

A large, bold, purple letter 'W' is centered on the left side of the slide. The background is split diagonally from the top-left to the bottom-right, with a white upper-left section and a purple lower-right section. A thin, light purple curved line separates the two sections.

The following training module was developed as a quality improvement project to serve as an educational tool for junior radiology residents. The following diagnostic radiology protocoling modules were developed by University of Washington radiology residents Patricia Ojeda and Mariam Shehata.

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Musculoskeletal

Common Clinical Scenarios
Protocols Module

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Outline

Bone-Related Protocols to be Covered:

- Bone CT with contrast
- Bone CT without contrast



Clinical scenario

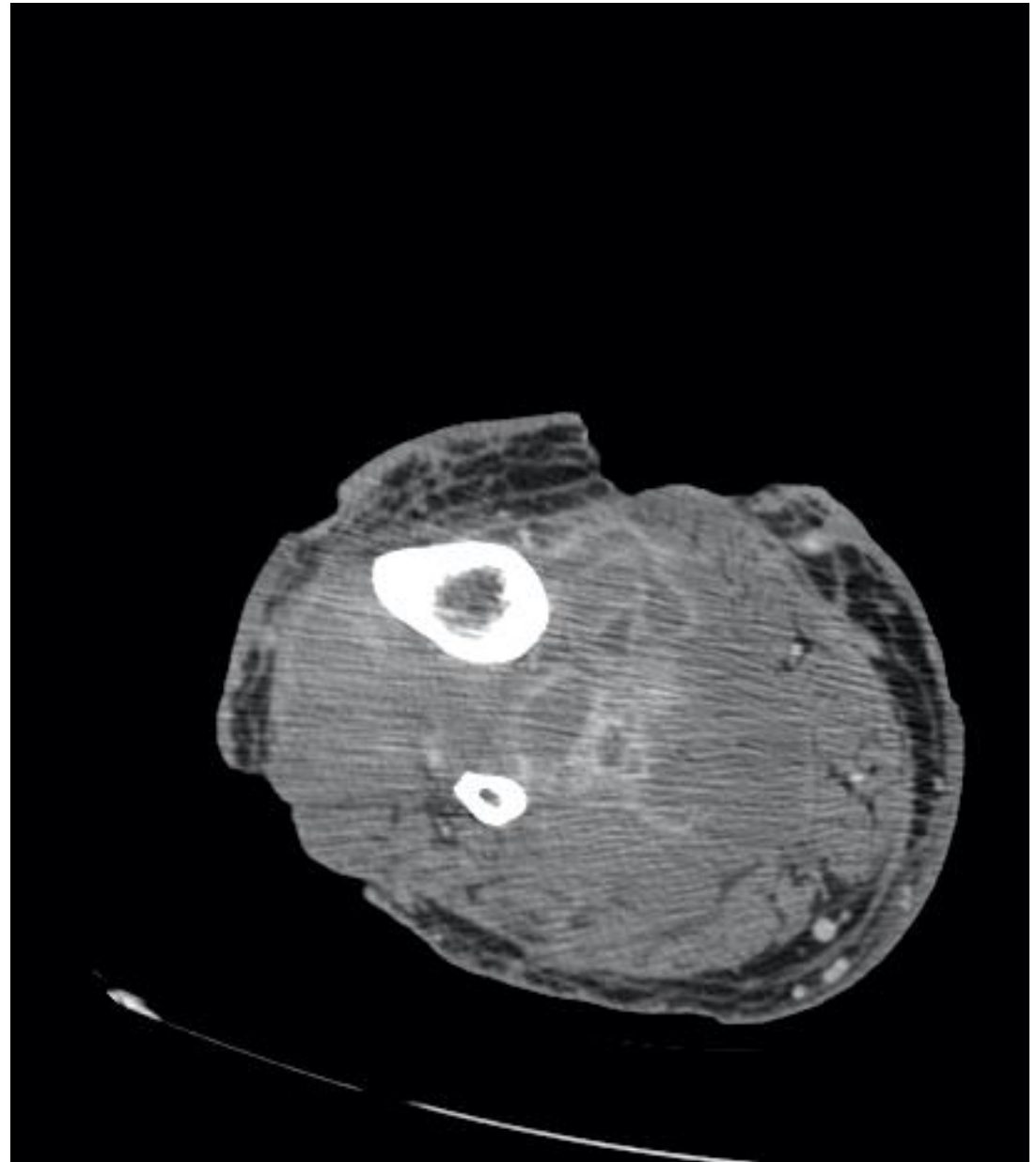
Patient with IVDU and suspected soft
tissue infection




