

In-office Diagnostic Ultrasonography by Pediatric Orthopaedic Surgeons

Introduction

Ultrasonographic examination enhances the diagnostic capabilities of pediatric orthopaedic surgeons and improves their therapeutic capabilities. By virtue of their education and training, pediatric orthopaedic surgeons are highly qualified to perform and supervise diagnostic imaging studies that are integral to high quality, efficient and cost-conscious pediatric musculoskeletal care. The American Board of Orthopaedic Surgery mandates training in musculoskeletal imaging during residency as a requirement for certification. While radiologists are trained to interpret musculoskeletal ultrasounds in descriptive terms, pediatric orthopaedic surgeons add functional, anatomical and clinical assessments resulting in patient-specific information not typically available to or provided for the radiologist. It is the pediatric orthopaedic interpretation of the ultrasonographic study, in conjunction with the history, and physical examination that guides the treatment instituted by the pediatric orthopaedist—the professional ultimately responsible for the care of the child.

Timeliness

Optimal patient care is dependent upon diagnostic imaging that can be performed and interpreted in a timely manner. Ideally, orthopaedic imaging, including ultrasound studies, are performed in the pediatric orthopaedic office so that critical judgements can be made at the same time that other clinical decision-making is occurring. When children are required to leave the pediatric orthopaedic surgeon's office to obtain diagnostic ultrasound imaging, there is a potential for significant delay in the initiation of therapy. This is especially problematic in the setting of an acute septic arthritis of the hip or in a subperiosteal abscess in a child.

Quality of Care

Pediatric orthopaedic surgeons are experts in the utilization and interpretation of imaging studies of the musculoskeletal system including ultrasonograms. Children undergoing musculoskeletal ultrasonography may benefit from the presence of the pediatric orthopaedic surgeon to position the child, stress the joint or palpate the bone over the area of concern. In most instances, the pediatric orthopaedist is the only qualified and knowledgeable caregiver who can perform these maneuvers. The ability of the pediatric orthopaedist to correlate the ultrasonographic images with the real-time physical examination findings plays a critical role in the correct interpretation of the sonographic images and guides the proper treatment for the child.

Cost Effectiveness

When children are required to leave the pediatric orthopaedic surgeon's office to obtain ultrasounds, more than one visit may be required to appropriately assess the situation when all of the data is available and initiate the appropriate therapy. This is especially onerous on the patient's family. Pediatric orthopaedists can provide these services in office in a more cost-efficient manner furthering the goals of healthcare cost containment. The POSNA believes that pediatric orthopaedic surgeons are entitled to adequate compensation for the cost and work involved in performing and interpreting diagnostic ultrasonographic studies in their offices.

Conclusion

The POSNA believes that the onus of care and the ultimate responsibility for the pediatric orthopaedic patient rests with the treating surgeon. The immediate performance and interpretation of sonographic imaging plays an integral role in diagnosing and treating these infants and children. Pediatric orthopaedic surgeons, as a matter of practice, are required to interpret diagnostic imaging studies. They are held accountable by their patients, families and society to correctly interpret radiologic studies including ultrasounds, even when the studies are performed by other specialists. Pediatric orthopaedic surgeons are highly qualified to supervise, perform and interpret these sonographic studies. The POSNA believes that pediatric orthopaedists can provide these services in a more cost-effective manner in their offices and are entitled to adequate compensation for the cost and work involved in providing these services. Any policy that prohibits pediatric orthopaedic surgeons from performing and interpreting ultrasound images in their offices interferes with the child's ability to receive optimal care. Such a policy is likely to increase the cost of providing those services, and adds a potential risk to those children requiring comprehensive care for developmental hip dysplasia, possible septic arthritis, suspected subperiosteal abscesses, sports injuries, fractures, sprains and other pediatric orthopaedic conditions.