IMAGEN

MSK Ankle/Foot

Ultrasound Protocol Cheat Sheet

Indications on when to perform an MSK Ankle/Foot

A diagnostic US (ultrasound) may be appropriate to perform on patients whose clinical profile is consistent with one of the following areas:

- **Pain** (chronic or acute, localized or diffuse)
- **Swelling or Effusion** (joint or soft tissue swelling, suspected bursitis)
- **Tenderness** (localized pain with palpation, suspected soft tissue abnormalities)
- **Trauma or Injury** (suspected ligament, tendon, or muscle tears, contusions)
- **Restricted Range of Motion** (joint stiffness or mechanical locking)
- **Weakness** (loss of strength due to potential muscle or tendon injury)
- **Clicking, Popping, or Snapping Sensation** (indicative of structural abnormalities)
- **Instability or Giving Way** (suggesting ligamentous or tendon involvement)
- **Numbness, Tingling, or Radiating Pain** (possible nerve entrapment)
- **Deformity or Mass** (suspected cysts, lipomas, ganglion cysts, or tumors)
- **Redness or Heat** (suggesting inflammatory arthritis, infection, or bursitis)

Imaging Protocol

The following steps outline the protocol to complete this exam Prior to Patient Arrival: Review the patient chart to obtain history and reason for the exam.

- Image Acquisition: Exam will include a targeted area exam as dictated by the patient's symptom and the order.The necessary views listed below:
    - **Targeted Area:** Area of concern is evaluated in transverse and sagittal planes. Document adequately by labeling in as much detail the area of concern as well as timeline of presence. Pathological findings must be documented in two planes. Below are the images that need to be acquired.
        - B-mode transverse and sagittal planes
        - Color Doppler analysis in transverse and sagittal planes
        - Measurement of any cyst, mass, foreign body, or lesion seen in length, height, and width
        - If pathology is present, document in sagittal and transverse with cine clip labeling superior to inferior or medial to lateral.

-Diagnostic MSK * Ultrasound Protocol Cheat Sheet End-**

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Follow in transverse to distal insertion!

Have knee slightly bent, foot flat on bed

Image 1: Transverse Anterior compartment

Image 2: Transverse Tibialis Ant

Image 3: long prox/mid tibialis

Image 4: Long Dist insertion Tibialis

Image 5:Extensor Hallucis Longus Transverse

Image 6: Extensor Hallucis Longus Longitudinal

Image 7: Extensor Digitorum Longus Transverse

Image 8: EDL Long 2nd

Image 9: EDL Long 3rd

Image 10: EDL Long 4th

Image 11: EDL long 5th

Image 12: Long tibiotalar ligament

Image 13: Long talonavicular ligament

Image 14: Long tibionavicular ligament

Image 15: Medial Ankle Transverse

Image 16: Transverse Tibialis Posterior

Image 17: TP Long

Image 18: TP Long Distal Insertion

Image 19: Flexor Hallucis Longus Transverse

Image 20: FHL Long

Image 21: Flexor Digitorum Longus Long 2nd

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Image 22: FDL Long 3rd

Image 23: FDL Long 4th

Image 24: FDL Long 5th

Image 25: Transverse Lateral compartment

Image 26: Peroneus Brevis Long

Image 27: Peroneus Longus Long

Image 28: Anterior talofibular ligaments Long

Image 29: calcaneofibular ligament long

Image 30: Transverse Calf

Image 31: Transverse Prox Achilles

Image 32 : Transverse Mid Achilles

Image 33: Transverse Achilles Attachment (May take multiple)

Image 34: Long Achilles attachment

Image 35: Long Achilles Distal

Image 36: Long Mid Achilles

Image 37: Long retrocalcaneal bursa

Image 38: Long Plantar Fascia with and without measurement

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