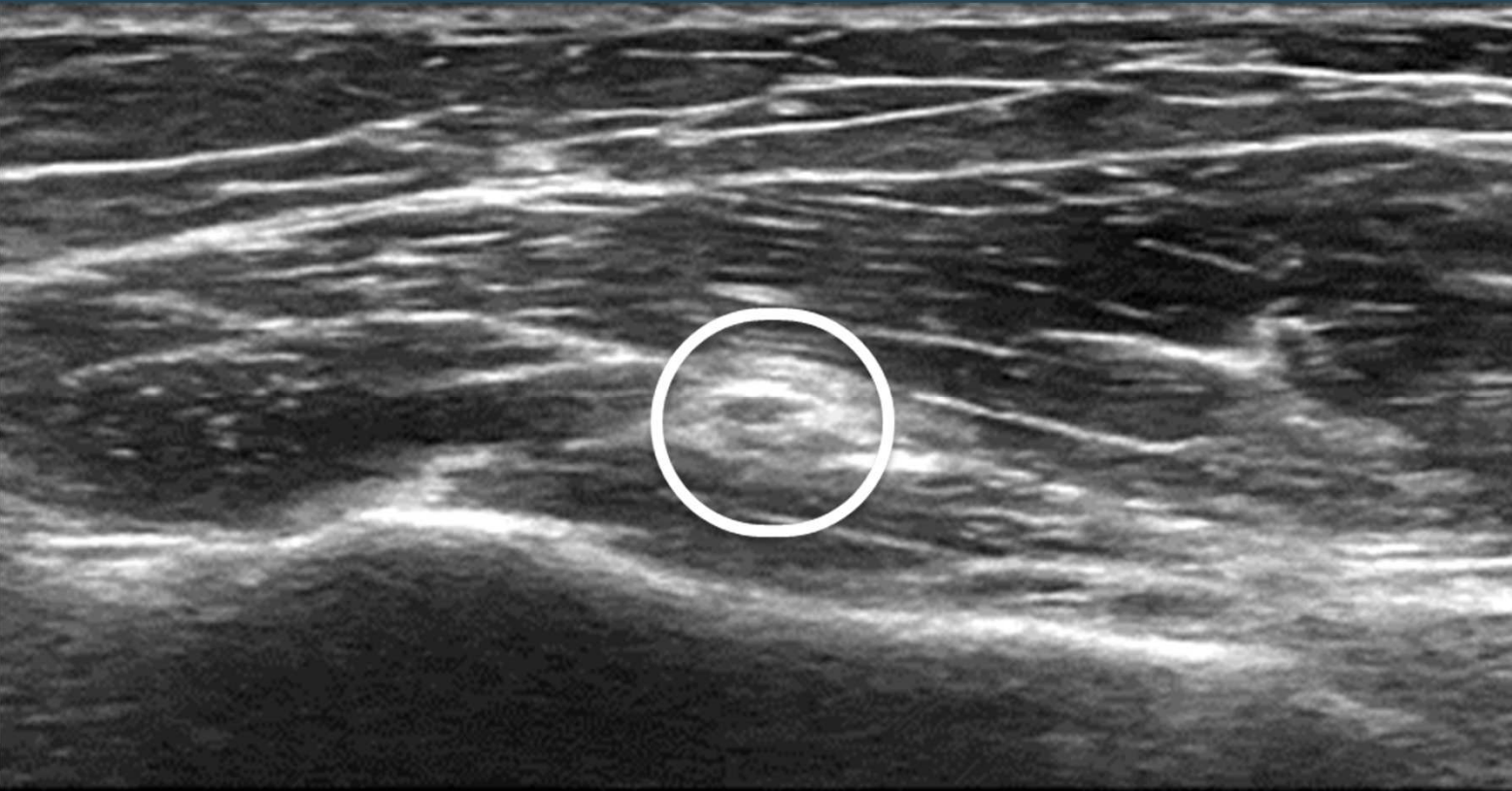
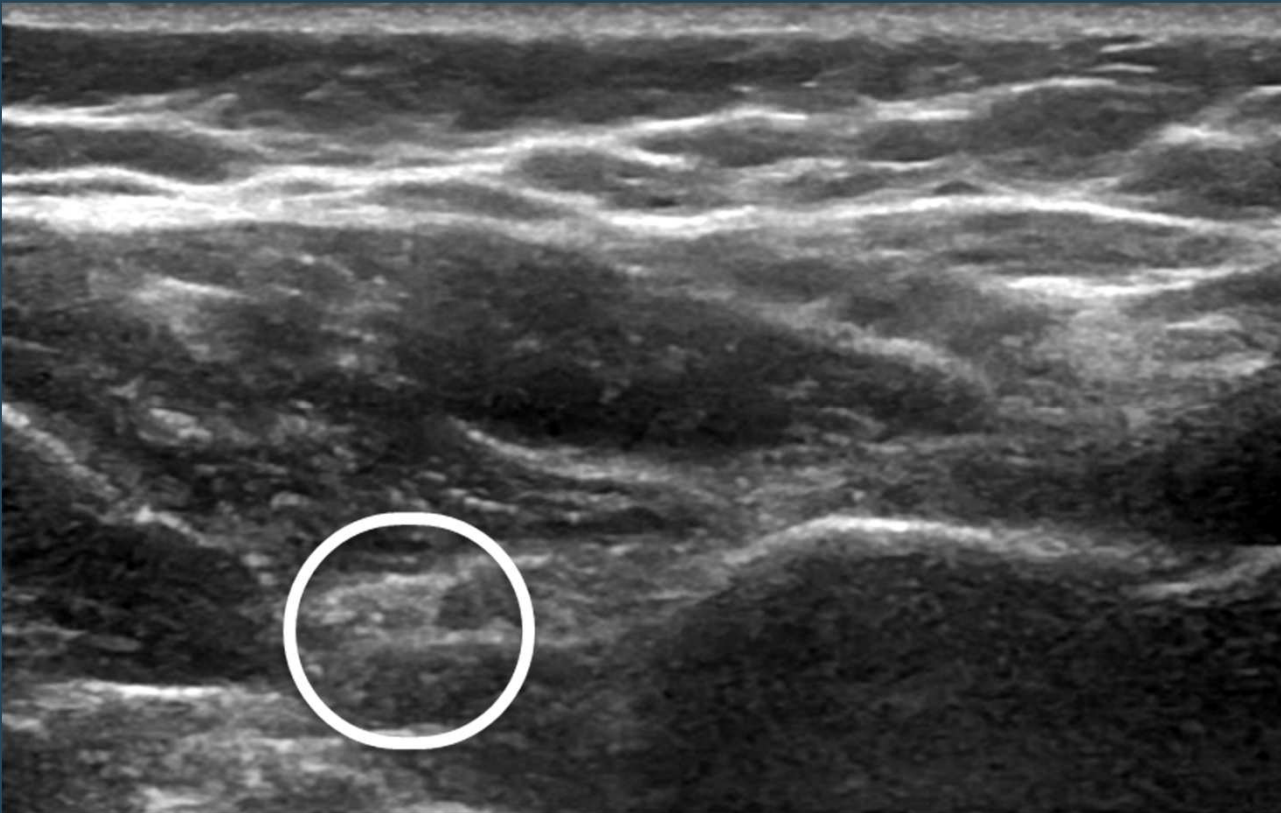


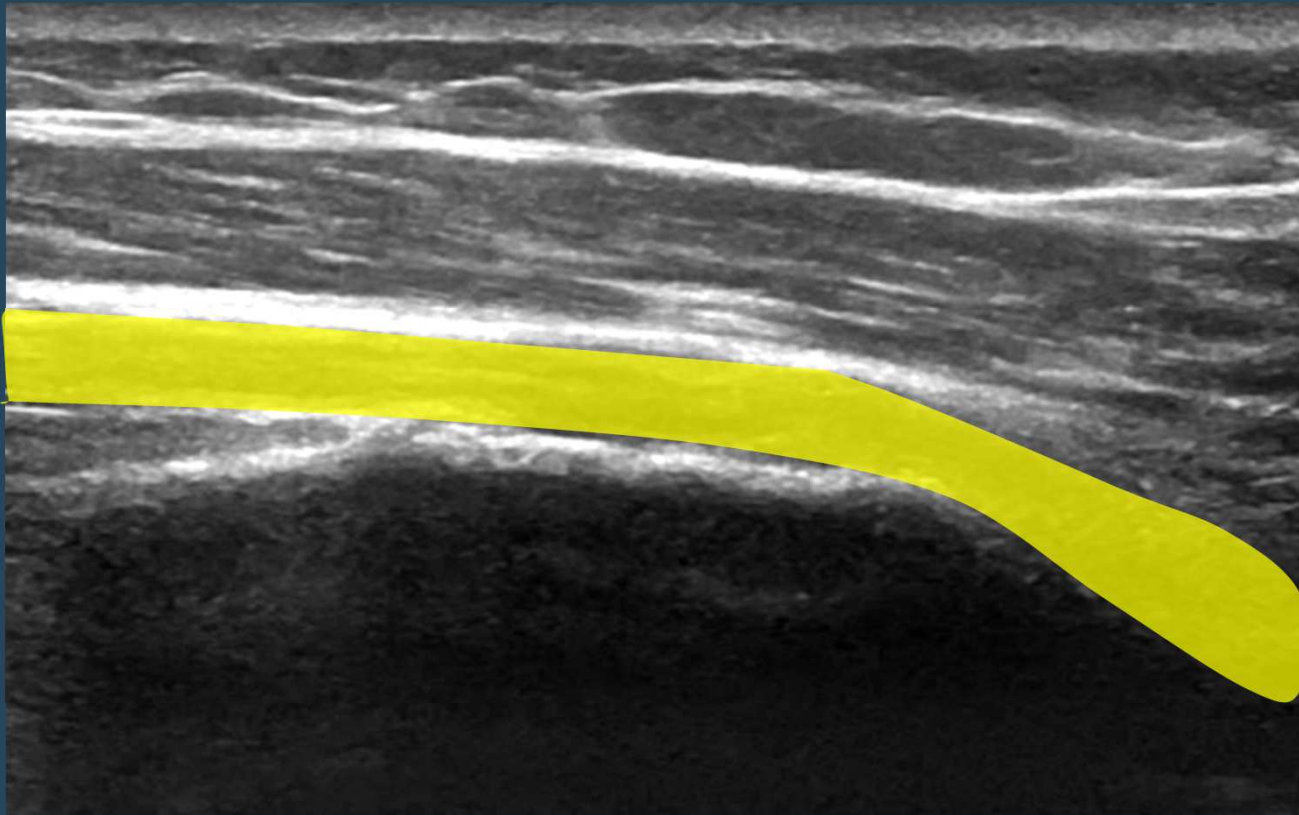
N. Radialis im Kallus



Hochgradige Axonotmesis



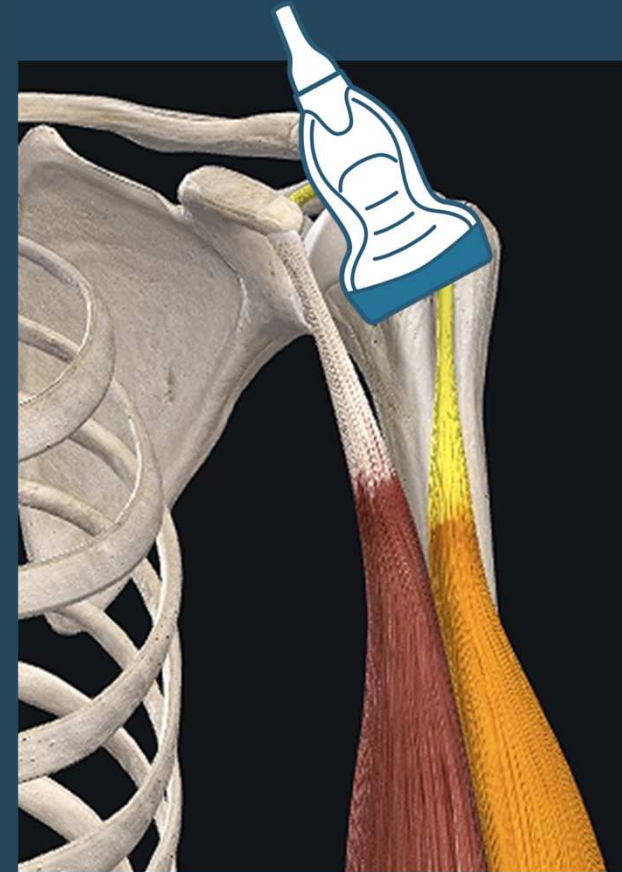
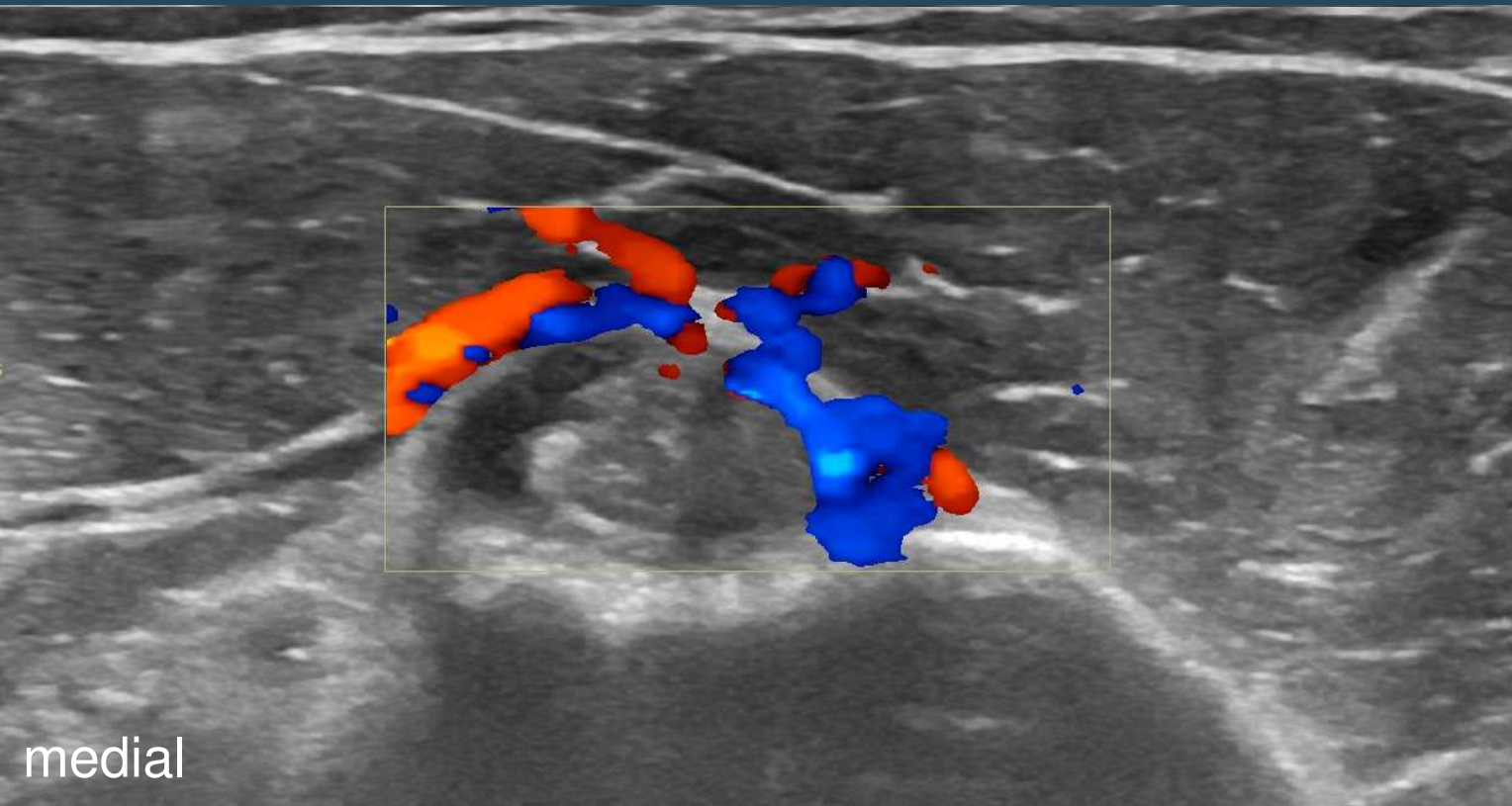
Hochgradige Axonotmesis



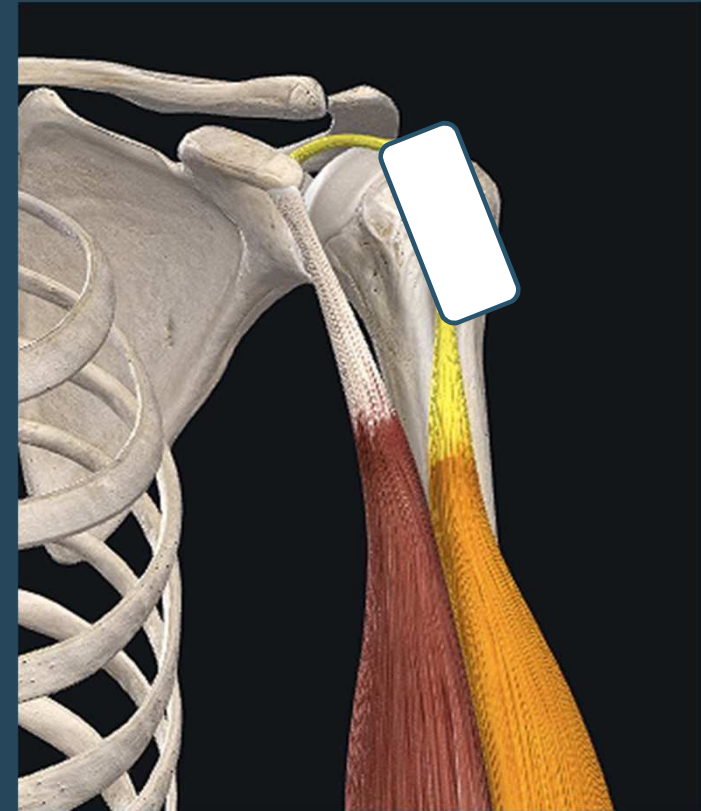
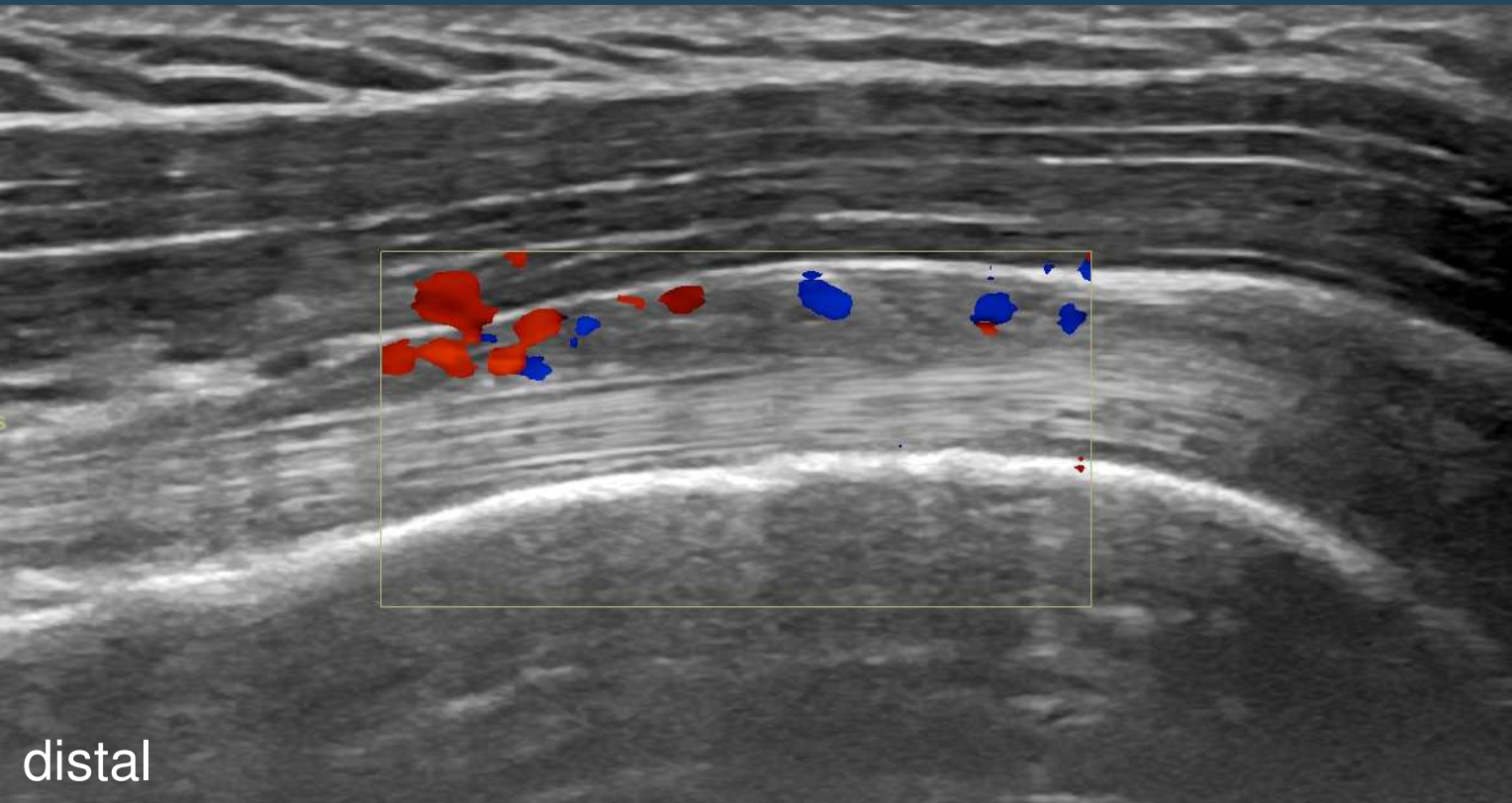
Pathologien

