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# Musculoskeletal Sonography Review

## Study Alert

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**Question 73 on page 23 should read as follows:**

73. Which structure covers the ulnar nerve in the cubital **tunnel**?

**Question 144 on page 44 should read as follows:**

144. During the exam of a neonatal hip, the infant is placed with the legs flexed at 90 degrees. While grasping the sacrum and symphysis pubis, the examiner **adducts** the leg at the knee to induce a posterior displacement of the hip. What is this maneuver called?

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**Question 511 on page 170 should read as follows:**

511. A patient complains of being cold and lightheaded during an injection of her right thumb for de Quervain disease. She is supine on the exam table. What is the appropriate maneuver to decrease these symptoms?

- A. Help her sit up in a chair.
- B. Place cold, wet cloths on her neck and forehead.
- C. Perform a tilt-table test.
- D. Schedule an echocardiogram and exercise stress test.
- E. Place her in a **Trendelenburg** position.

**Answer 60 on page 221 should read as follows:**

60. A. Olecranon process.

The triceps brachii inserts onto the olecranon process of the ulna. The **ulnar** tuberosity is where the brachialis muscle inserts on the ulna. ...

**Answer 80 on page 228 should read as follows:**

80. D. On the ulnar side of the wrist.

The ulnar artery, vein, and nerve are contained within Guyon's canal (also known as Guyon's tunnel, the ulnar canal, or the ulnar tunnel), which is located on the **medial**, or ulnar, side of the wrist.

**Answer 93 on page 233 should read as follows:**

93. D. Flexor retinaculum.

The flexor retinaculum provides the anterior border of the carpal tunnel. Other names used to refer to it include *transverse carpal ligament*, *palmar carpal ligament*, *transverse fibers of the palmar aponeurosis*, **and** *volar ligament of the wrist*, ~~and extensor retinaculum~~.

**Answer 104 on page 236 should read as follows:**

104. D. Ulnar artery, vein, and nerve.

The ulnar artery, vein, and nerve are contained within Guyon's canal, located on the **medial** portion of the wrist.

**Answer 139 on page 248 should read as follows:**

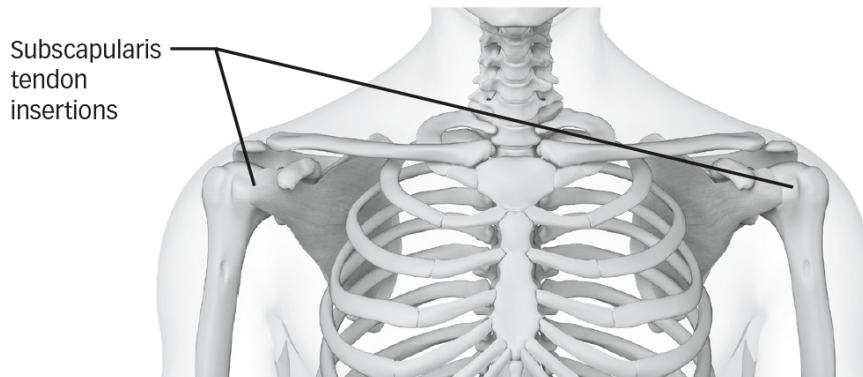
139. E. Ortolani maneuver.

The Ortolani maneuver allows for an attempt to relocate or reduce a dislocated neonatal hip. With the infant's legs flexed at 90 degrees in a neutral position, the

clinician performs the Ortolani maneuver by placing the index and middle fingers on the greater trochanter and the thumb on the inner thigh. Gentle abduction (moving away) occurring at the same time as anterior lifting of the leg may produce the **reduction**, which is indicated by a palpable clunk. ...

**Answer 358 on page 340 should read as follows:**

358. D. Medially.



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Biceps stability is associated with the subscapularis tendon due to its insertion site at the lesser tuberosity of the **humeral** head (see image). Once completely torn, the subscapularis tendon can no longer maintain position of the long head of the biceps in the intertubercular groove of the **humeral** head. The biceps is then able to dislocate medially into the glenohumeral joint. On ultrasound the absence of the biceps tendon within the bicipital groove and visualization of its anterior position are diagnostic of dislocation. (See Color Plate 20 on page xxv.)

**Answer 375, page 350, lines 2–3 should read as follows:**

*... A full-thickness tear includes displacement proximal to the **adductor** pollicis aponeurosis.*

**Answer 382 on page 352 should read as follows:**

382. B. Toe movement.

The extensor digitorum longus tendon is a flat tendon that originates from the medial portion of the posterior surface of the tibia and inserts in the base of the second to fifth toes (phalanges 2–5). The tendon begins as a single structure, dividing into four to provide **dorsiflexion** of the toes and foot. To identify which section of the tendon is being imaged, simply have the patient move the toes while you are scanning.

**Answer 464 on page 383 should read as follows:**

... On ultrasound, the normal fascia has a hyperechoic appearance, is flat, and for 90% of the population measures 3–4 mm posteroanteriorly. ...

**Answer 511 on page 398 should read as follows:**

511. E. Place her in a Trendelenburg position.

*During invasive procedures patients may experience a vasovagal response. This autonomic physiologic response occurs more frequently in the fearful patient and initially presents with an increased heart rate and blood pressure. The sudden decrease of the heart rate, blood pressure, and blood flow to the brain results in symptoms of coldness, lightheadedness, nausea, tunnel vision, and emergent syncope. In the supine patient, the feet should be elevated (Trendelenburg position) to increase blood flow to the brain.*

**Answer 520 on page 401 should read as follows:**

520. E. Usually only the affected compartment is injected.

*In the presence of Type I de Quervain tenosynovitis (DQTS), both the abductor pollicis longus and the extensor pollicis brevis tendons are covered by a thickened retinaculum, so the injection is placed under the main retinaculum. The Type II DQTS has a septum between the tendons; injections to treat DQTS can be in one or both compartments, depending on the patient's symptoms. Most commonly with Type II DQTS only the extensor pollicis brevis tendon is affected, and therefore only one portion of the septated structure is injected.*