## Introduction to Musculoskeletal Radiology course for Physiotherapists – Knee, Spine and Shoulder: Surrey

I recently got an opportunity to attend the course named Introduction to Musculoskeletal Radiology for Physiotherapists, one of the MACP lead courses. Foremostly, I would like to convey my sincere thanks to the MACP Bursary Panel for providing me the financial support in the form of short course bursary to attend this three day course.

The course helped me to understand the normal variants of imaging such as X-ray, MRI and Ultrasound as well as most common pathologies. For a developing Musculoskeletal ESP clinician like me, the above course gave invaluable in-depth insight to evaluate my clinical reasoning process to choose the most appropriate form of imaging to confirm the diagnosis or exclude other possible causes for the patient's presentation. The course was highly informative particularly in using a step by step approach for requesting various forms of imaging and the role of each one in differential diagnosis. It also helps me to facilitate discussion with the MDT and orthopaedic specialists especially if the patient needs an onward referral to a secondary or tertiary care for further management.

The first day was on Knee, presented by Jessica Gent. The detailed explanation on basic rules whilst reading X-ray and MRI imaging was very informative. In addition, the slides helped me to understand the various approaches to identify the joint integrity whilst using X-ray which I have never used before (Eg: Tunnel view). I have found this very useful to identify the true degree of degeneration which would normally be difficult in a normal view. In addition, certain indications of X-ray that warrants the need for an MRI especially in suspected meniscal and hidden sub-chondral pathologies and the significant role of accuracy of various clinical tests.

The second day was on Spine, delivered by Chris Mercer. The introduction slides containing diagrammatic presentation of lumbar spine were very useful to understand the importance of co-relating various parts of the vertebrae with the clinical findings whilst reading a spinal X-ray. The other aspect I found useful was reading T1 and T2 spinal images and their importance to identify various structures and related pathologies. However the day's main focus was on lumbar spine. So it would be highly appreciated if the course can incorporate the basics of thoracic and cervical spine imaging and pathologies.

The third day was on Shoulder, presented by Cathy Barrett. The course integrated the application of X-ray, MRI and ultrasound in various stages of diagnosis in clinical setting especially the importance of X-ray which will guide the clinician in the selection of right investigations especially in impingement type pathologies (Ultrasound versus MRI). It also helps to rule out any other sinister bony causes for the pain.

To conclude, all three days very interactive with numerous discussions on various pathologies. We had great audience who works in certain specialist roles which also helped to extend the discussion on spinal pathologies and various medico-legal aspects. It would be very useful to elaborate the spinal day as a two day course to

include cervical and thoracic spine. The facilitators were highly interactive especially Chris Mercer who made it really engaging within the time constraints. Once again I convey my thanks to the MACP course organisers for conducting a valuable course like this.

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