M. Biceps brachii Sehne

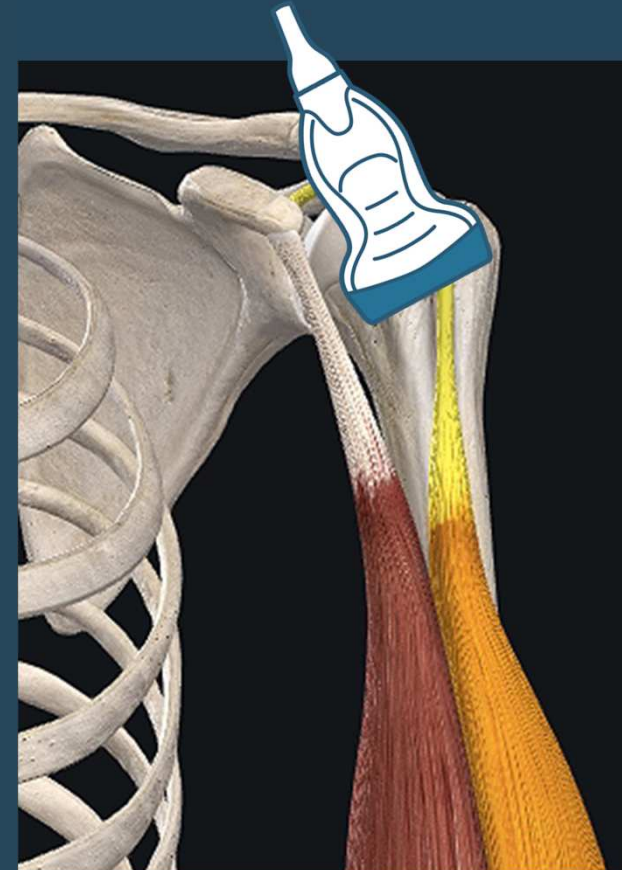
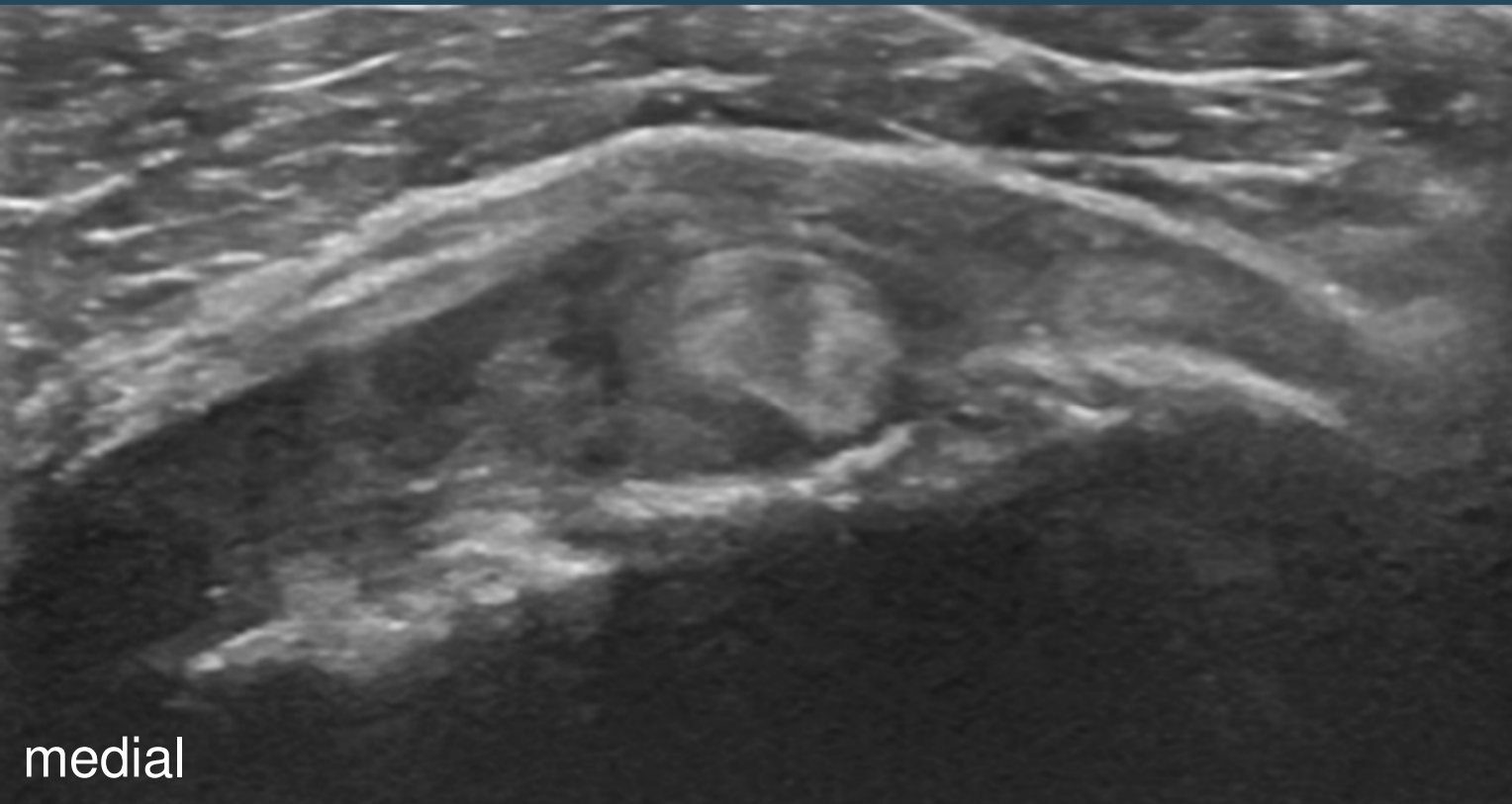
Tendovaginitis



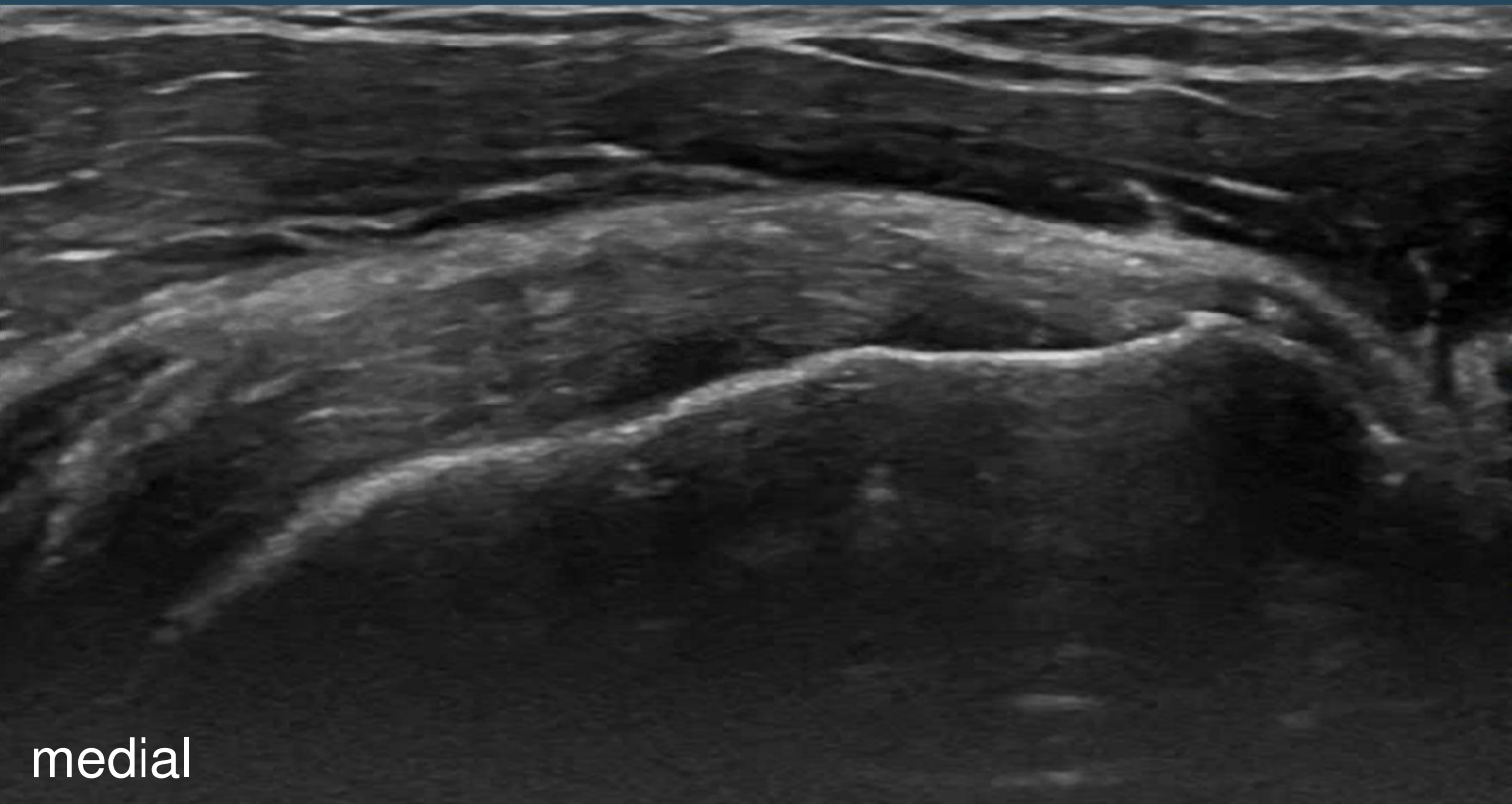
Tendovaginitis



Bicepssehnenriss



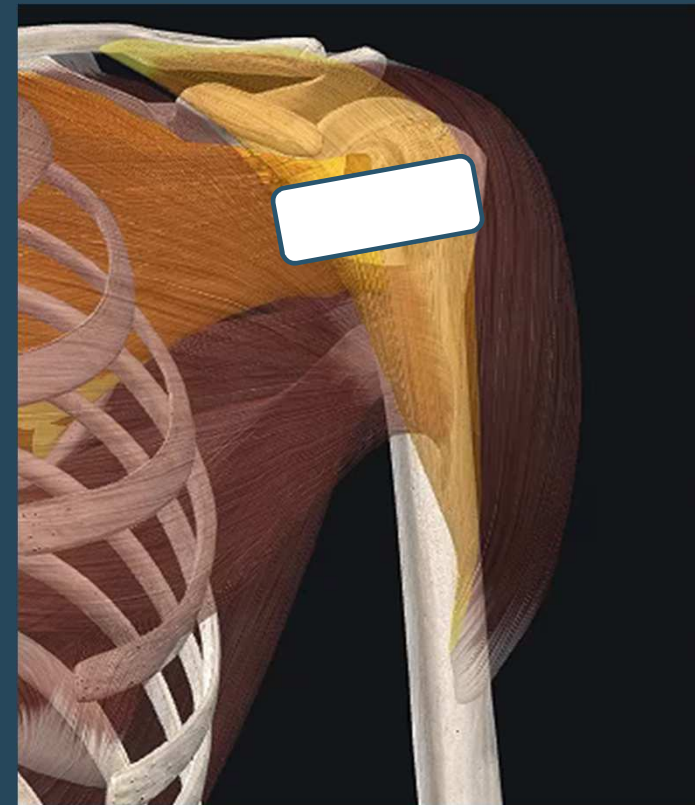
M. Subscapularis & Sehne



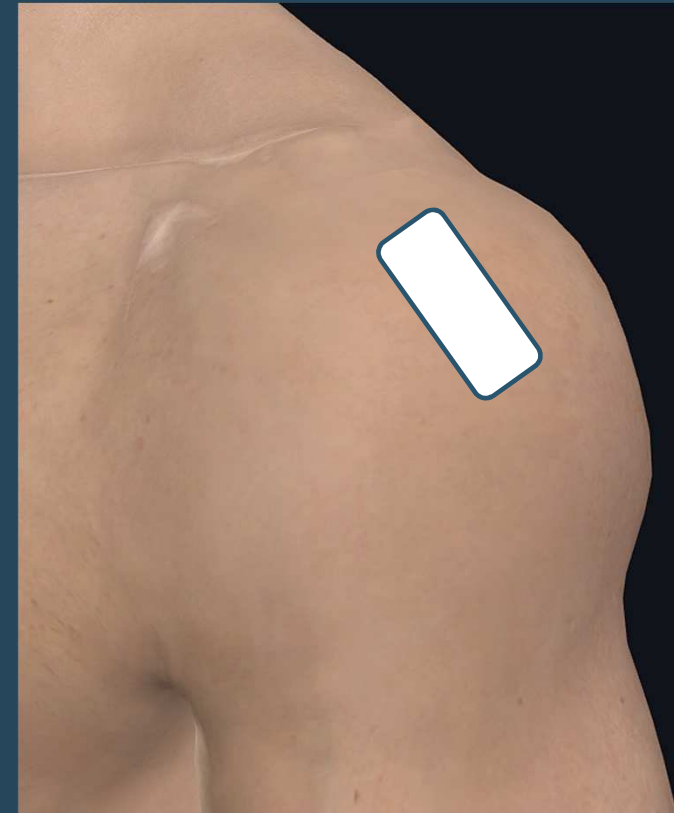
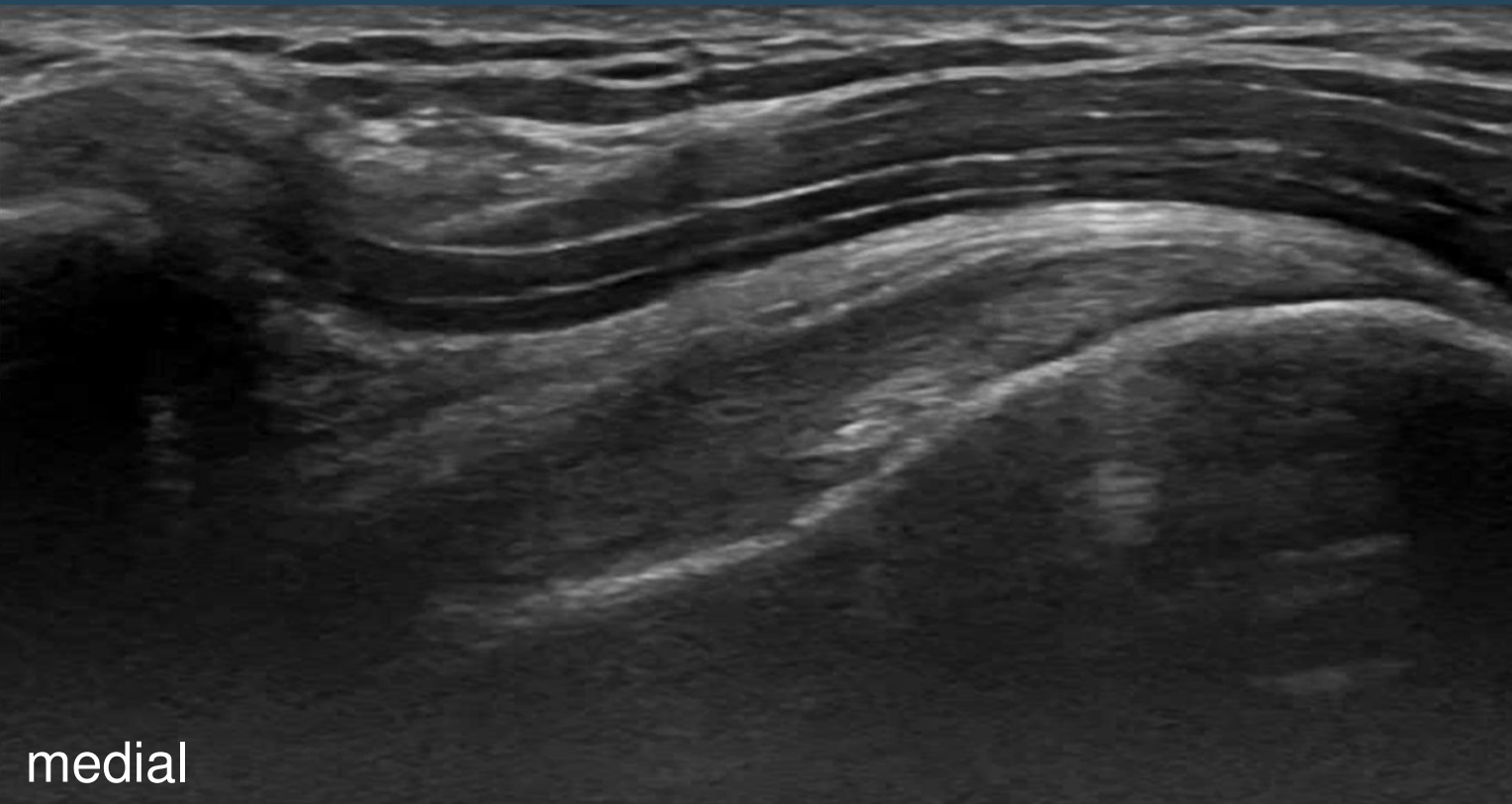
Pathologien

