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 / tears  Bursitis  SCJ / ACJ degeneration + Effusion  LHB pathology  Early features OA (Sub XRAY)  Joint effusion | Stiff shoulder (XRAY first)  Labral tear  Infection  Tumour  Referred from Neck  Bone odeama |
| Elbow | Tendinopathy  Joint OA or Early features OA (Sub XRAY)  Joint effusion  Distal biceps integrity  Bursitis | Infection  Tumour  Bone odeama |
| Wrist + hand | Ganglion  Cysts  Tenosynovitis  Tendinopathy  Joint OA | TFCC tear  Bone odeama |
| Hip | Early features OA (Sub XRAY) or fem neck changes (Cam Impingement)  Joint effusion  Bursitis  Trochanteric hip pain | Labral tear  Acetabular dysplasia  Infection  Tumour  Referred from Back  Bone odeama |
| Knee | Cysts: i.e. Bakers cyst, Para-meniscal  Tendinopathy  ITB syndrome  Joint OA  MCL/LCL tears  Bursitis | Meniscal tear  Cruciate ligament tear  Infection  Tumour  Referred from Back  Bone odeama |

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| Foot and Ankle | Cysts and ganglion  Tendinopathy / tendon tears  Joint OA  ATFL and Deltoid ligament tears  Bursitis  Mortons Neuroma | Infection  Tumour  Referred from Back  Bone 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. | | |