossificans			Fluid at prosthesis/osteosynthesis		
			Detection of foreign body		

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Trainee			Trainer		
Competencies/Skills to be acquired - Lev To be competent to perform/diagnose et					
	Trainer Signature	Date		Trainer Signature	Date
Shoulder			Hip		
Partial-thickness rotator cuff tear		<u> </u>	Other bursitis than trochanteric		
Dynamic examination for impingement			Osteoarthritis		
Ganglion		<u> </u>	Identification of ant labrum		
Rotatorcuff interval pathology		<u> </u>	Identification of iliopsoas tendon		
Frozen shoulder		<u> </u>	Snapping hip		
Nerve entrapment		<u> </u>	Inguinal hernia		
Identification of ant and post glenoid labrum		<u> </u>	Groin pain		
US-guided interventions			Pathology of the Infant hip		
Elbow			US-guided interventions		
Biceps and triceps tendinopathy and rupture		<u> </u>	Knee		
Nerve entrapment			Meniscus tear		
US-guided interventions			Meniscus cyst		
Wrist and Hand			Runner's knee		
Carpal tunnel syndrome			Pathology of small tendons		
Tendon adherences			Osteoarthritis		
Ligament and pulley lesions			Cartilage lesion		
Other tumours than ganglion			US-guided interventions		
US-guided interventions			Ankle and Foot		
Muscles			Morton's neuroma		
Small muscle rupture			Tarsal tunnel syndrome		
Late complication of muscle rupture			Ligament strain		
Identification of common muscle tumours			US-guided interventions		
Other					
Withdrawal of foreign body					
Bone pathology (fracture, tumour)		<u> </u>			
Doppler examination of tendons, joints,					
Entesopathy					
Identification of common nerves					
US-guided interventions					