M. Subscapularis Sehne

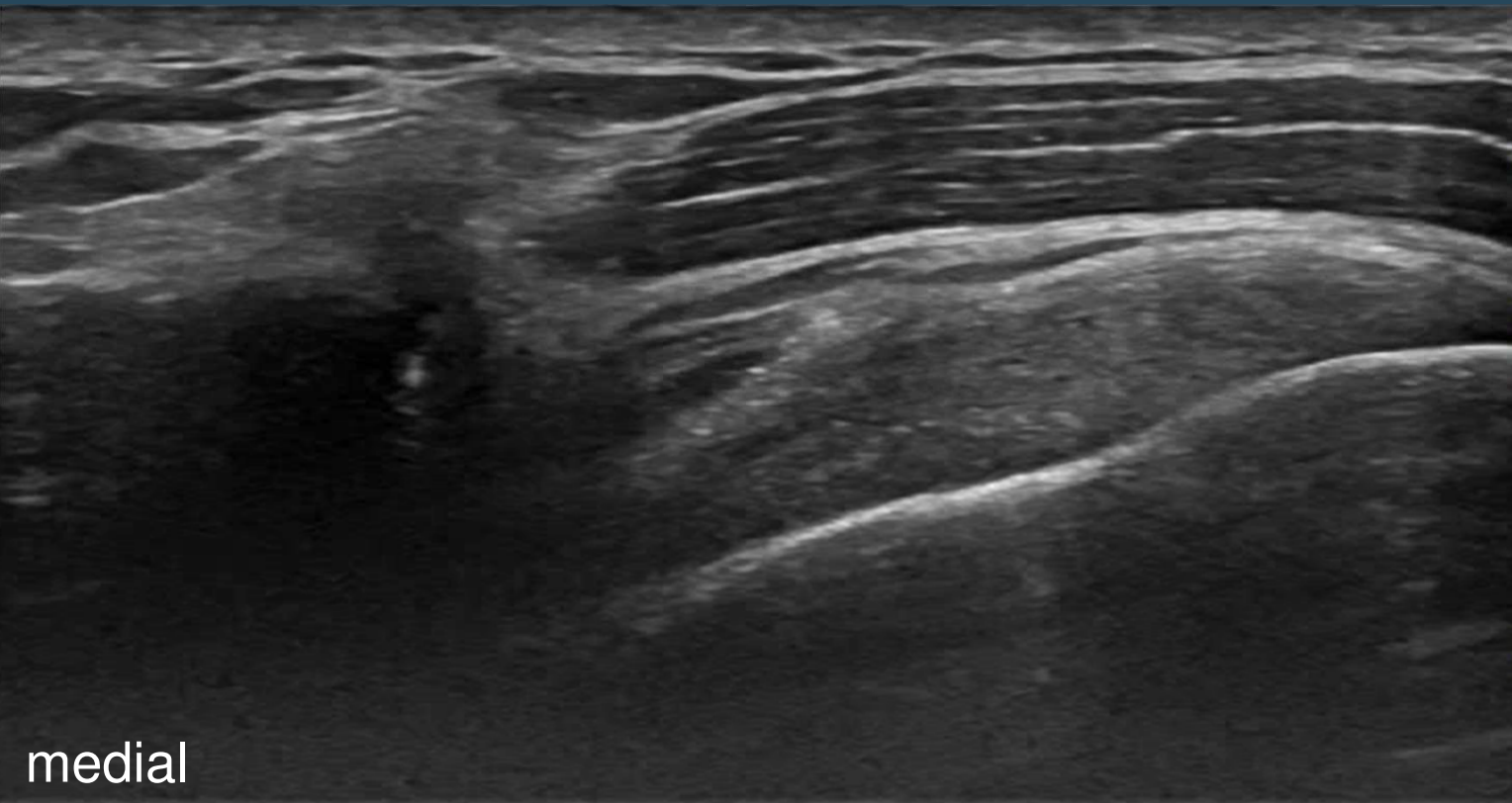
Komplette Ruptur



Supraspinatussehne



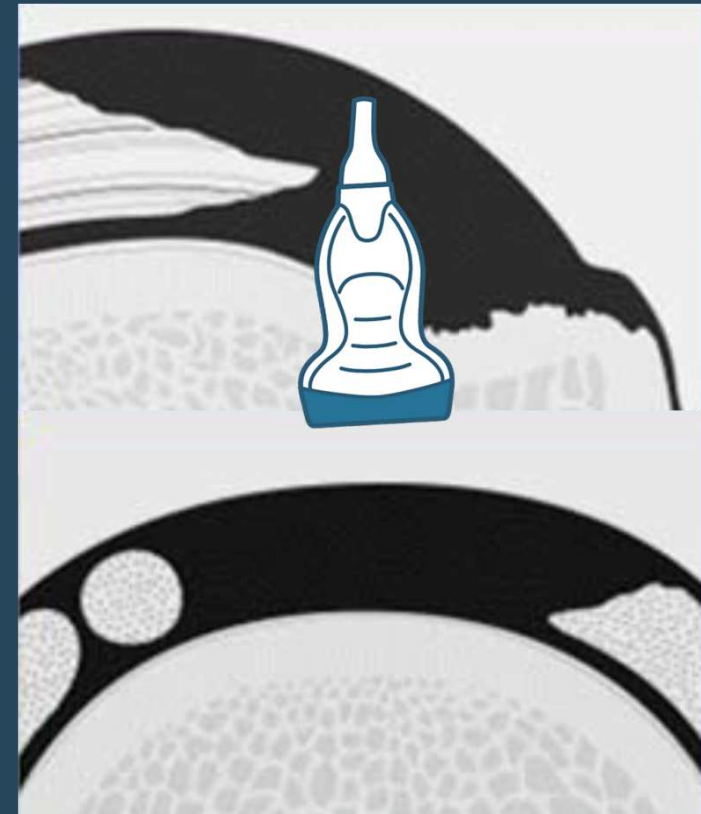
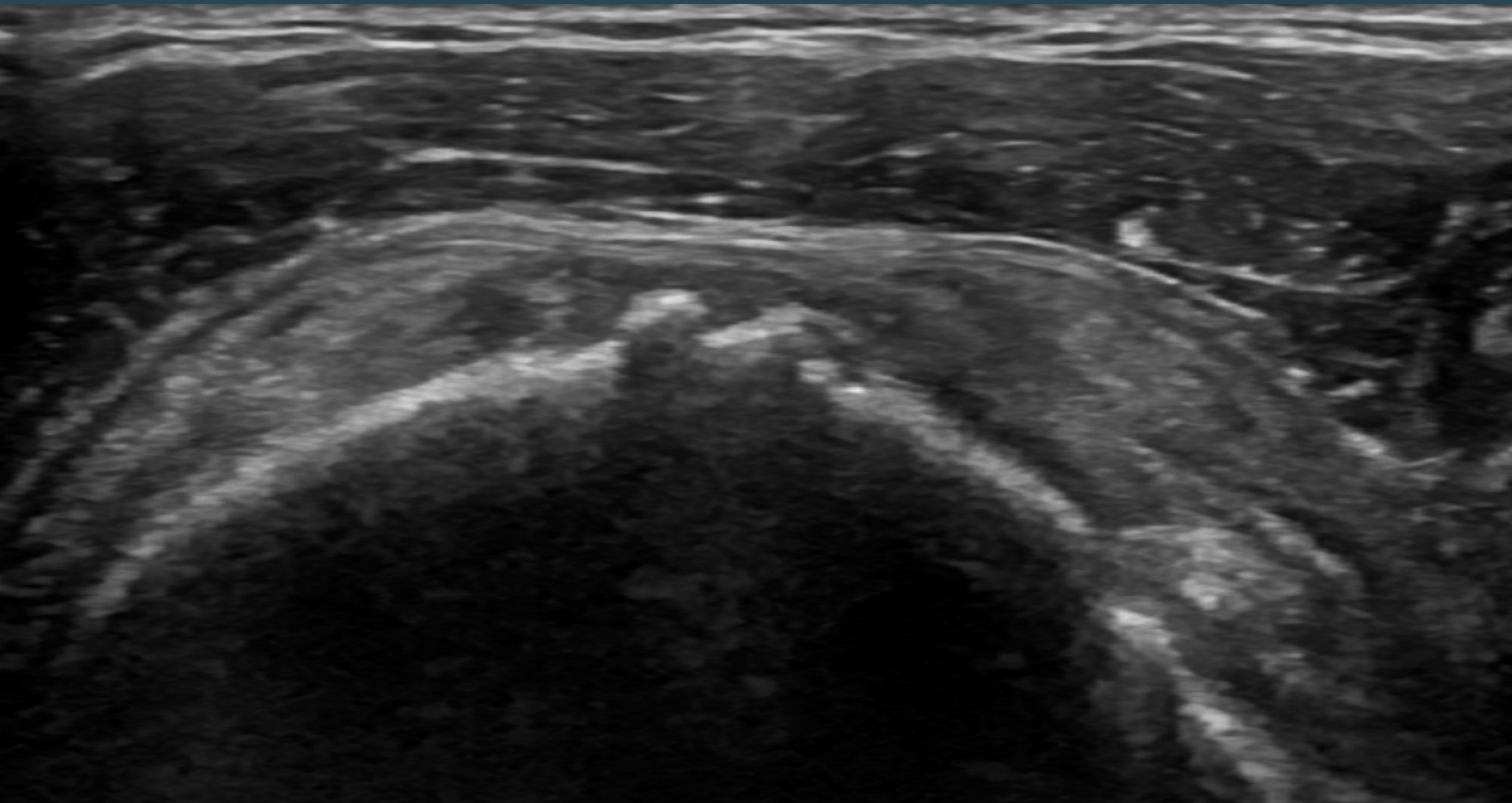
Supraspinatussehne Abduktion



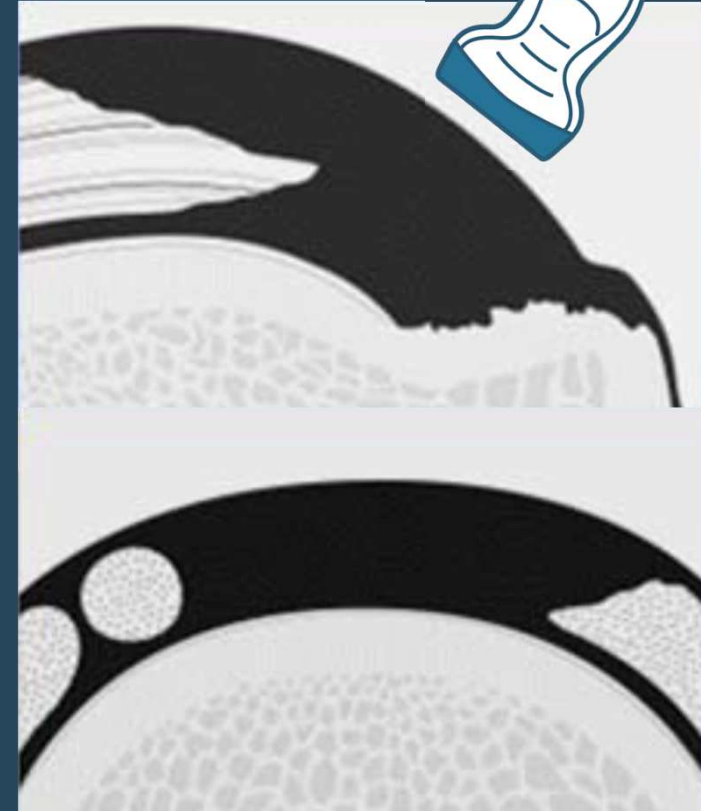
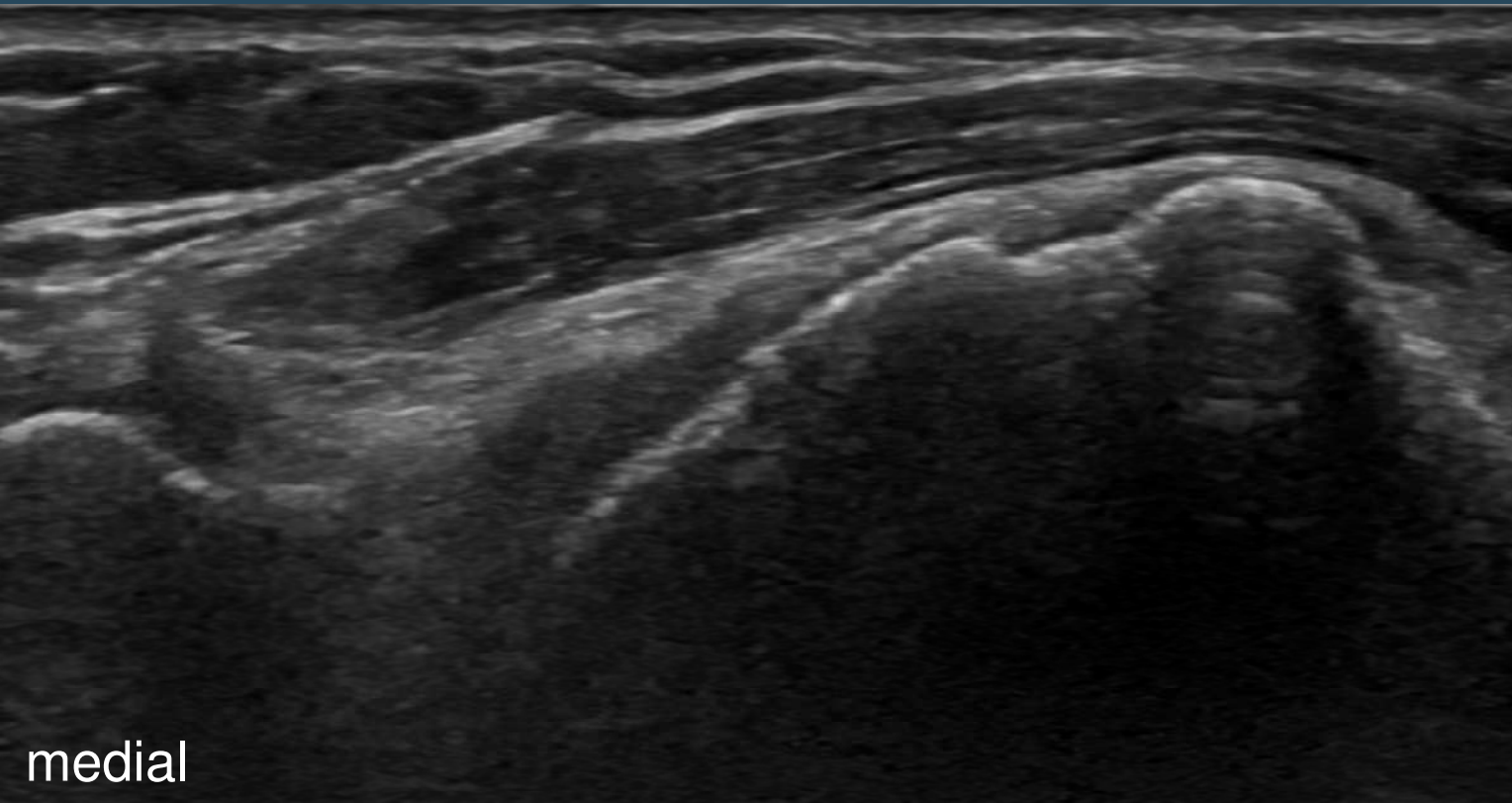
Komplettrupturen

M. Supraspinatus

Komplette Ruptur

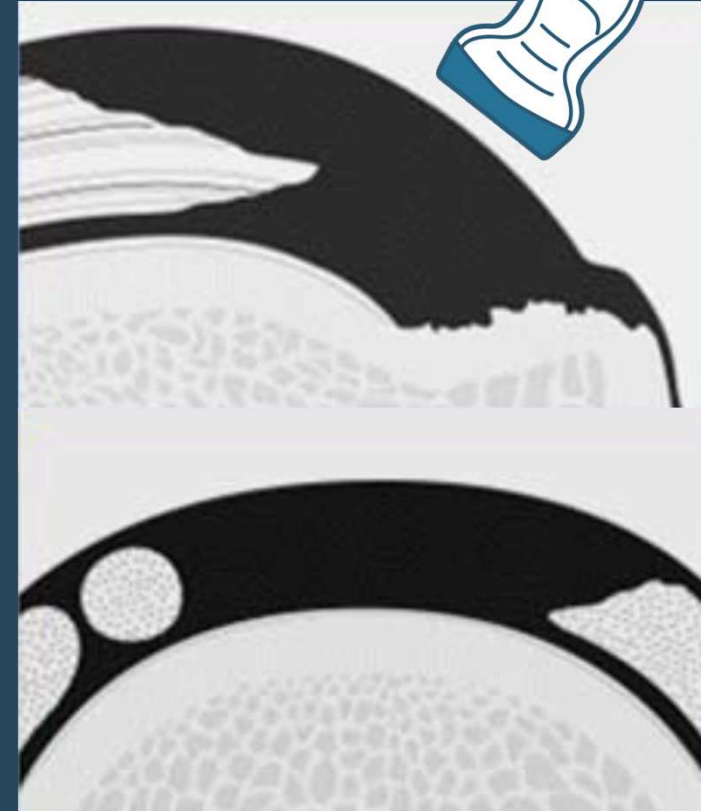
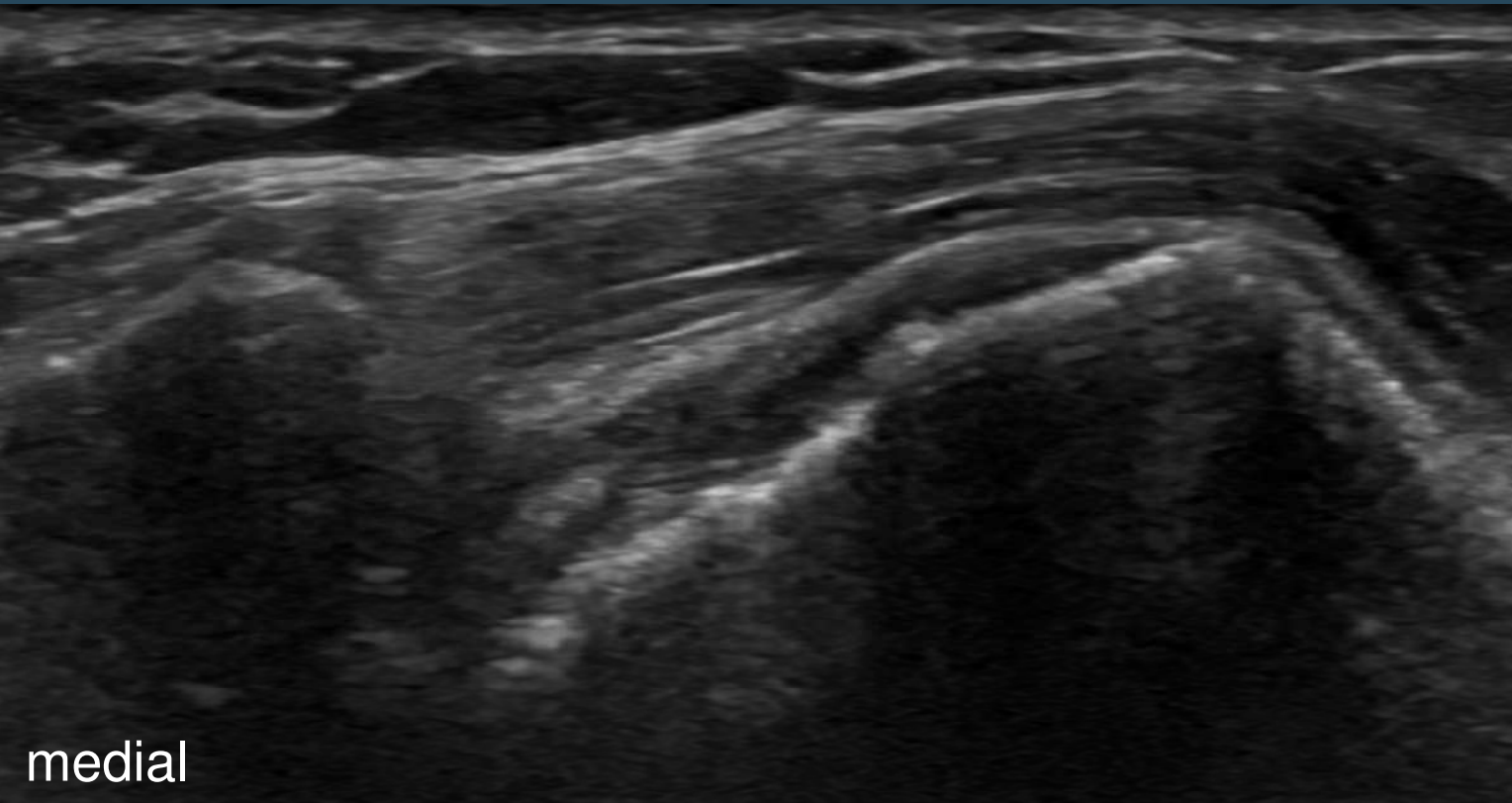
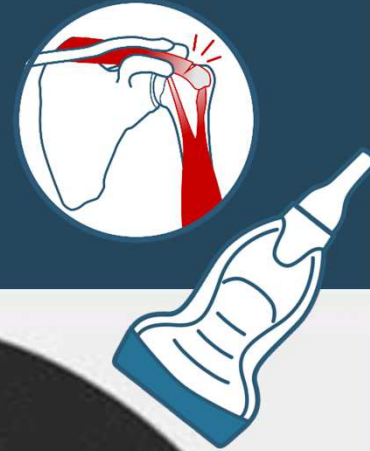


Komplette Ruptur

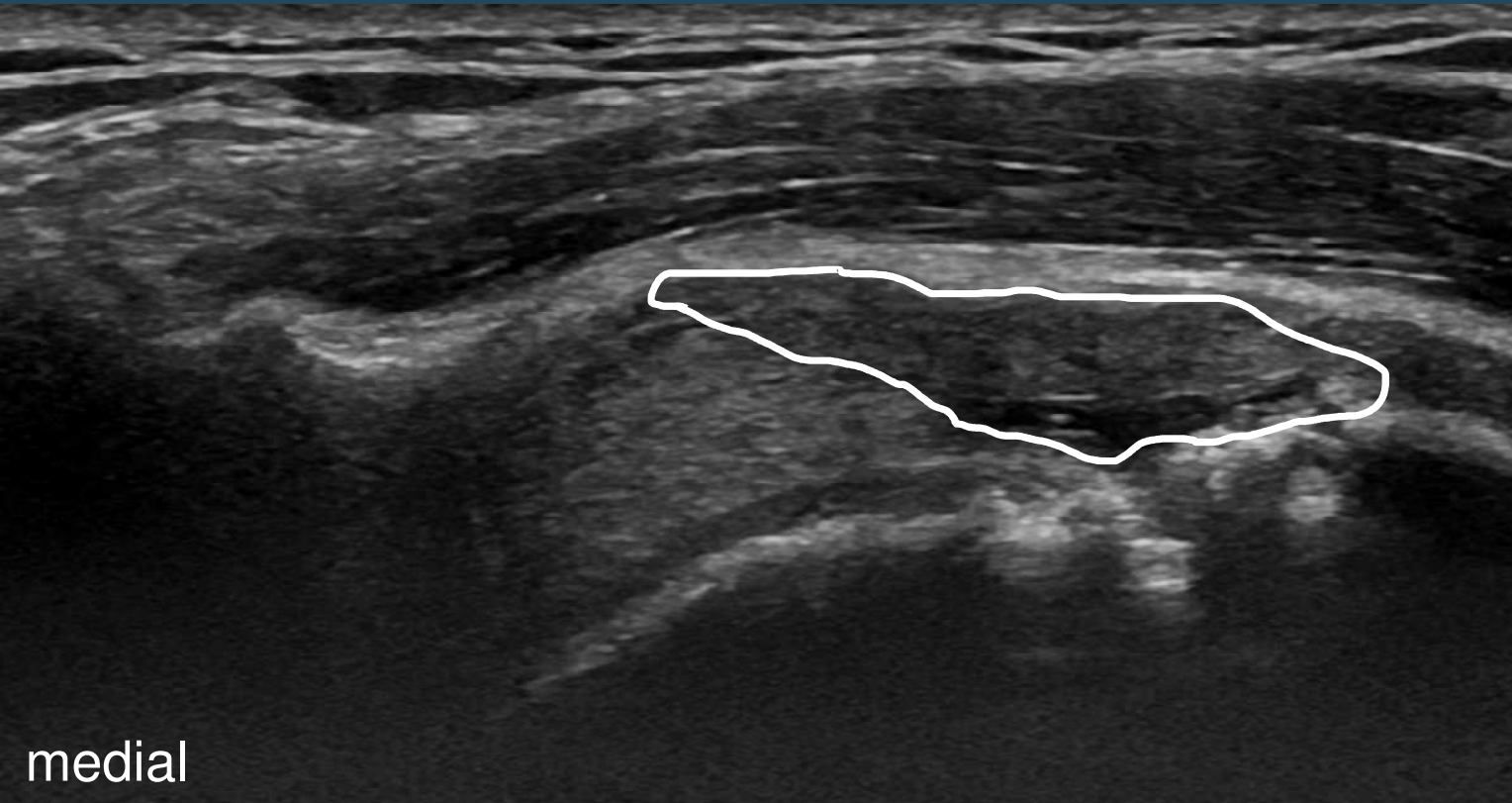


medial

Komplette Ruptur

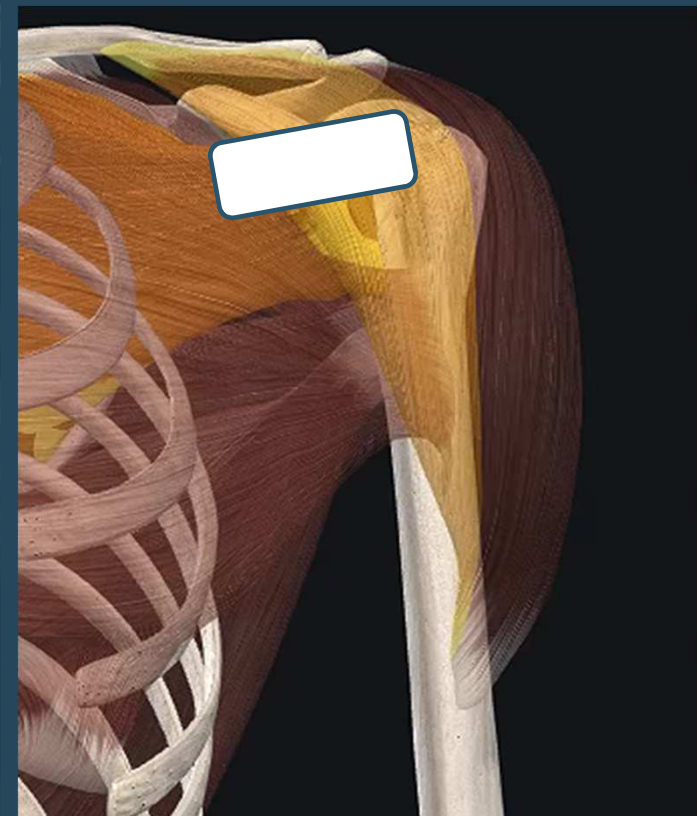
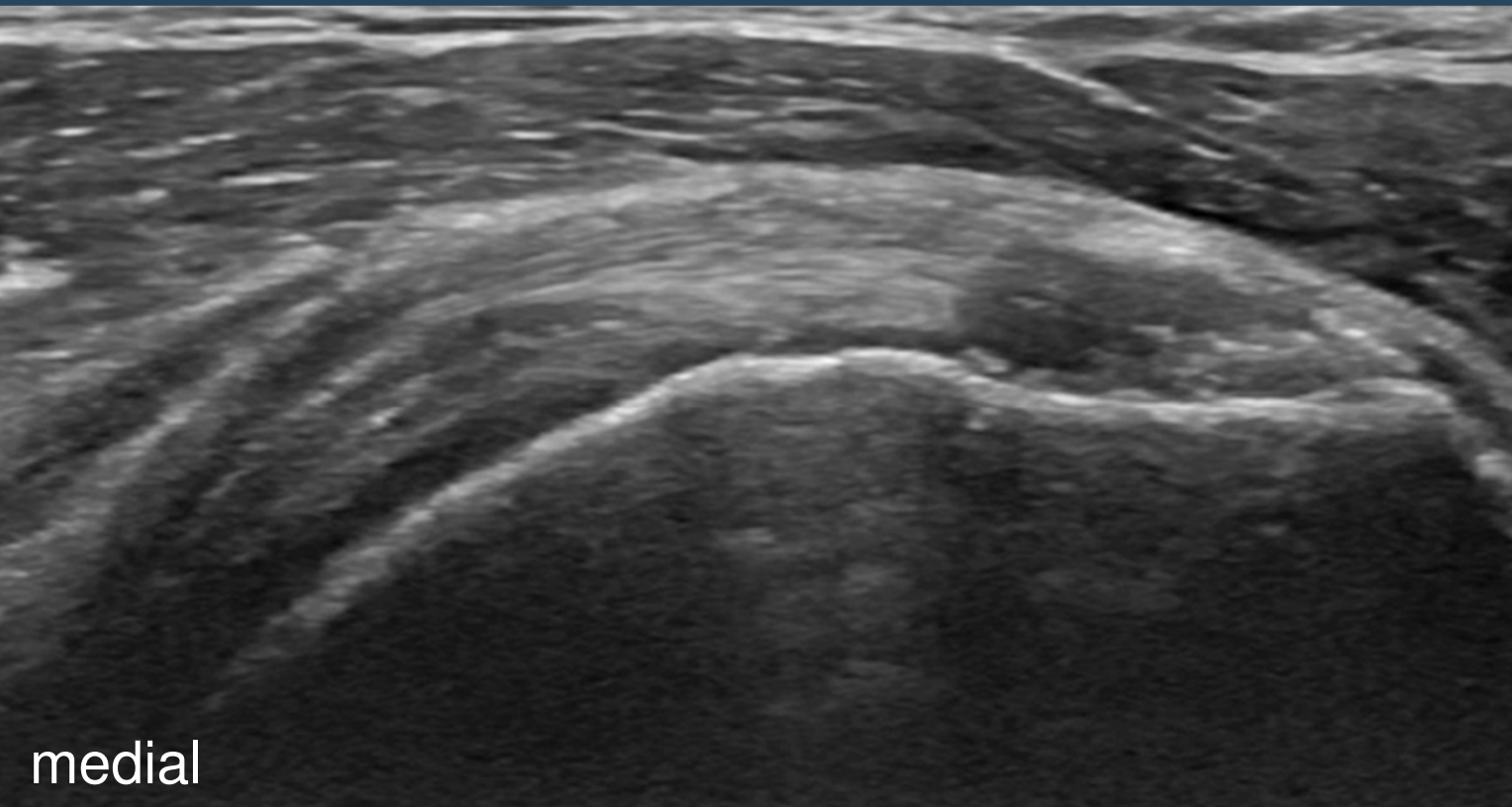


