

# One physician's perspective

Jean Claude Koenig

In Malcolm Gladwell's book *Outliers*, he attributes success to environmental influences, and I share what may be a reasonably unusual confluence of sports medicine and radiology. I believe I can be a genuine enthusiast for both of these specialties.

## FIRST LIFE—SPORTS PHYSICIAN WITH AN INSTRUMENT

As a sports physician (1992–2002), I tried for 3 months to do my own ultrasounds (USs) using an intermediate level machine with a 12 MHz high-resolution probe loaned from an imaging equipment supplier. I received approximately 6 hours of training, and despite using the machine on a daily basis and trying to train myself from various textbooks and online sources, I eventually concluded that I was not adding value for the patient. At approximately the same time, the South African Sports Medicine Association application for registration with our Health Professionals Council as a specialty was turned down. I decided to switch to Radiology.

## SECOND LIFE—RADIOLOGIST

During my 5 years of radiology specialisation, I performed US daily. The general and musculoskeletal US cases I performed ranged from 15 to 20 scans on busy days to at least a few (three to five scans) on others. I also read extensively on musculoskeletal US as well as other modalities in musculoskeletal radiology. Unfortunately, I did not benefit from having an experienced musculoskeletal

radiology consultant. I could only dream of being taught by an expert with a specific fellowship. I attended whatever musculoskeletal radiology congresses and US courses that took place and I continue to do so.

## MASTERING US FOR THE SPORTS MEDICINE SETTING

Since 2006, I have worked in private radiology and performed daily musculoskeletal USs—approximately 50 cases a week in addition to plain radiographs, CT and MRI. All four imaging modalities complement each other and should not be seen in isolation—particularly US and plain radiographs. After 4 years in full-time private practice, I am now cautiously confident that I can assess the major joints and typical areas of soft-tissue injury providing the referring physiotherapists, physicians or surgeons with satisfactory opinions. This has taken a tremendous amount of reading around the normal anatomy in the more complex areas as well as the various pathologies. Anatomy is often very complex, particularly at the wrist, shoulder, groin and ankle. I accept that, apart from the various conferences and courses I have attended, I have been self-trained to a large extent. I acknowledge that having as comprehensive a consultant-based training programme as proposed by the American Medical Society for Sports Medicine may shorten the time required to reach competency.

## FOUR FINAL THOUGHTS

I raise four concerns for vigorous discussion via e-letters, the blog and Twitter:

1. I feel that there is a place for sports physicians gaining musculoskeletal US training if the service is not

otherwise available and provided training is undertaken using optimal equipment under expert consultant supervision. I believe that using dedicated high-resolution probes and suitable software is critical and that similar level equipment should then be used in the Sports Physician's practice. However, if these criteria are not met, I believe the ambitious and well-meaning sports physician may be on the road to failure. Even radiologists find musculoskeletal US extremely difficult because of its technical difficulties and the challenges of visualising 3D structures confidently to arrive at the correct diagnosis.

2. I feel that there is a place for US on the field or in the changing room with as comprehensive a training programme as proposed by the American Medical Society for Sports Medicine.
3. In South Africa, the Health Professionals Council and the board of medical funders are concerned about the number of non-radiologically trained doctors performing US and claiming fees beyond those associated with the consultation. The Council is considering not allowing them to charge for these studies.
 

As a former sports physician, I wholeheartedly advocate that sports physicians should be paid a specialist consulting fee; this would go a long way to removing any financial incentive for doing USs.
4. Although musculoskeletal injuries are generally benign, athletes do get non-sports-related disease processes, including bone and soft tissue tumours; this reminds us all of the importance of plain radiographs and, where indicated, further mutiplanar imaging.

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