The list below is not intended to be exhaustive. If you have any queries about other pathologies, please contact us using the contact us form on our website.

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| **Body area** | **Ultrasound good for** | **Ultrasound not the modality of choice** |
| Shoulder | Rotator cuff tendon pathology / tearsBursitisSCJ / ACJ degeneration + EffusionLHB pathologyEarly features OA (Sub XRAY)Joint effusion | Stiff shoulder (XRAY first)Labral tearInfectionTumourReferred from NeckBone odeama |
| Elbow | TendinopathyJoint OA or Early features OA (Sub XRAY)Joint effusionDistal biceps integrityBursitis | InfectionTumourBone odeama |
| Wrist + hand | GanglionCystsTenosynovitisTendinopathyJoint OA | TFCC tearBone odeama |
| Hip | Early features OA (Sub XRAY) or fem neck changes (Cam Impingement)Joint effusionBursitisTrochanteric hip pain | Labral tearAcetabular dysplasiaInfectionTumourReferred from BackBone odeama |
| Knee | Cysts: i.e. Bakers cyst, Para-meniscalTendinopathyITB syndromeJoint OAMCL/LCL tearsBursitis | Meniscal tearCruciate ligament tearInfectionTumourReferred from BackBone odeama |

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| --- | --- | --- |
| Foot and Ankle | Cysts and ganglionTendinopathy / tendon tearsJoint OAATFL and Deltoid ligament tearsBursitisMortons Neuroma | InfectionTumourReferred from BackBone odeama |
| The strength of Ultrasound lies in its ability to image structures dynamically, i.e. subluxing ulnar nerve or long head of biceps, it also allows a quick comparison to the unaffected side to see if abnormalities are normal findings for the patient in question or consistent with pathology. Unlike other forms of imaging, the dynamic process also allows us to trace structures along their path offering a wide field of view, i.e the course of a peripheral nerve.The ultrasound unit also ensures accurate injections. There is widespread evidence to demonstrate that injections performed under ultrasound have superior accuracy to landmark guided injections. |