Bursaseitige Teilruptur



medial

Degenerative Verkalkungen



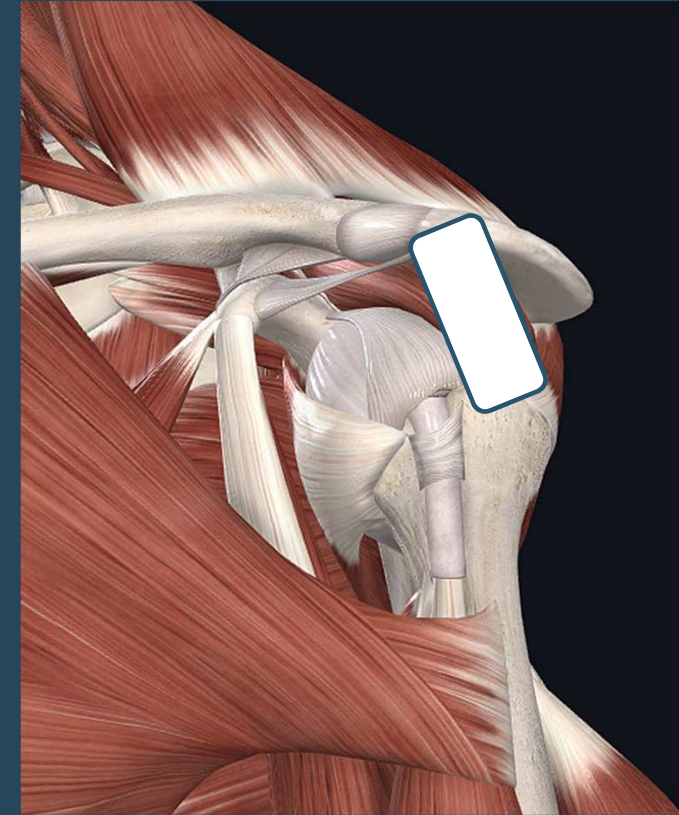
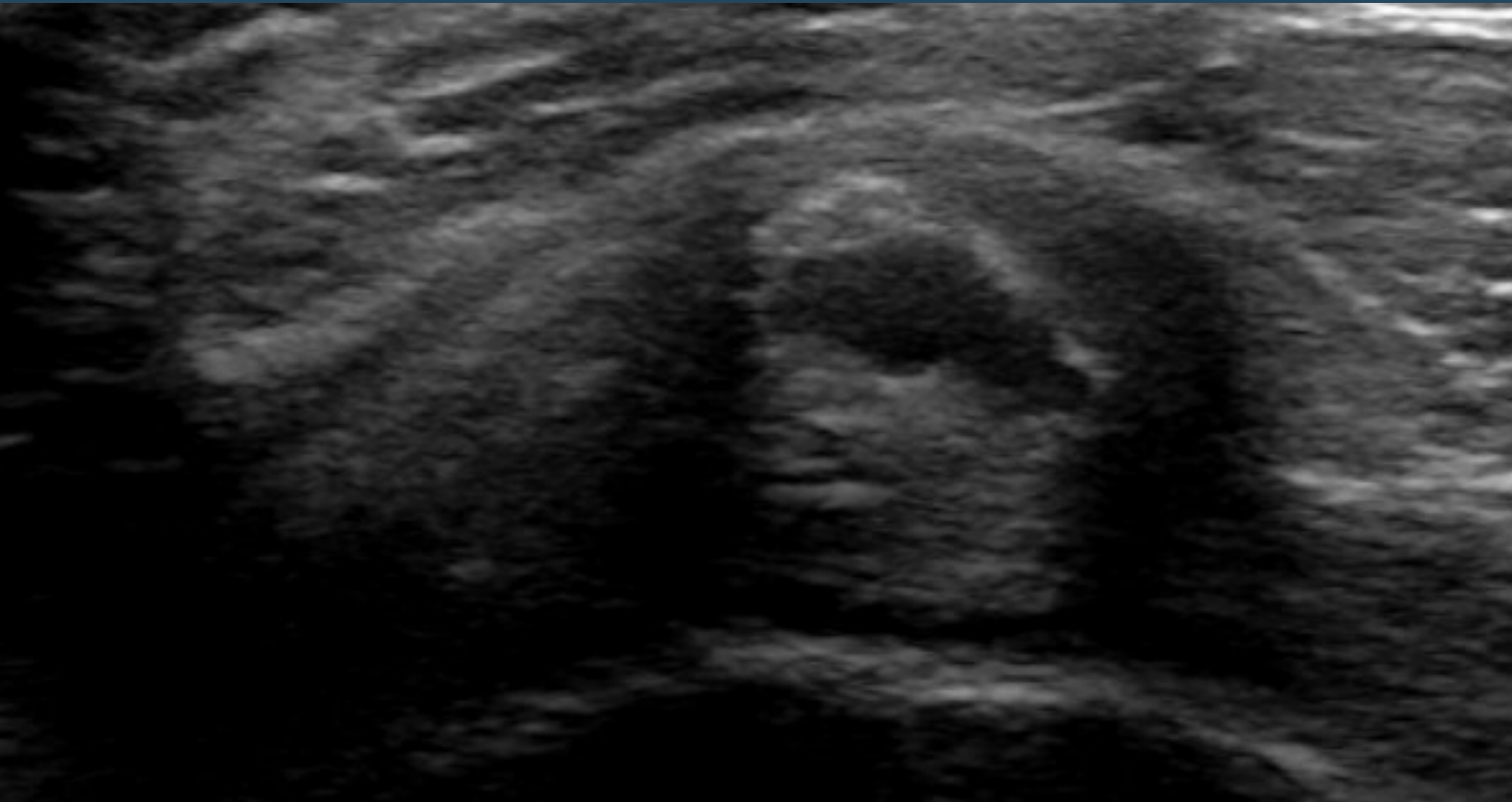
Sehne des M. Subscapularis

Resorbierende Phase*

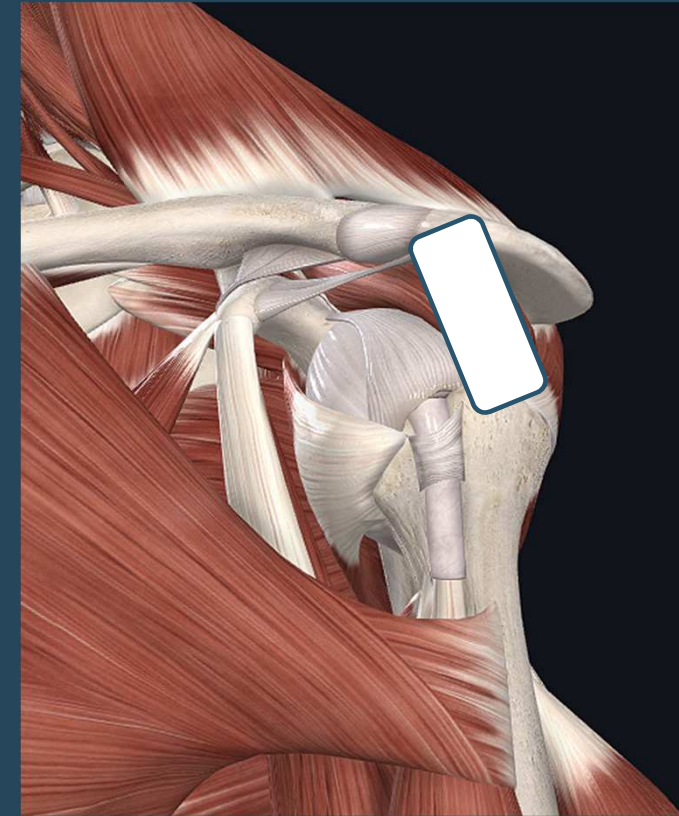
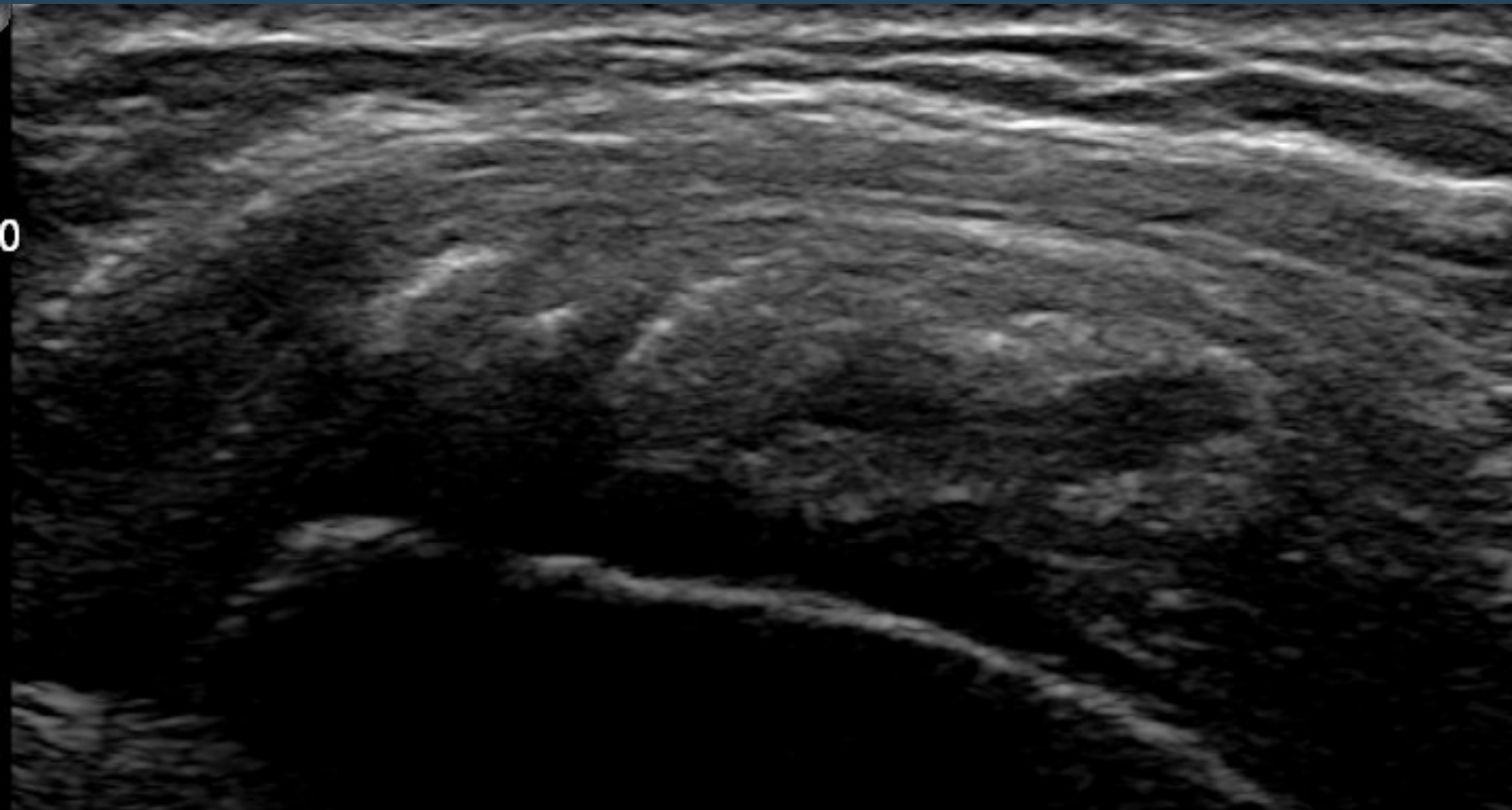
rundlich, amorph, variabler
Schallschatten
schmerzhaft

* Chancen bei Lavage

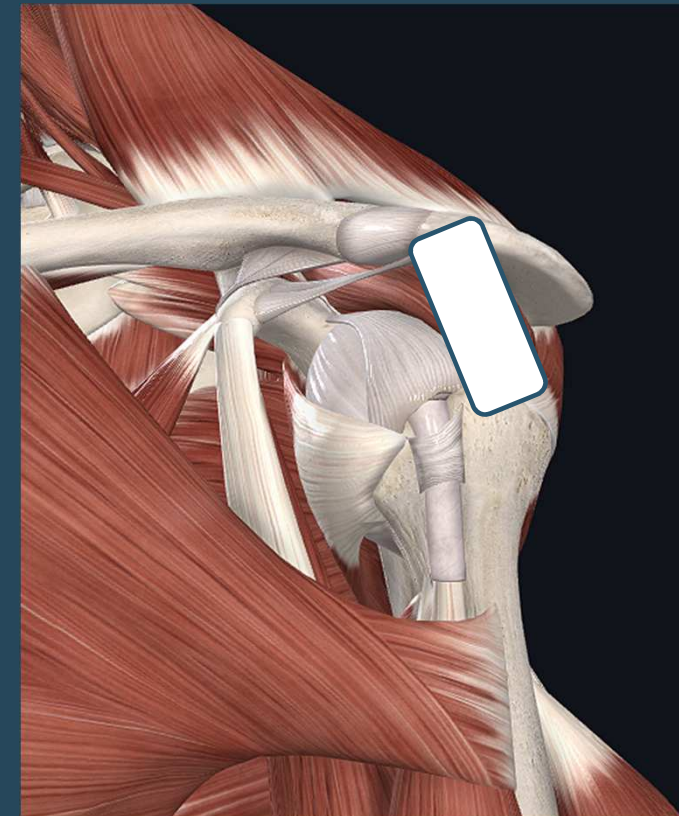
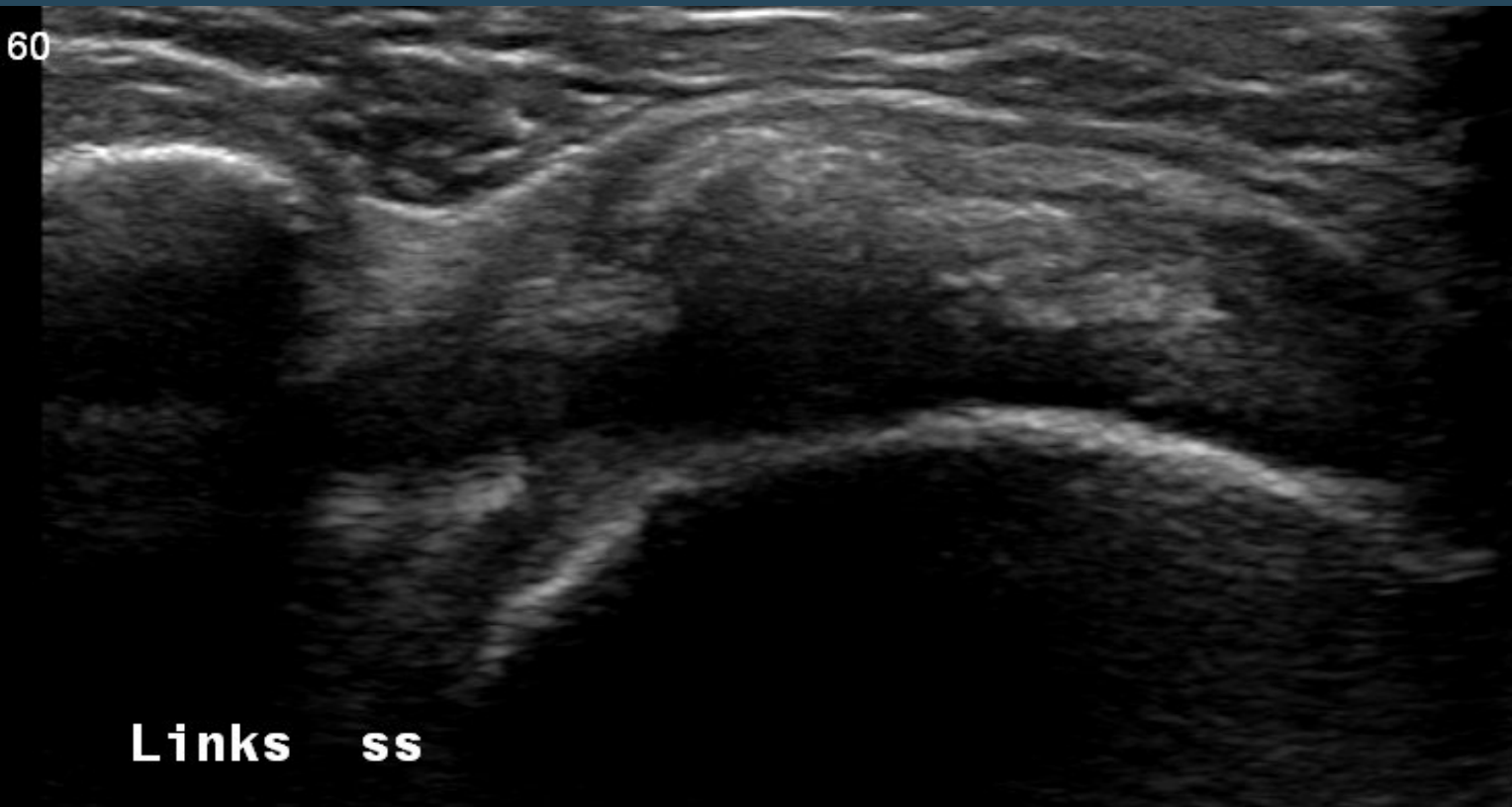
Kalk



