

“Integrating Imaging into Musculoskeletal practice”, Autumn 2017

During autumn 2017 I got the chance to attend the course “Integrating Imaging into Musculoskeletal practice”, organized by the MACP, held at the Brookfield Hospital, Cambridge, in the premises of Dynamic Health outpatient physiotherapy department. The course was delivered over three Saturdays, each day focusing on a different body region. Namely, the lumbar spine, the shoulder complex and the knee joint were covered by the tutors, Chris Mercer, Cathy Barrett and Jessica Gent respectively.

This course is an introduction to basic imaging and radiology from a physiotherapy perspective. Briefly, the content for each of 3 days comprised of radiography legislation, normal anatomy and variants as these appear in radiography, abnormal findings linked with common pathologies for each region. Finally, case studies and discussion around the clinical indications for selecting the appropriate investigation.

In more details, the responsibility of the referrer exposing patients to ionising radiation was highlighted. Basic technical characteristics of different radiographic methods and the implications they have on clinical information acquired were discussed, for example the differences between T1 and T2 weighted images. The course introduces the delegates to a structured method when looking at radiography images and hints and tips navigating through an MRI. All three sessions were very interactive, with the discussions integrating imaging into musculoskeletal practice. The questions were very welcomed and addressed.

Personally, I have found really positive the fact that the course remains relevant to the physiotherapist that has to make clinical decisions, rather being technical which might be more appropriate for radiologists that have the legal requirement to report on images. Questions were all very welcomed and addressed. During the case studies the choice of the right type of investigation on suspected pathologies was a thought stimulating process, while later, the recognition of typical musculoskeletal pathologies and red flags on images by following the basic rules was a very efficient exercise. Case study sessions facilitating learning within each module were a key component of the course. During these, the delegates had the opportunity to familiarise themselves with key radiographic landmarks and understand how normal anatomy appears on MRI and Xray images.

I have decided to attend this course since a big proportion of my patient caseload comprises of chronic lower back patients. The successful management of this group of patients relies on the recognition of cases where further investigations might change their treatment pathway. I found the discussion on red flags such as cauda equine syndrome recognition highly relevant. Furthermore putting findings in context with normal ageing changes and the awareness of normal variants among population will hopefully increase my capacity to reassure patients, help them self-manage and reduce the number of unnecessary referrals to secondary care.

Overall, I feel that this course met my expectations and the learning objectives, hence I would fully recommend it to other colleagues, senior physiotherapists or extended scope practitioners looking to expand their clinical practice using imaging. I am feeling grateful for the MACP awarding me the Level 1 CPD award to cover the course fee, looking forward to put the acquired knowledge into practice.

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