CT Bone with contrast

- Indication: Suspected infection
- Soft tissue abscess
 - Assess for ring enhancing fluid collections
- Suspected septic joint
 - Look for a joint effusion
 - Septic joint can only be definitively diagnosed by joint aspiration

CT Tibia and Fibula with Contrast





Clinical Scenario

Patient with DM type II presents with thigh pain, fever and leukocytosis.
Suspected osteomyelitis

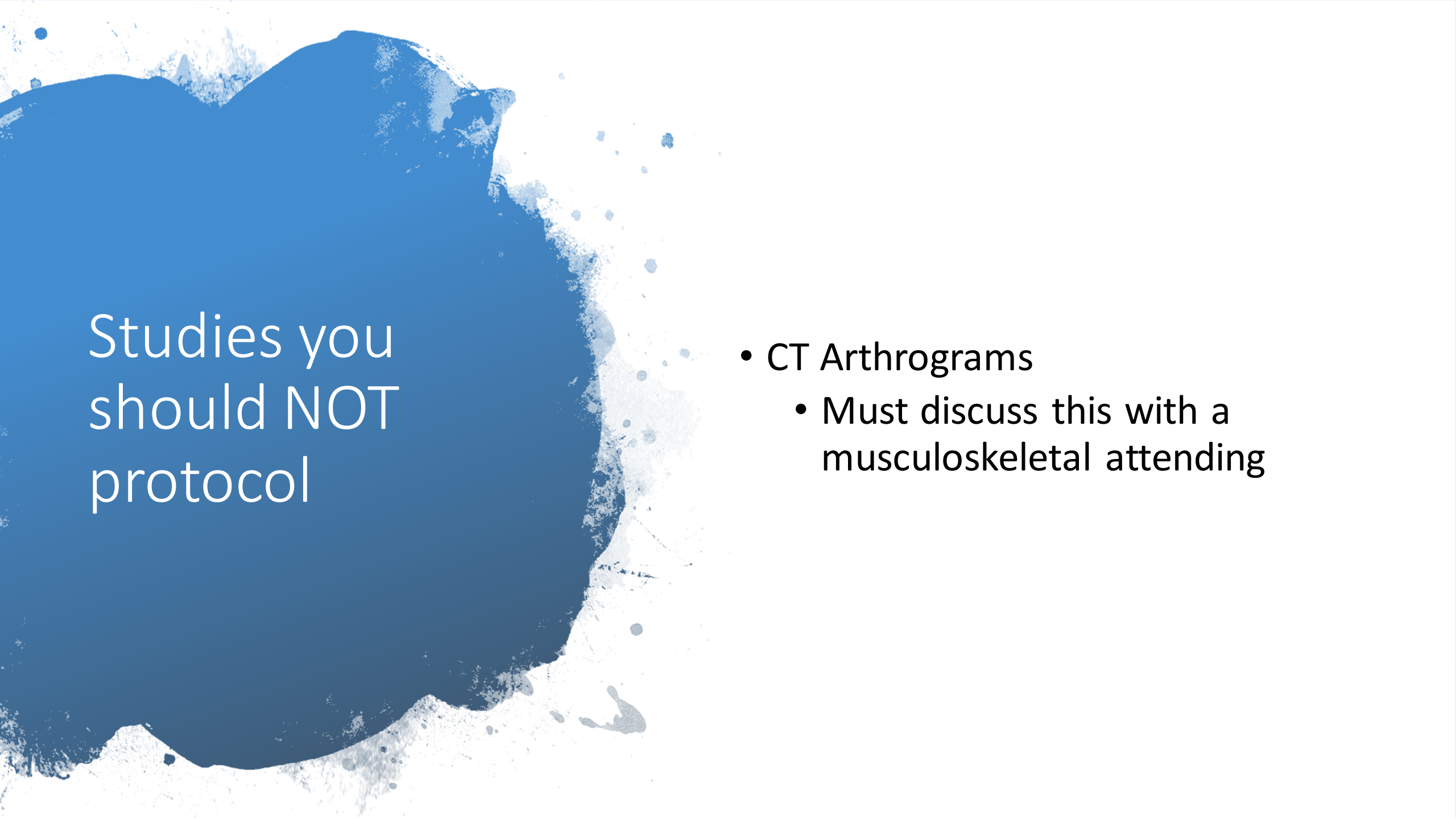


CT Bone without Contrast

- Indications: Osteomyelitis or occult fracture
- Osteomyelitis
 - Frank erosions will be seen on CT
 - If suspected bone marrow involvement, MRI with gadolinium is necessary
- Occult fracture
 - CT or MRI without contrast may be ordered
 - Usually for hip or pelvic fractures

CT Femur without contrast





Studies you
should NOT
protocol

- CT Arthrograms
 - Must discuss this with a musculoskeletal attending