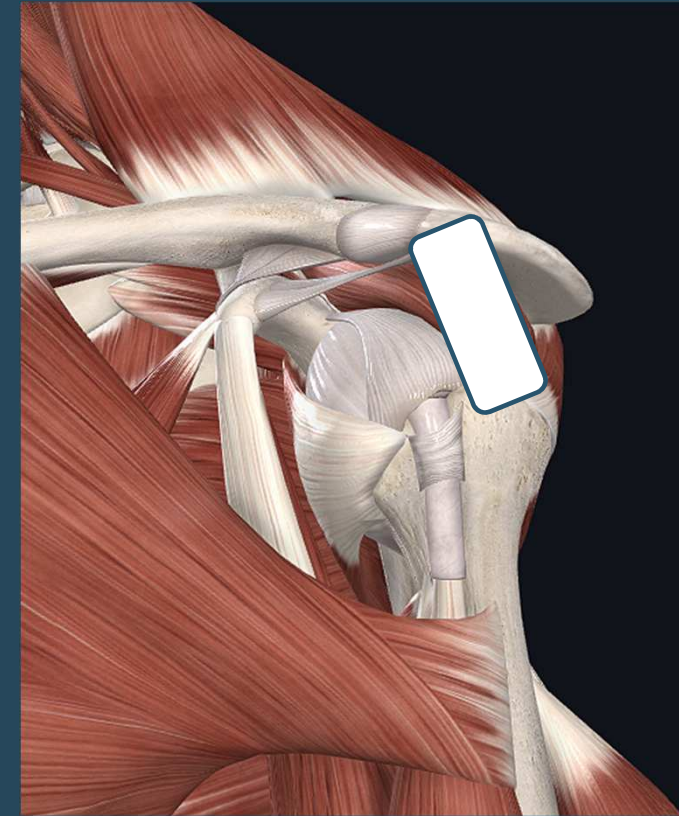
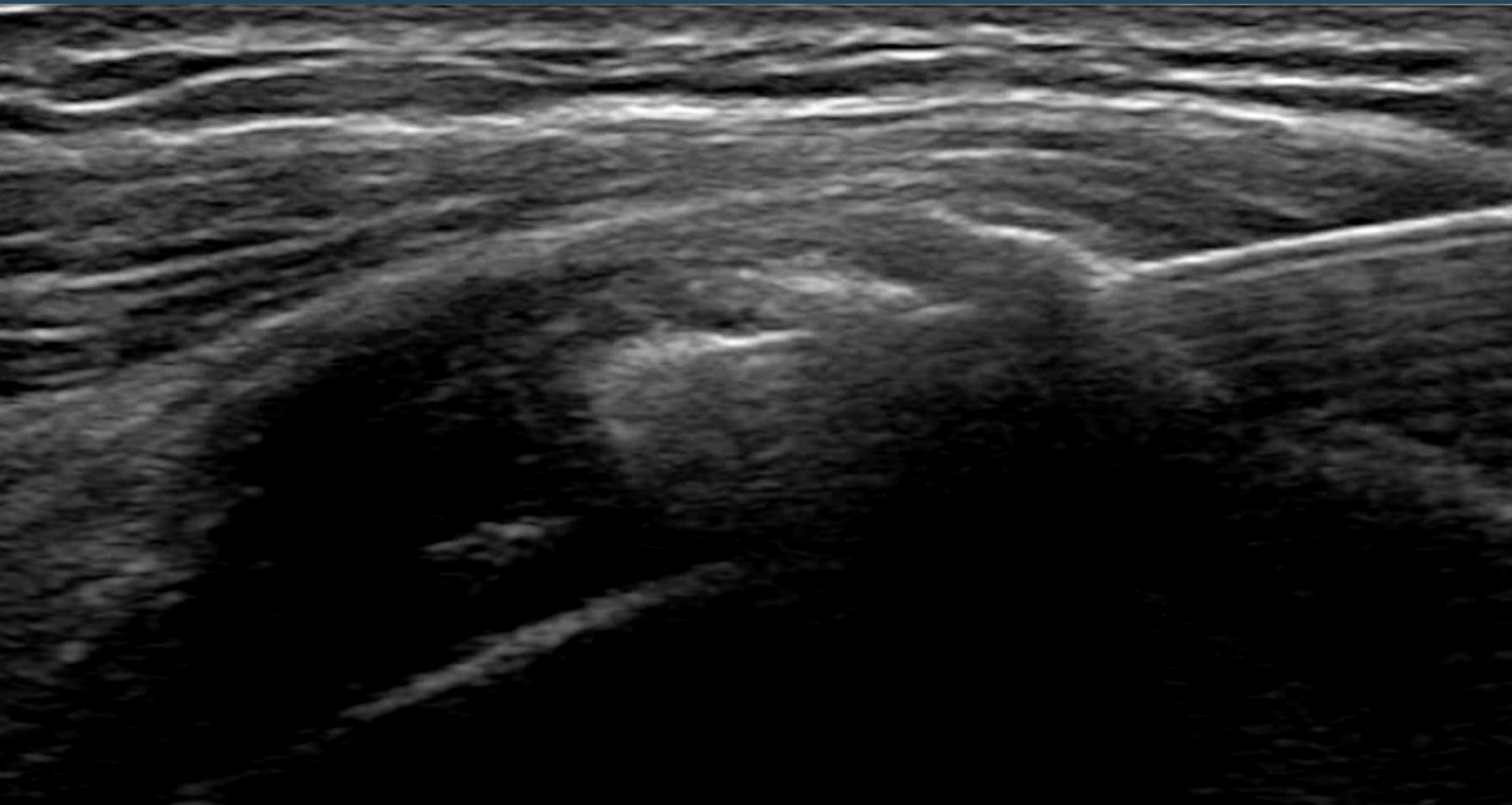
Kalk



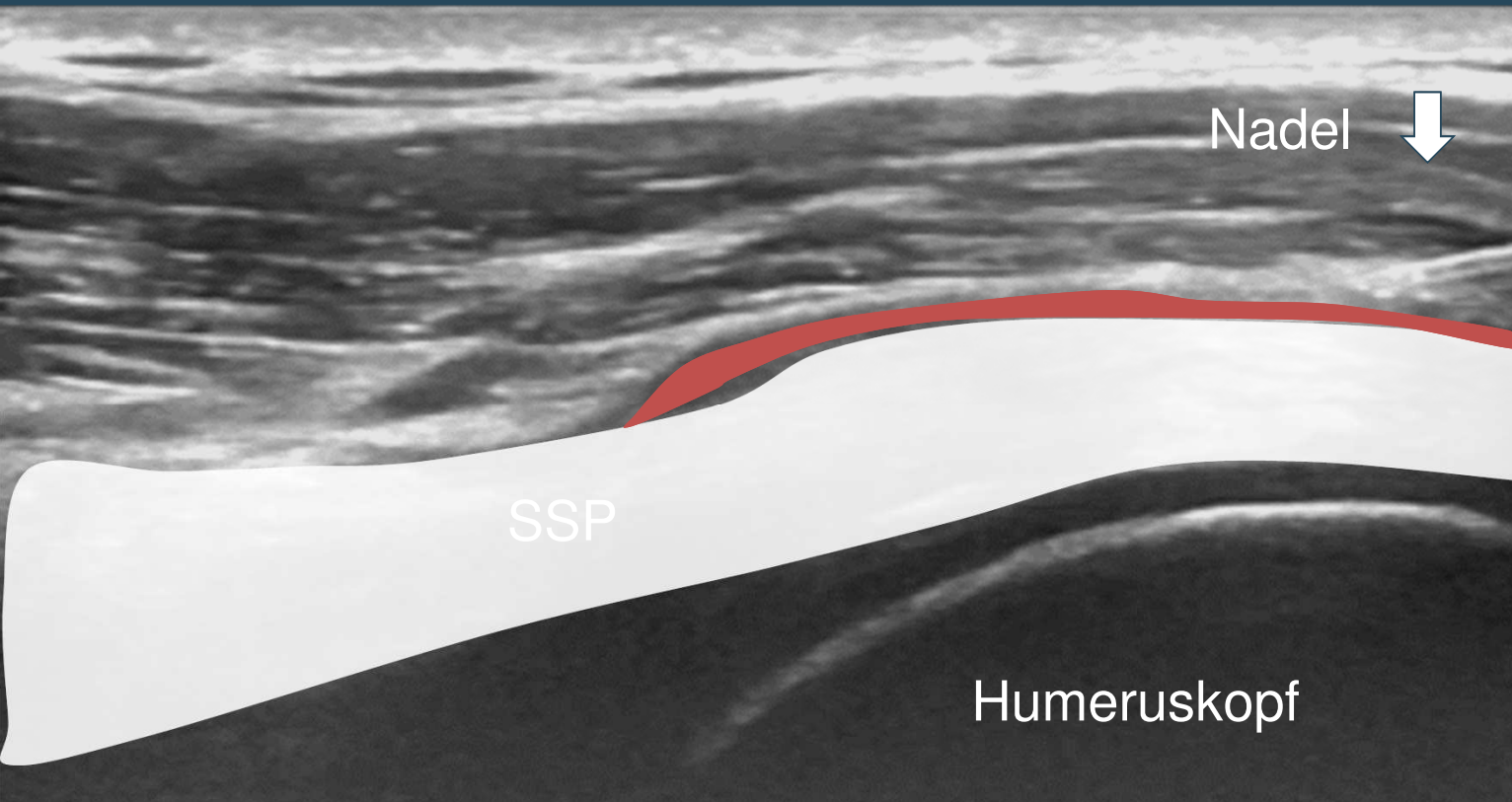
Kalkmilch



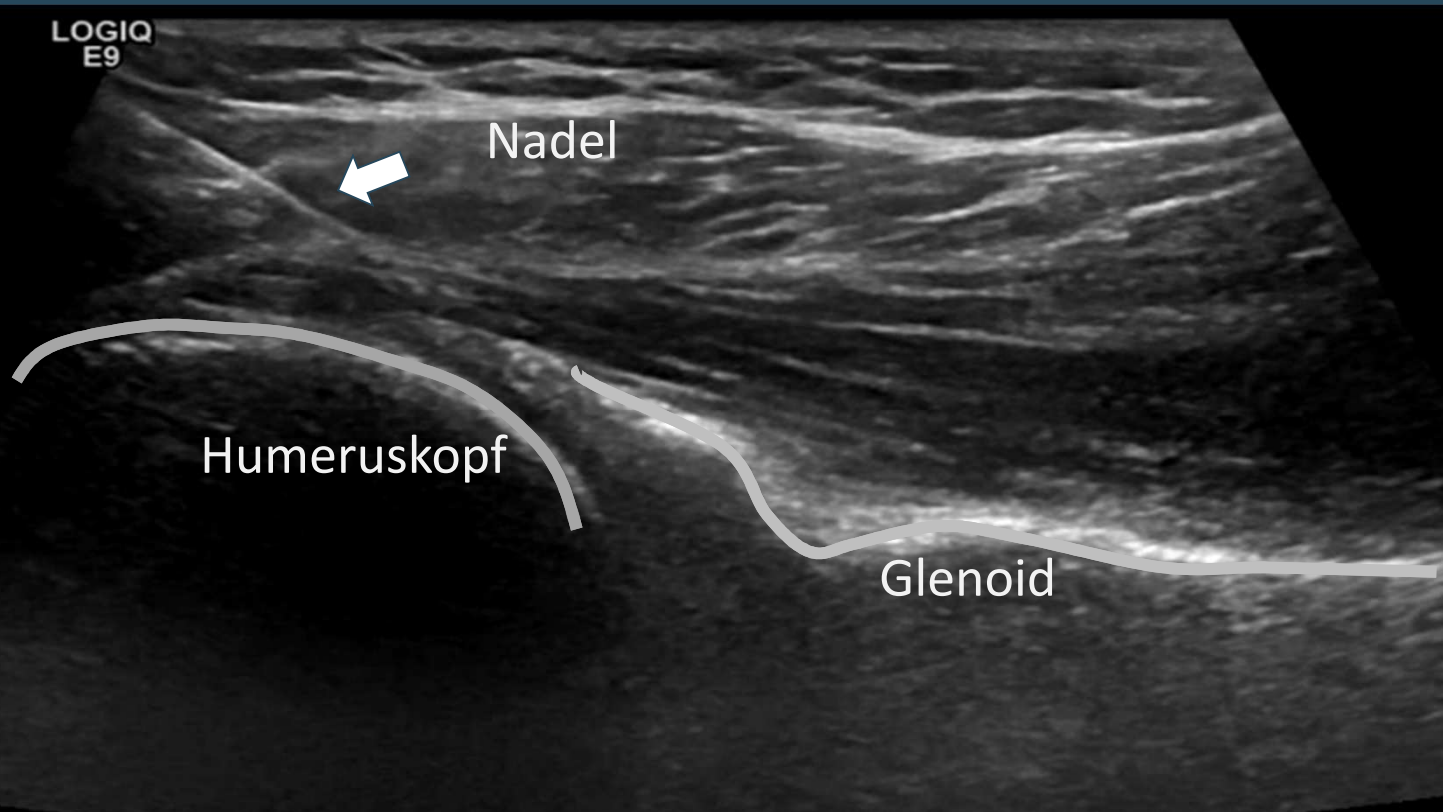
Lavage



Bursitis subacromialis-subdeltoidea



Frozen shoulder - Hydrodissektion



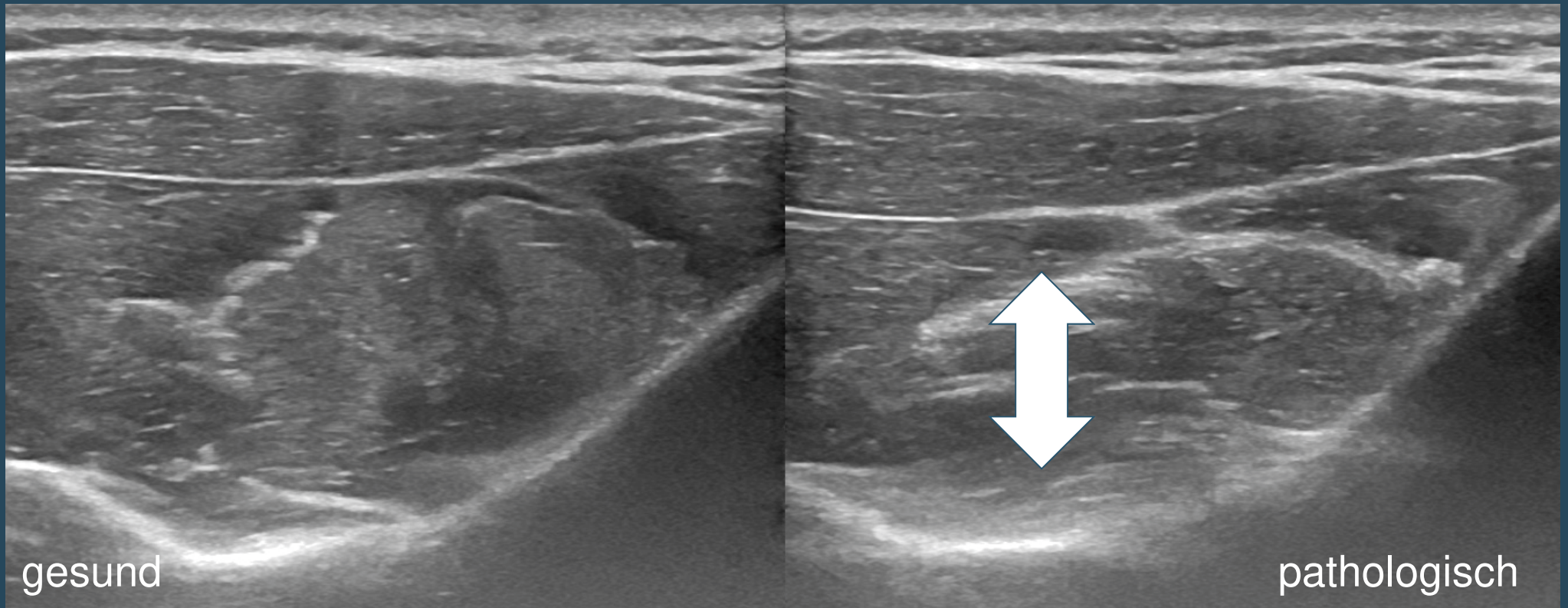
Vorher

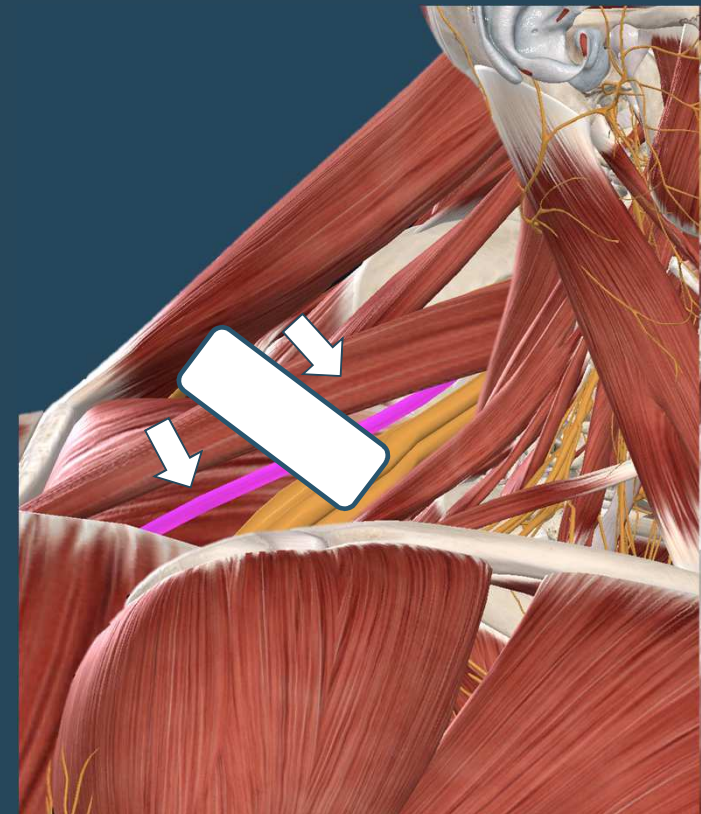
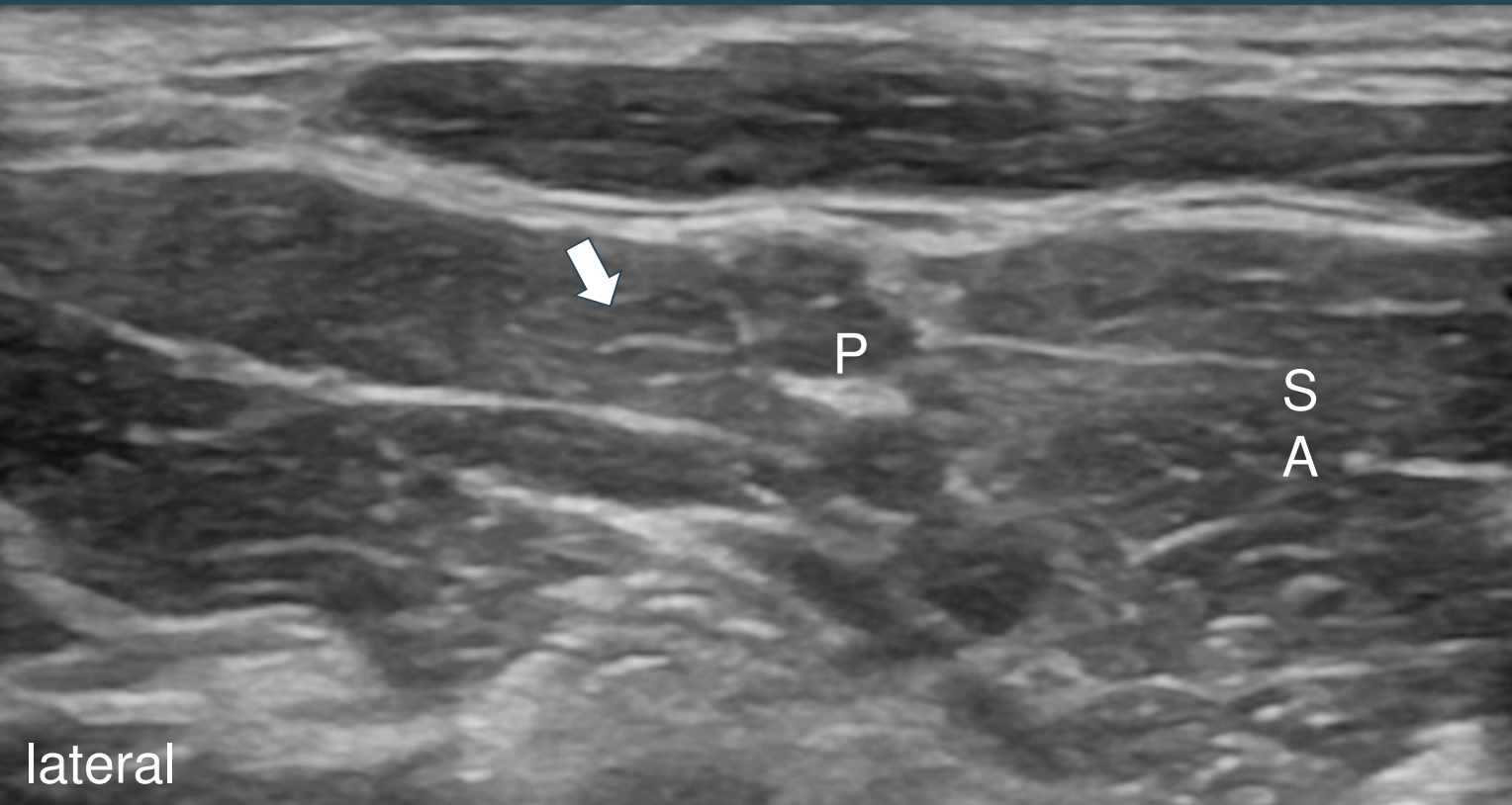


Nachher

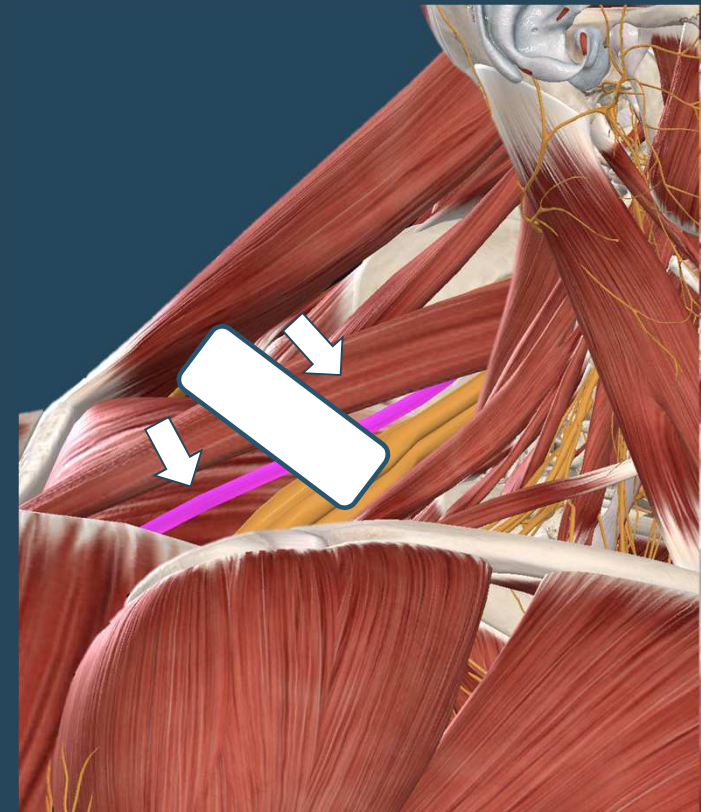
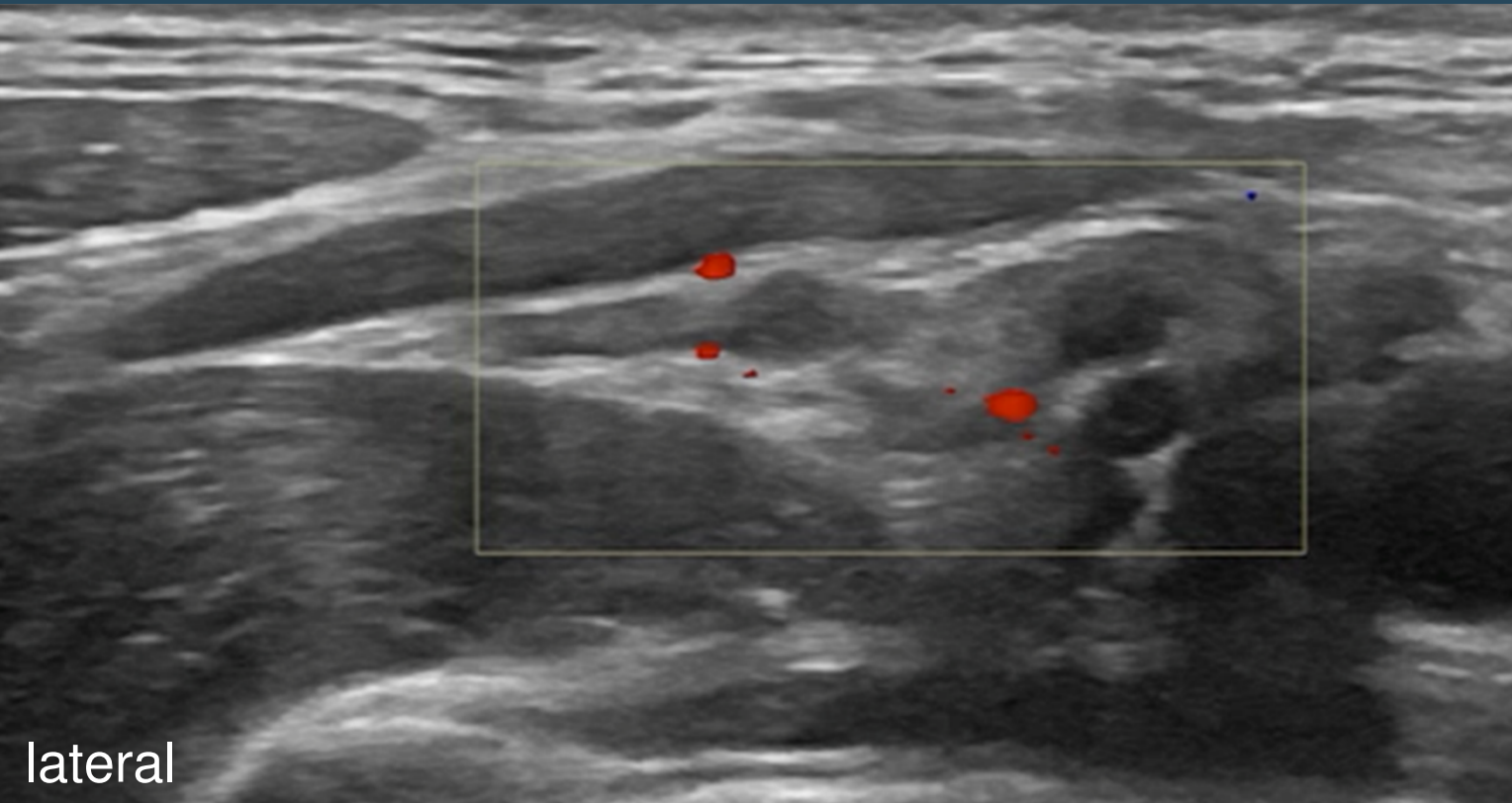


M. infraspinatus

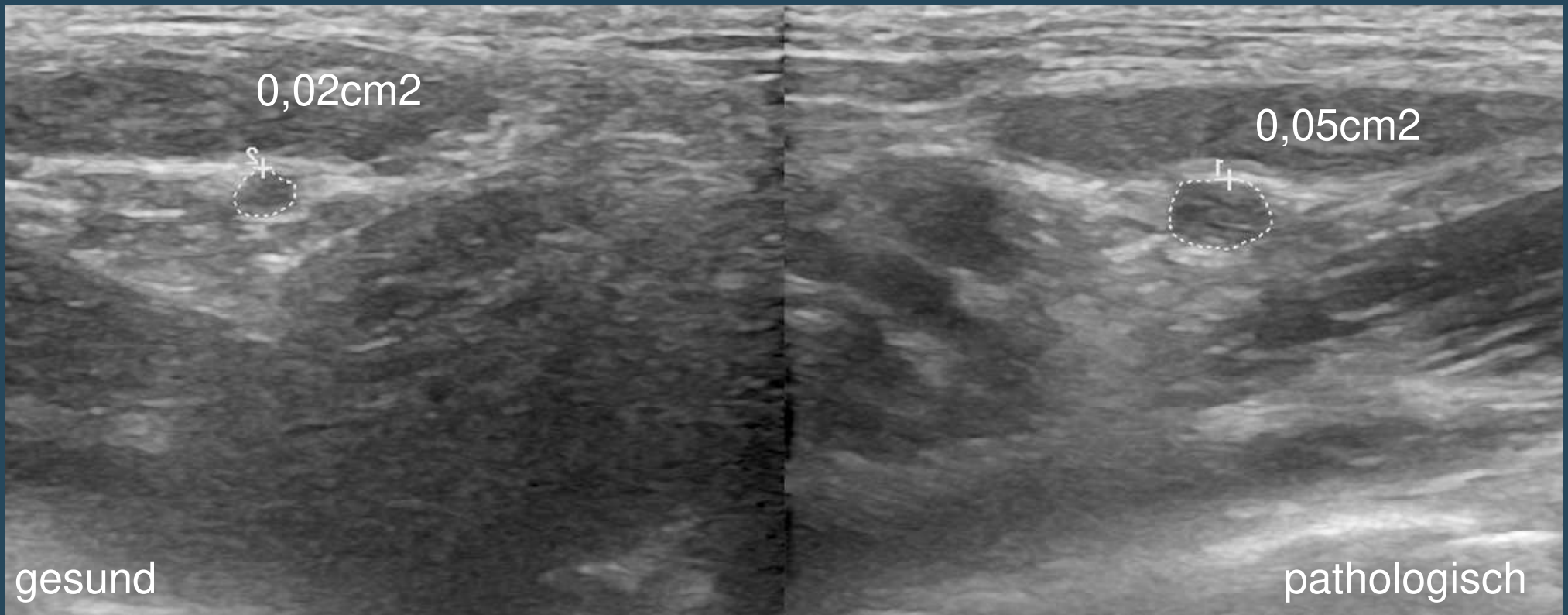




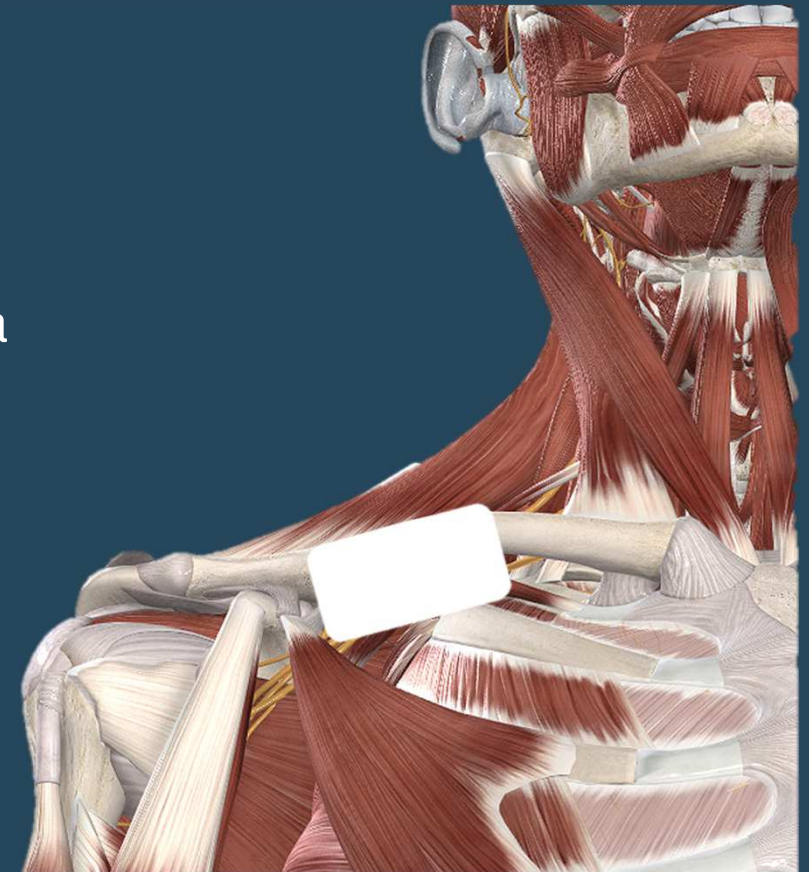
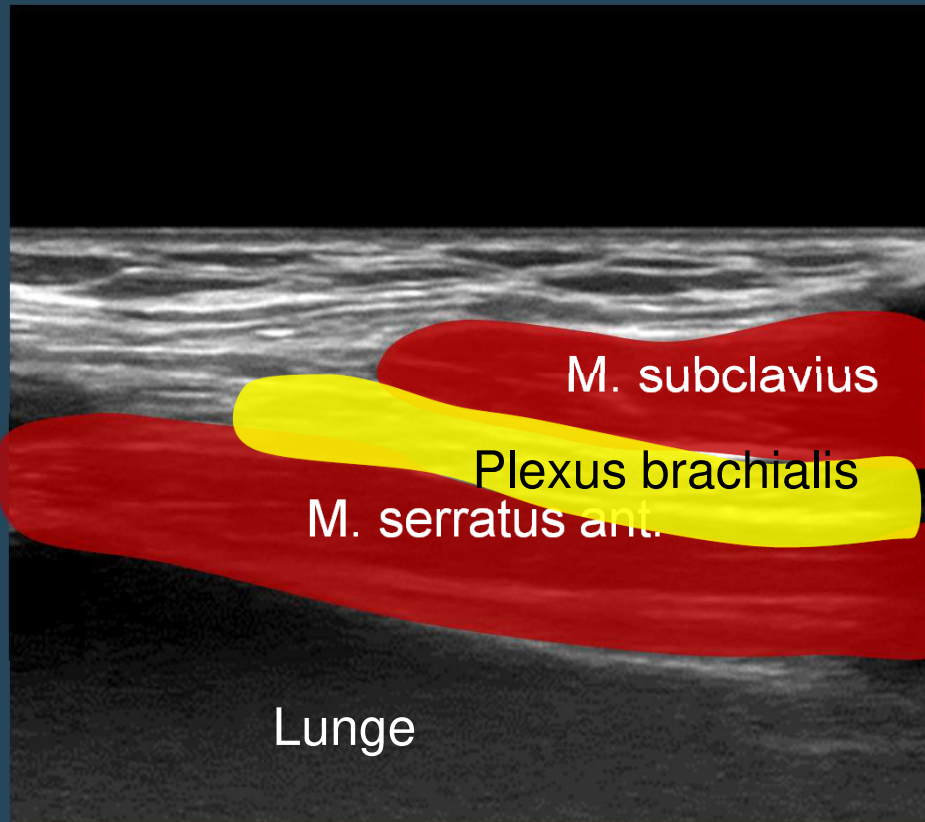
N. Suprascapularis „Neuritis“

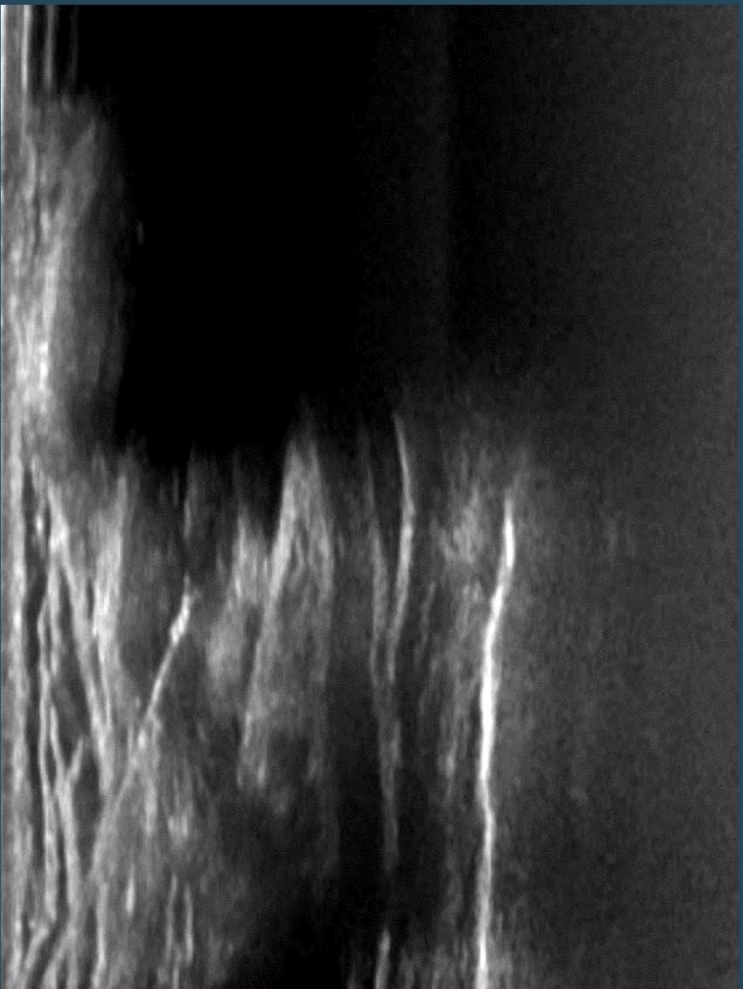
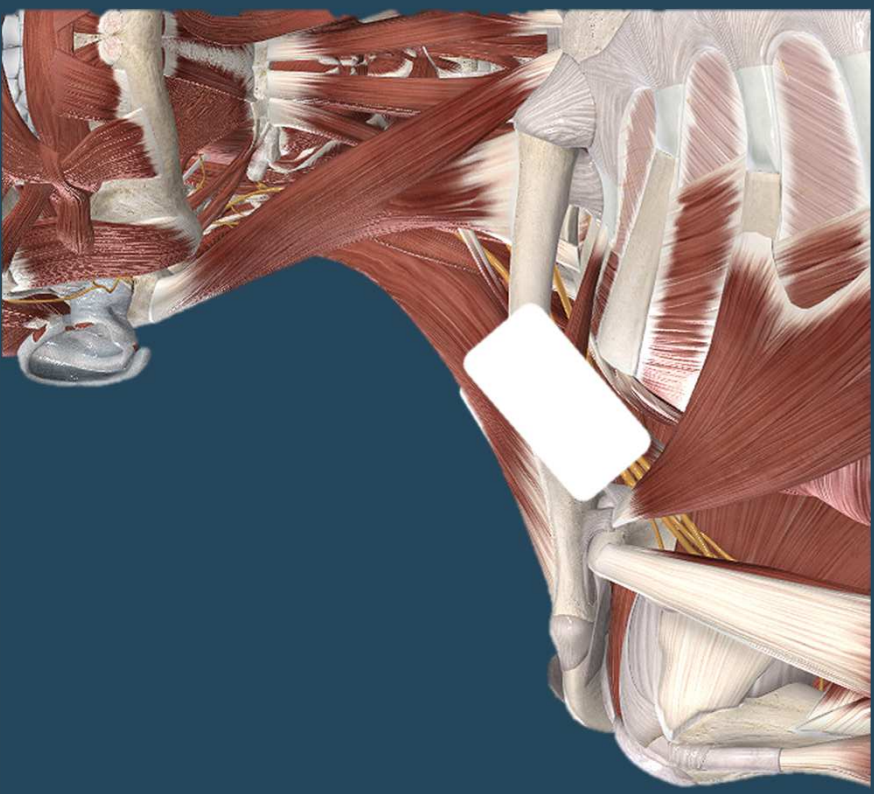


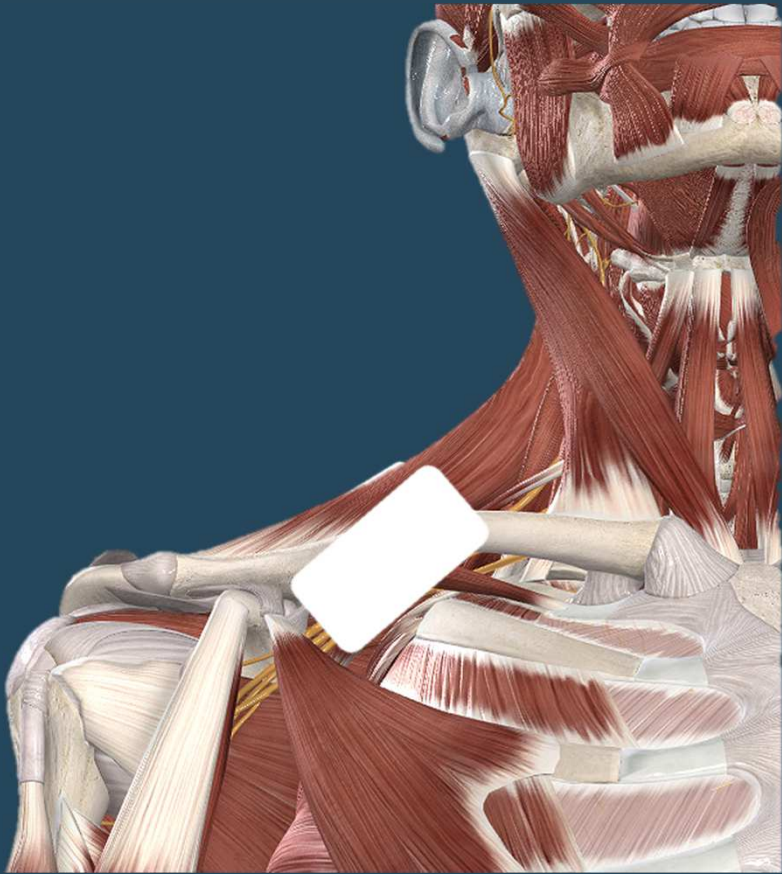
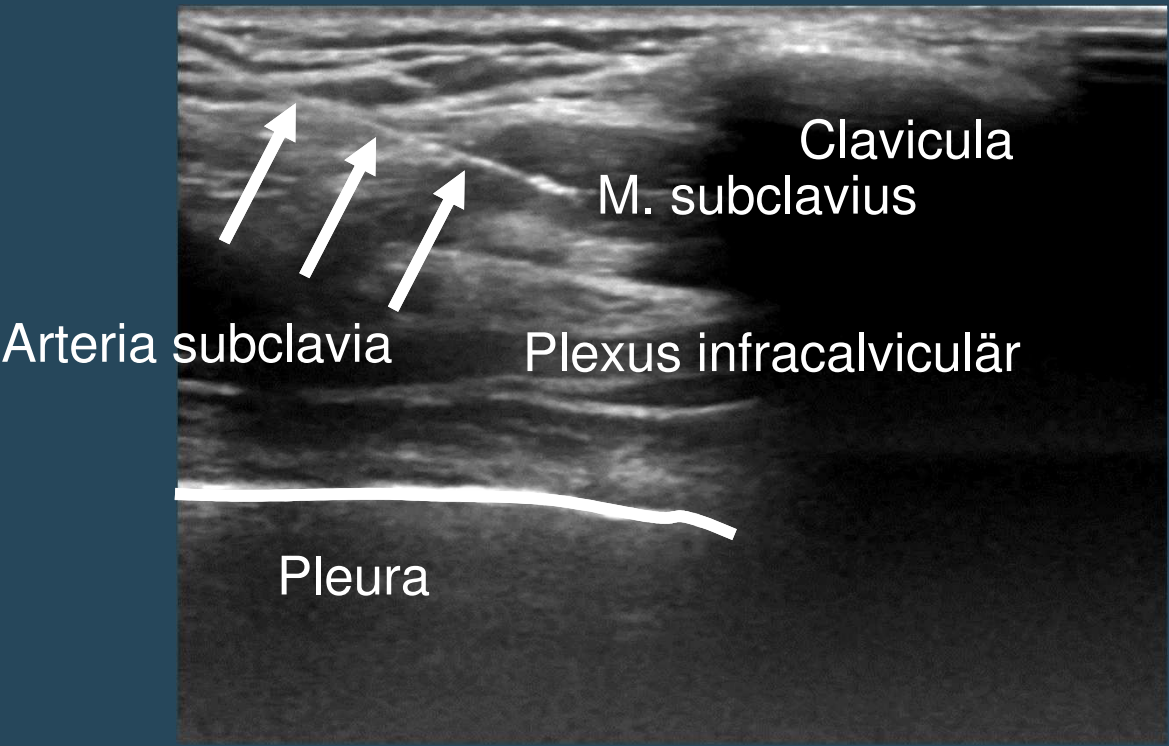
Seitenvergleich!

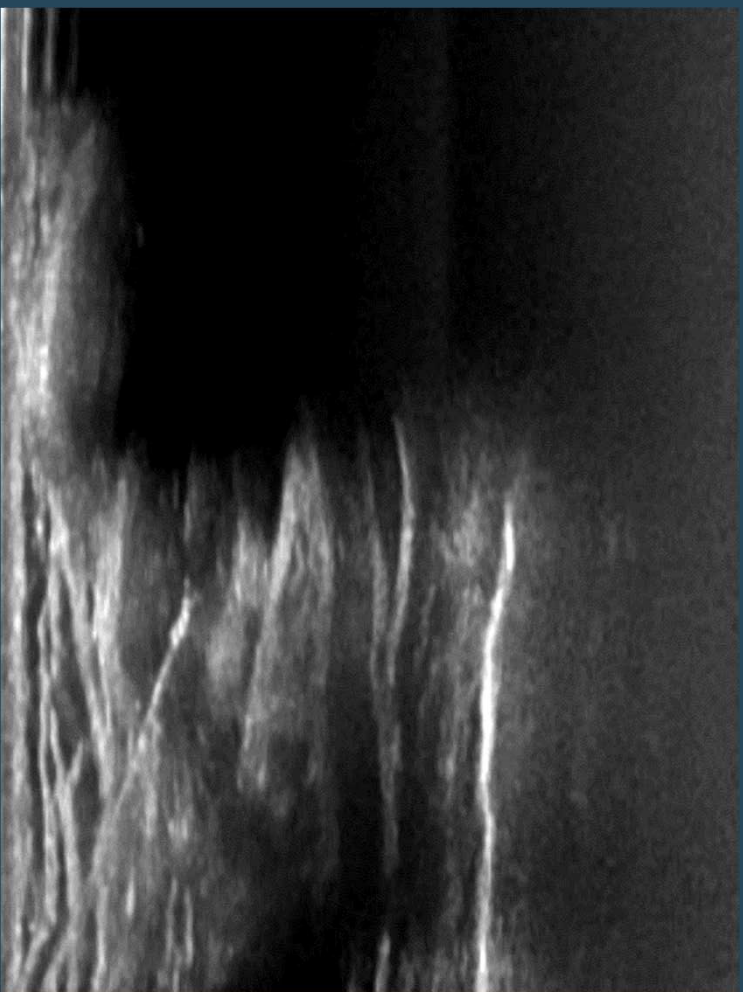
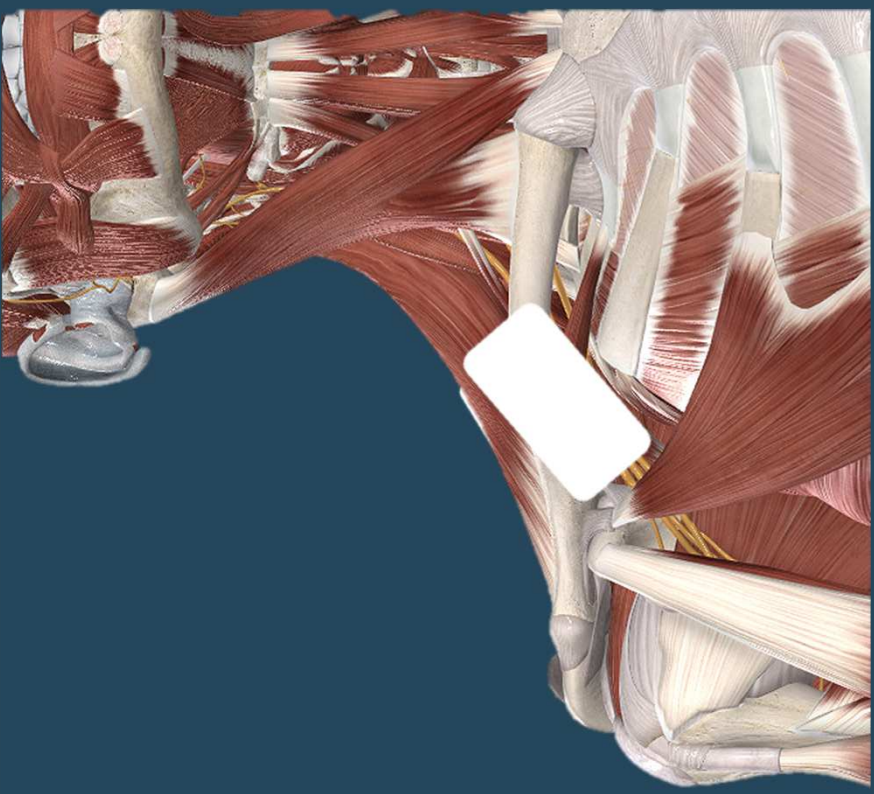


Costoclaviculärer Raum





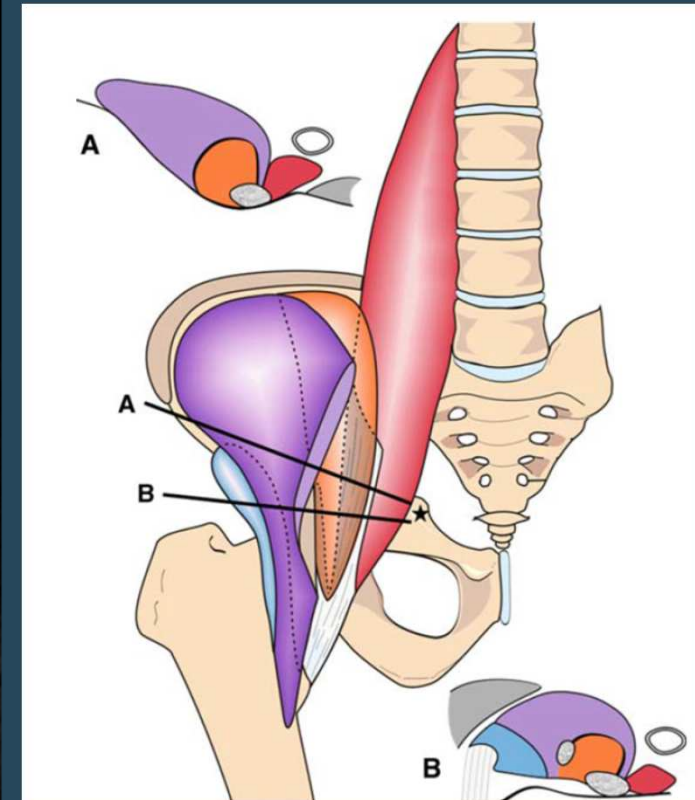
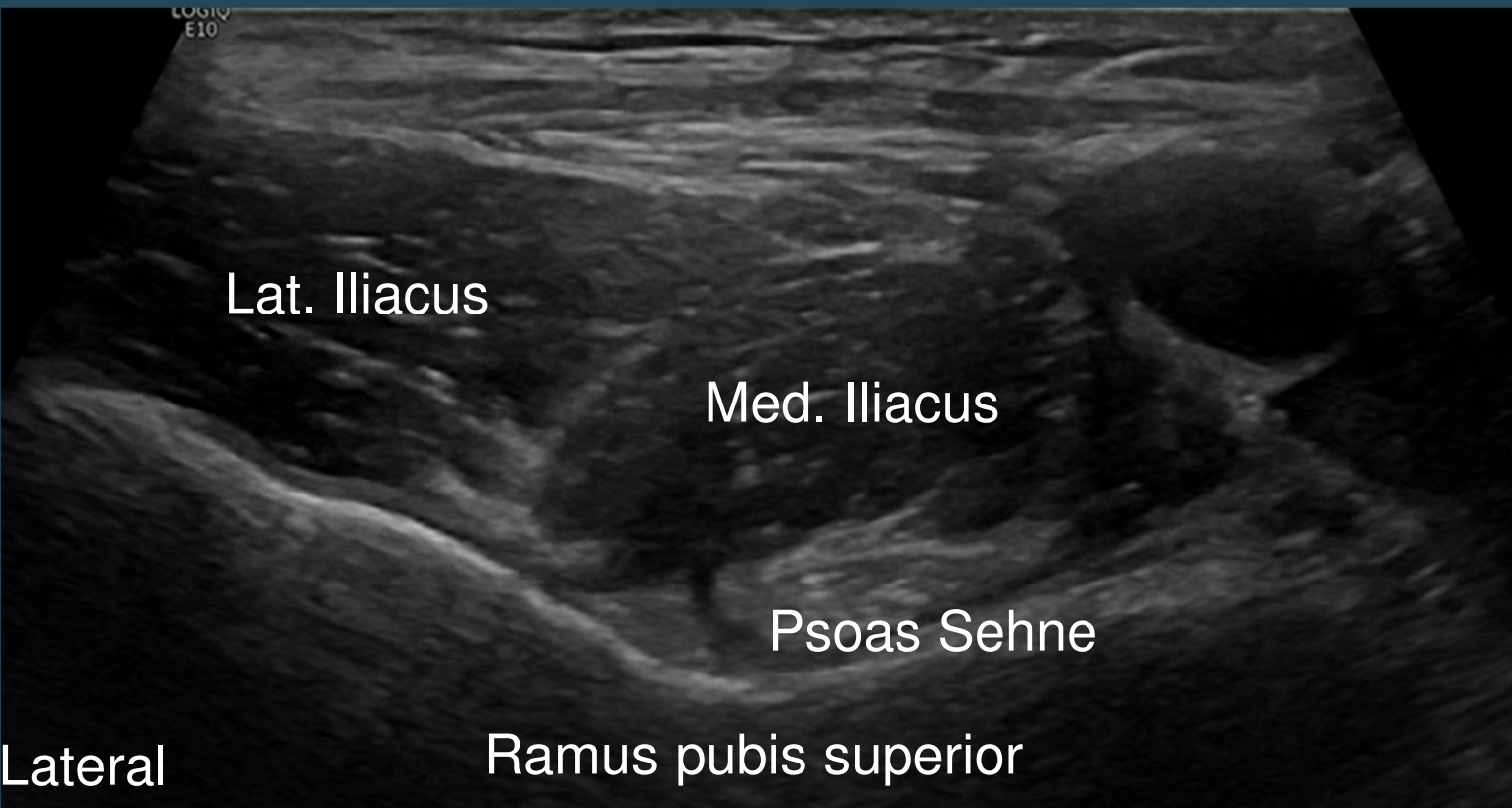




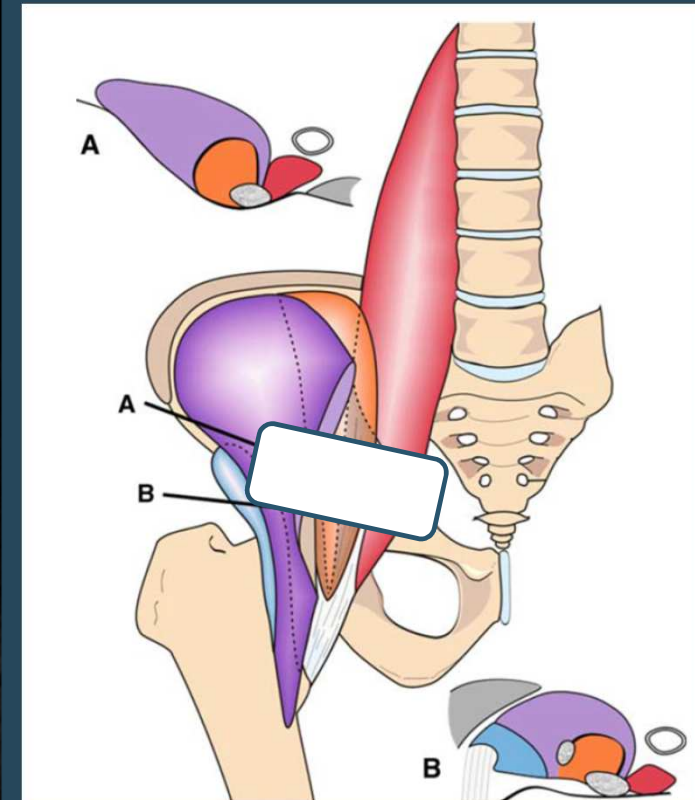
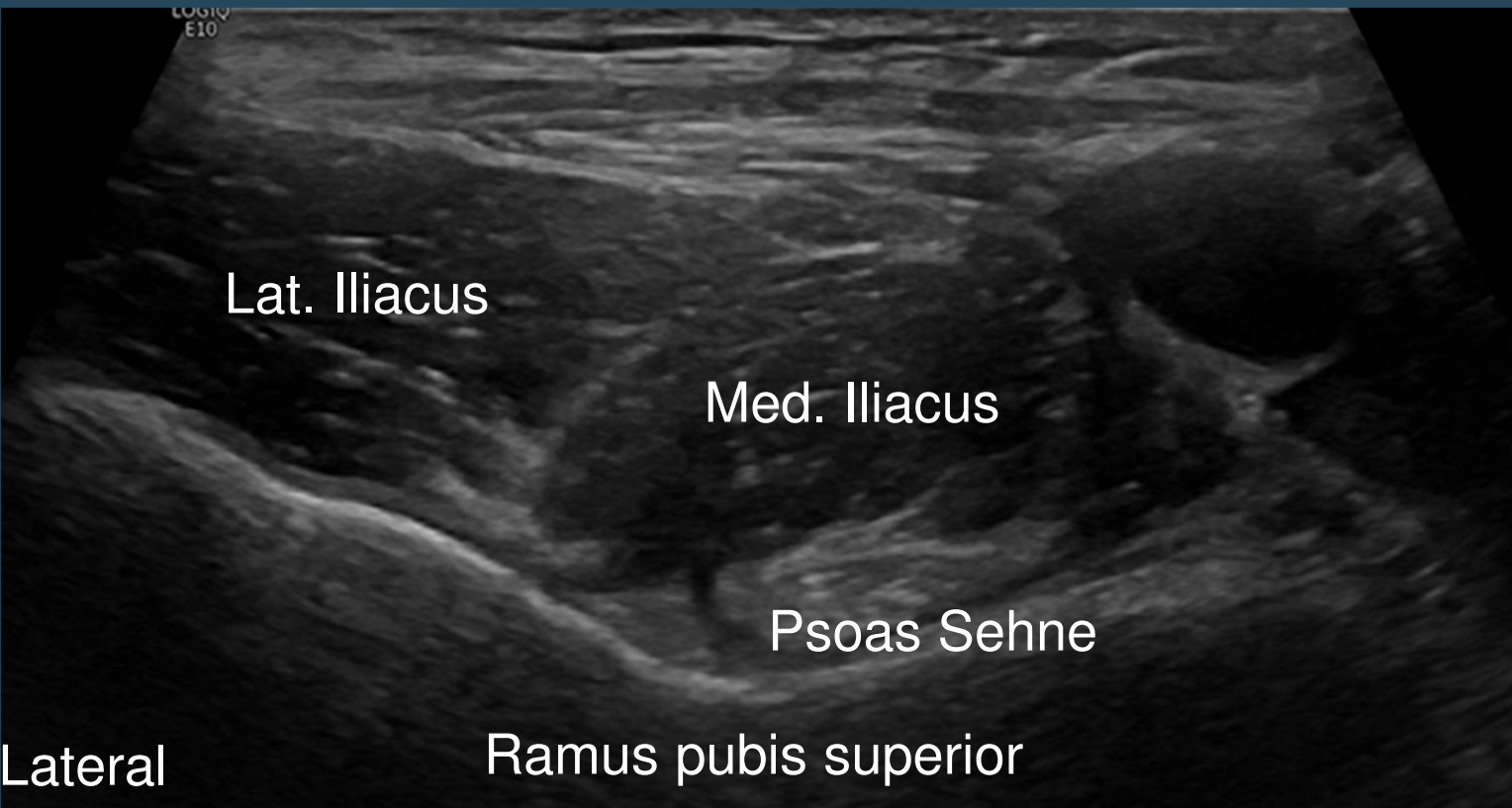
Iliopsoas Komplex

Sehne & Snapping

Iliopsoas Komplex



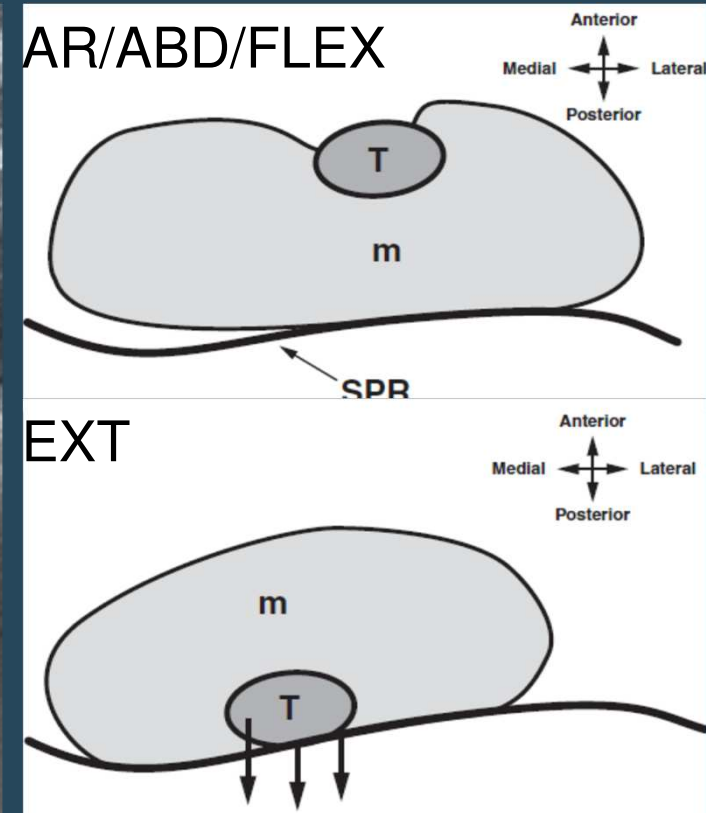
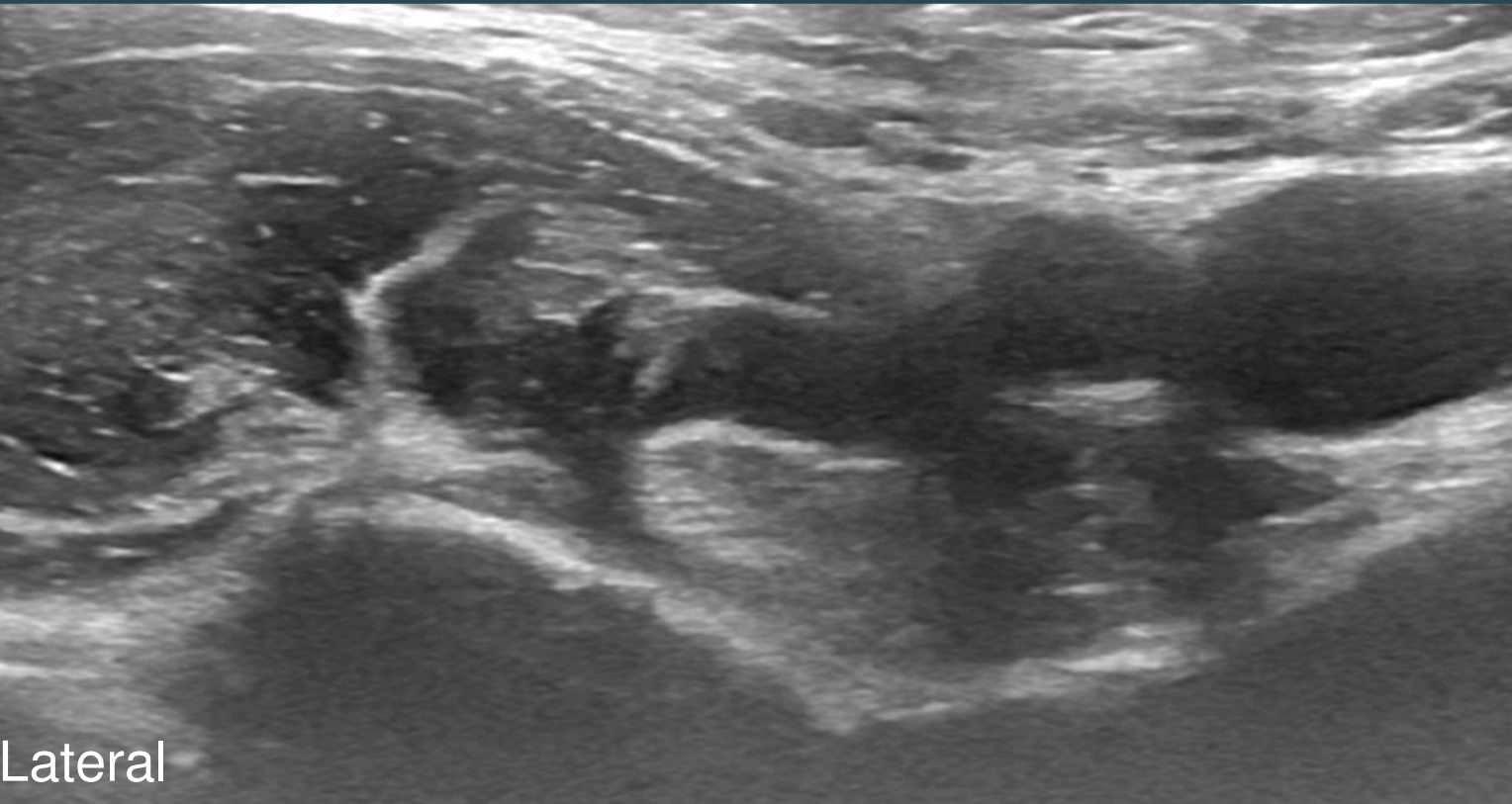
Iliopsoas Komplex



Pathologie

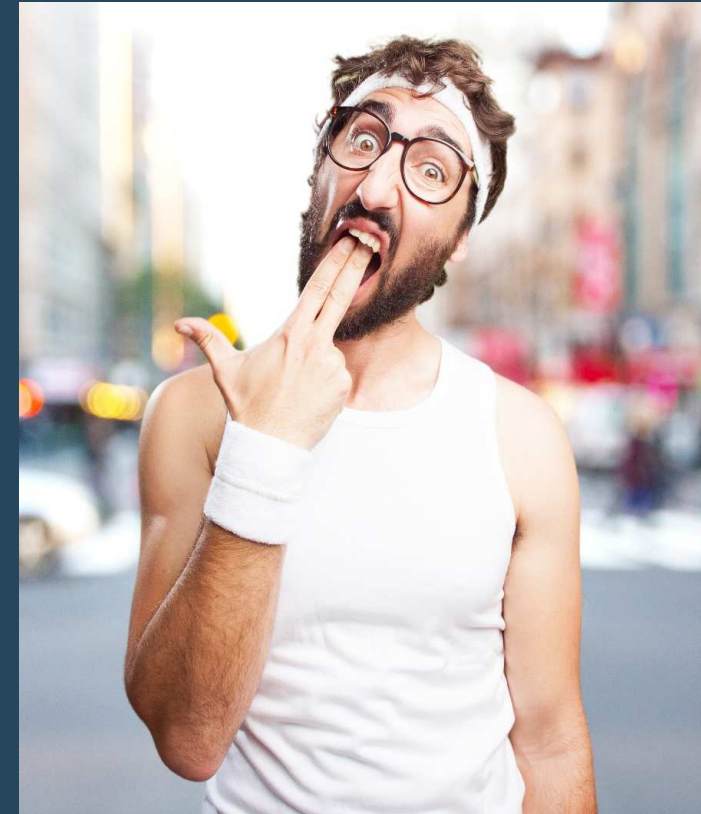
Snapping Psoas

Snapping Psoas



Sportler –Hernie

- Nicht – anatomisch , Nicht – diagnostischer Begriff für Leistenschmerz
 - Risse/Schwäche Inguinaler Strukturen (Z.B. Hernien)
 - Posteriore Inguinal Wand Schwäche
 - N. obturatorius Kompression
 - Häufig: Aponeurosen Pathologie
 - Rectus abdominis & Adductor longus
 - + Symphysen Instabilitäten etc.
 - etc.

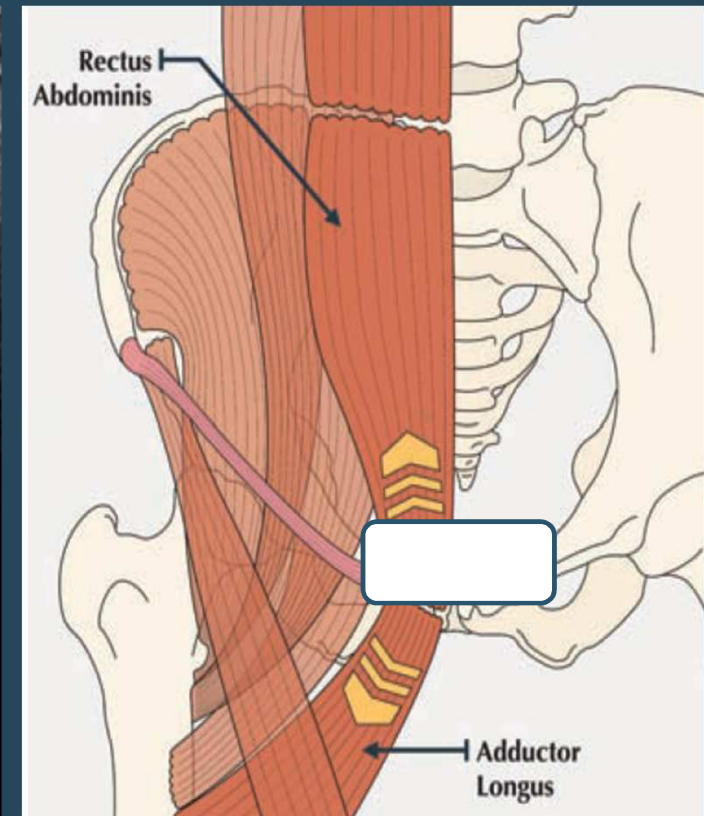
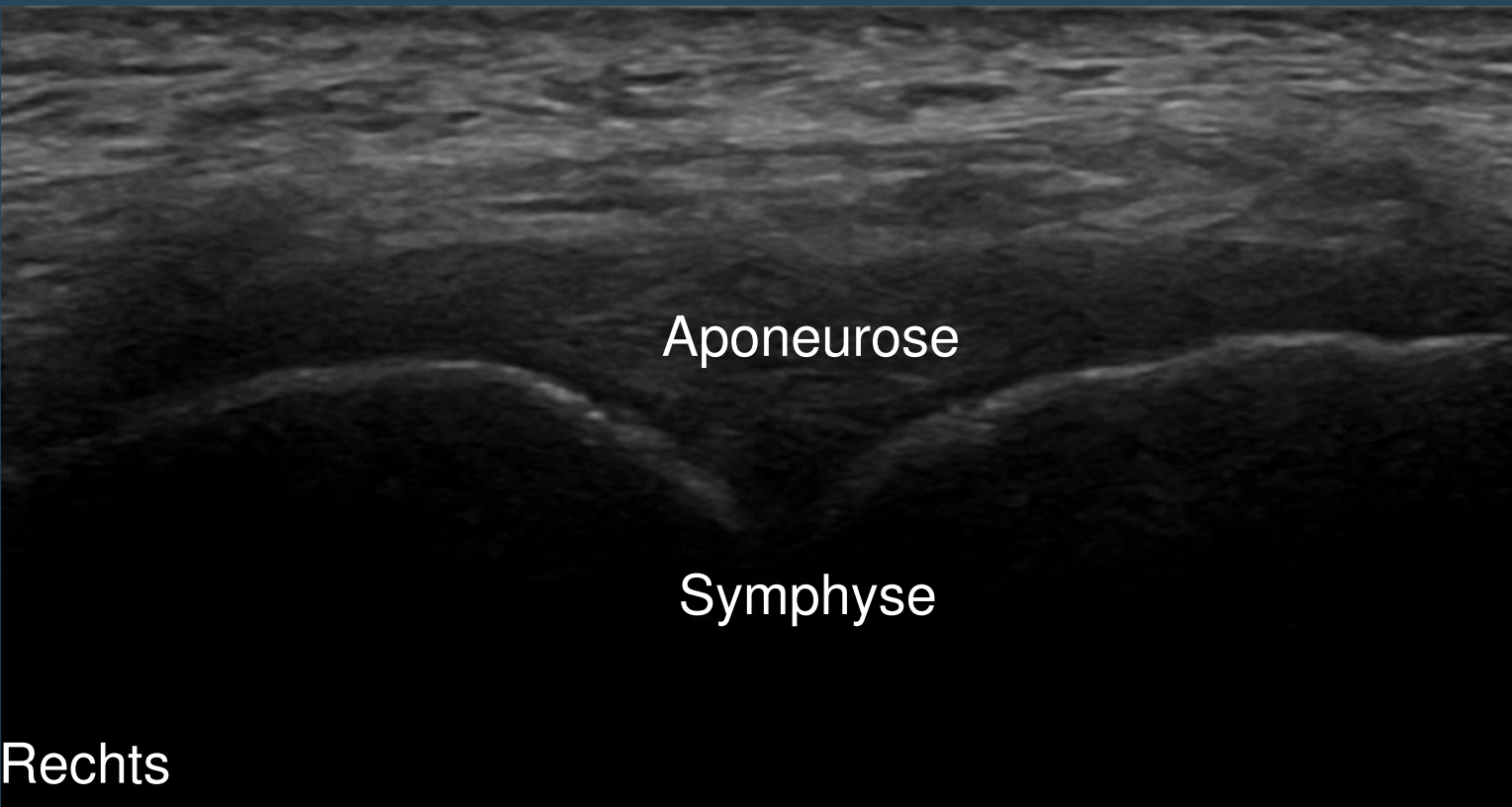


Symphyse

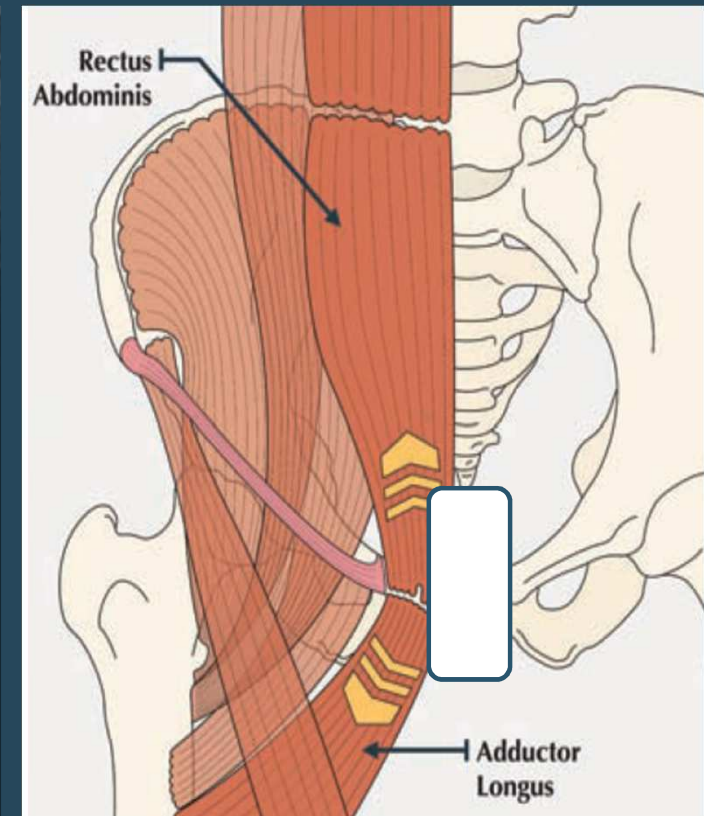
Aponeurose

M. Rectus abdominis & M. adductor
longus

Aponeurose - transversal



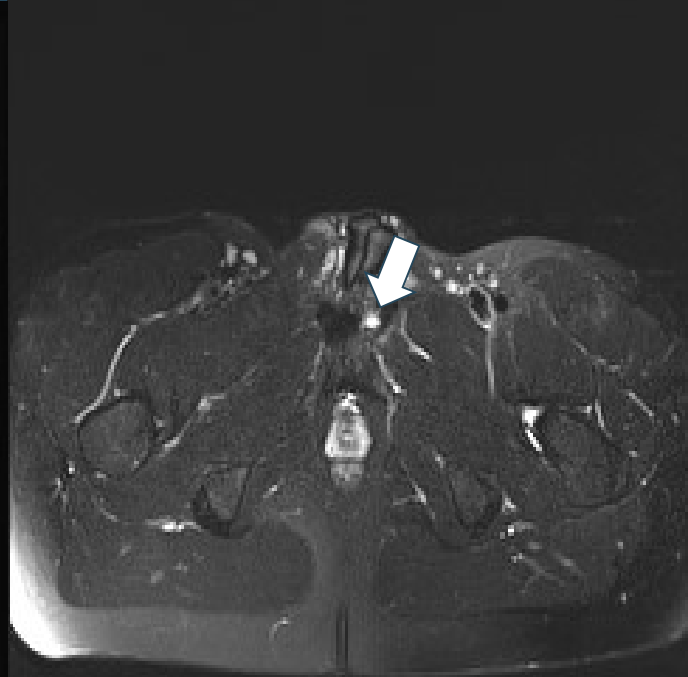
Aponeurose - longitudinal



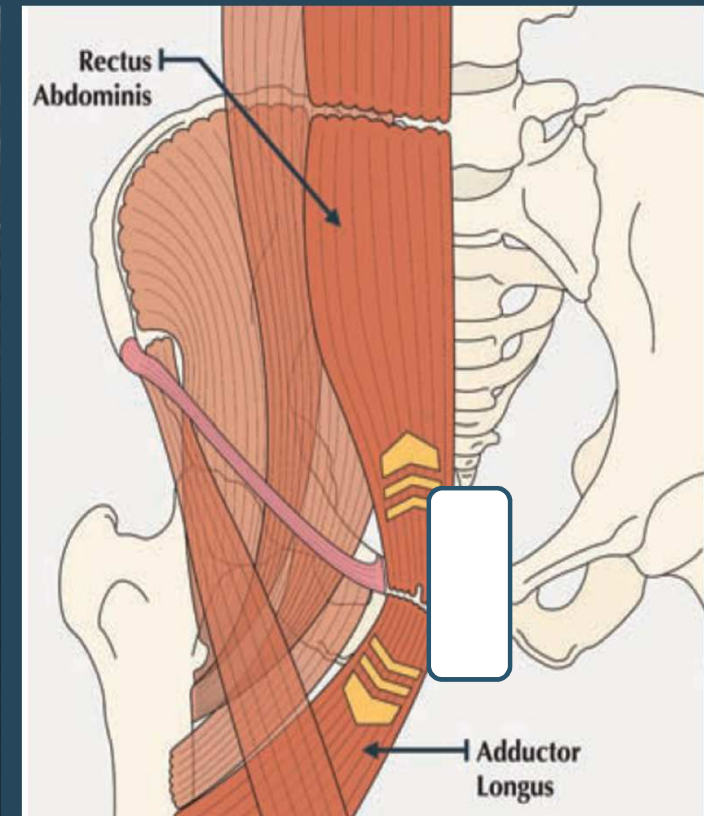
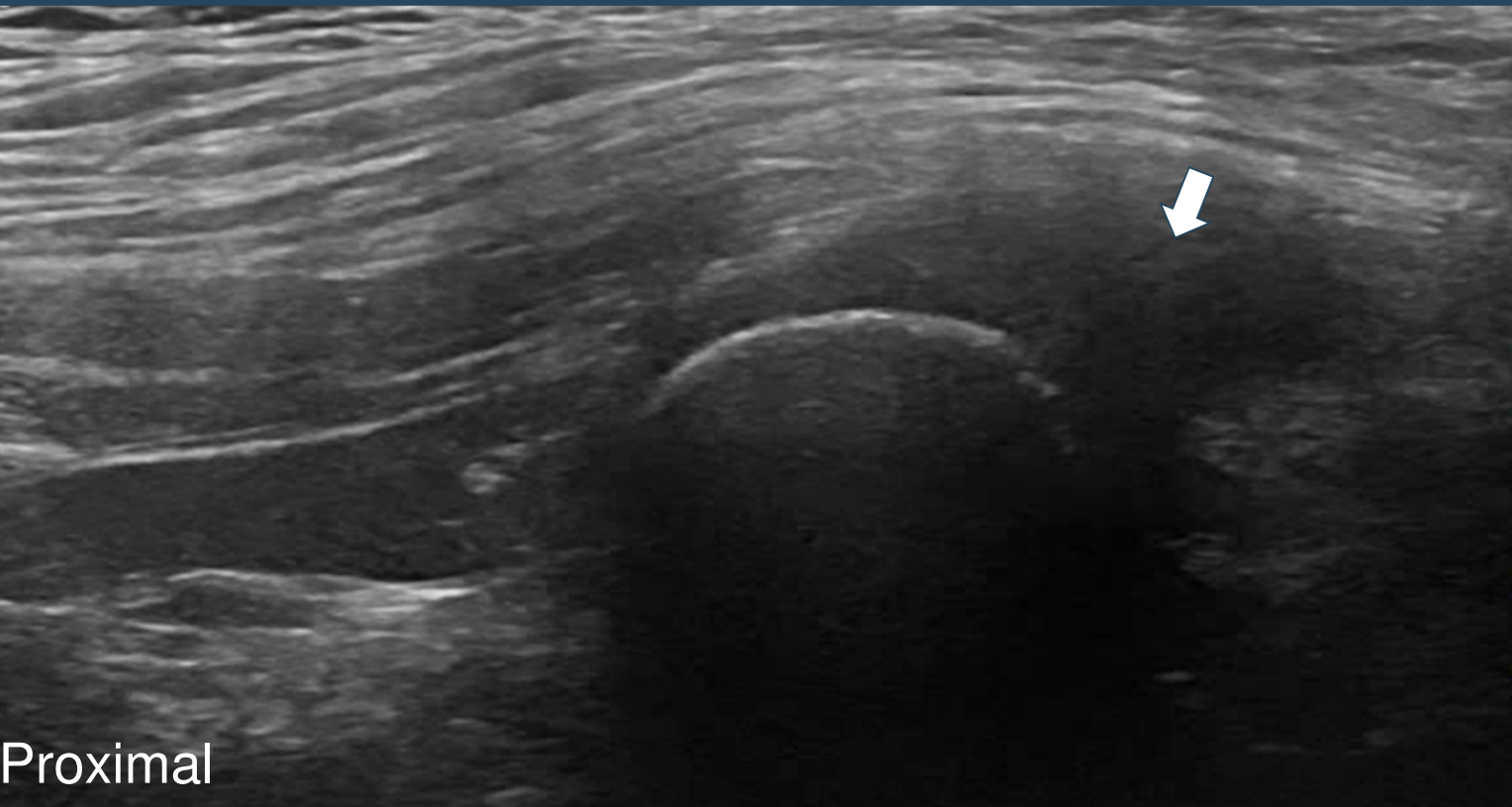
Pathologie

Aponeurosen Partialruptur

Secondary cleft – Einriss Aponeurose



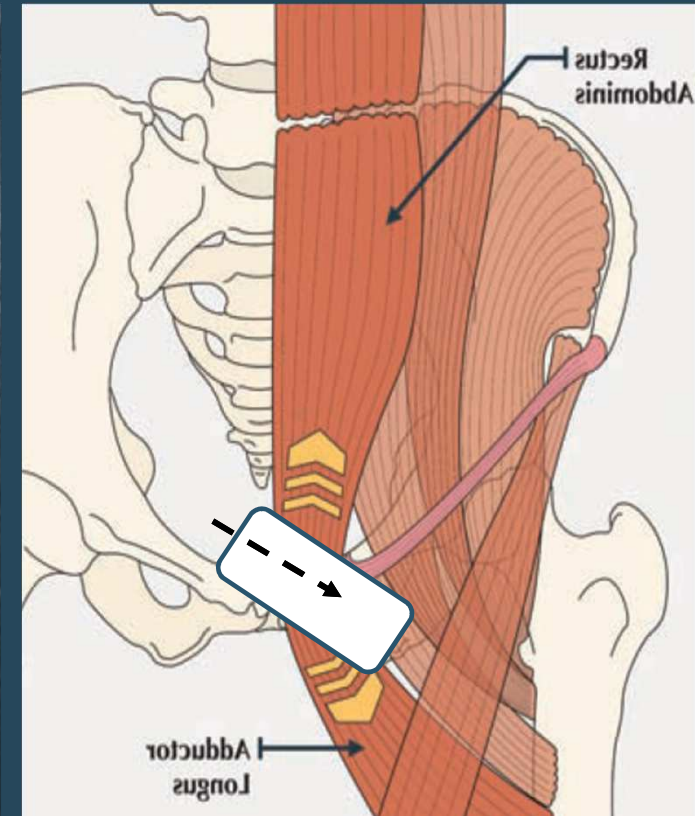
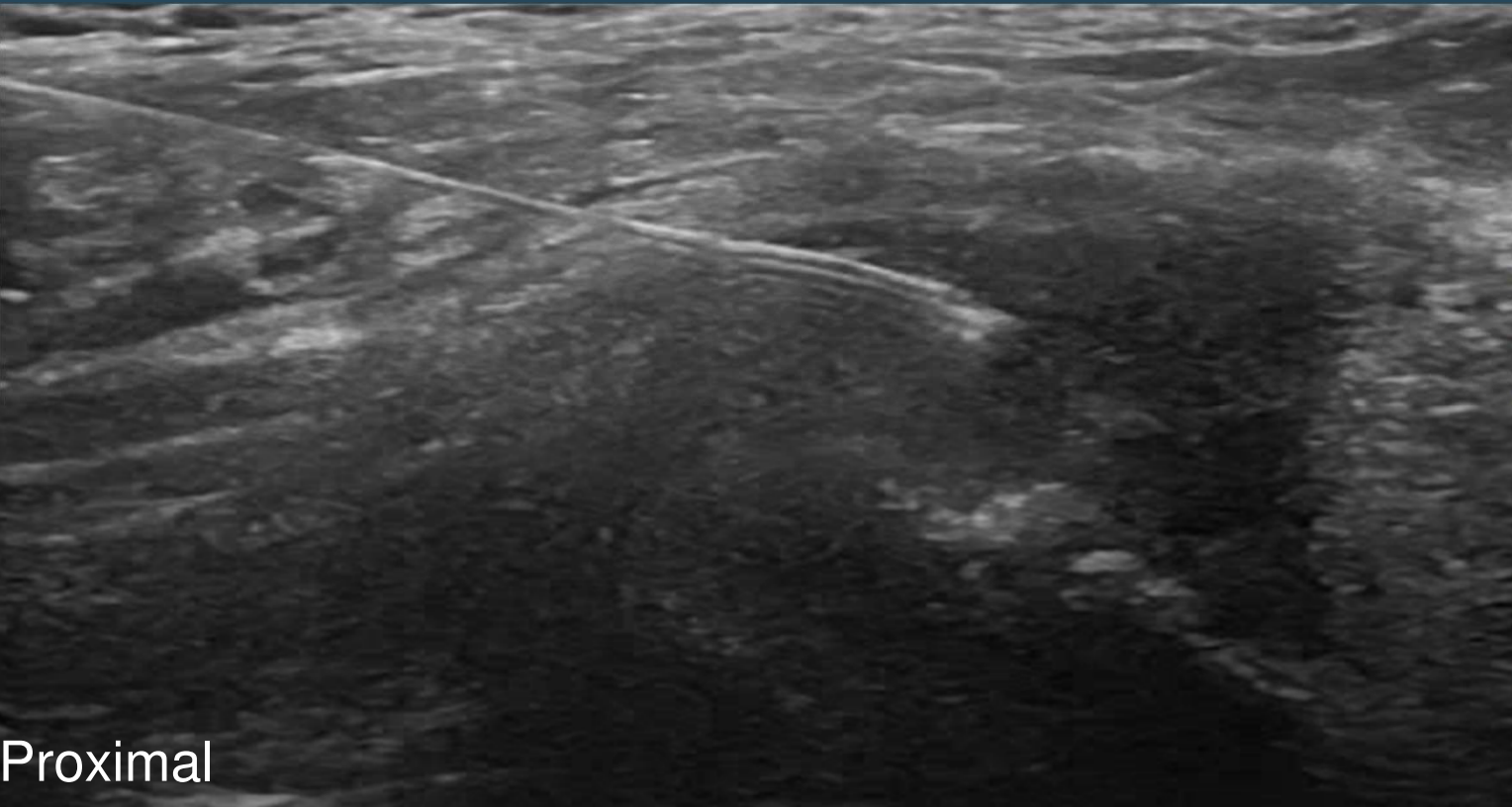
Secondary cleft – Einriss Aponeurose



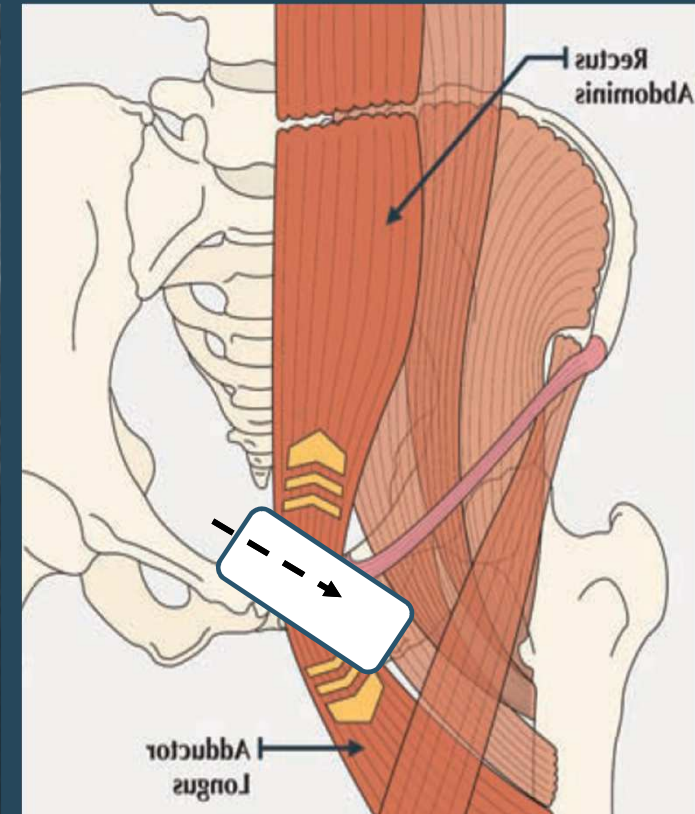
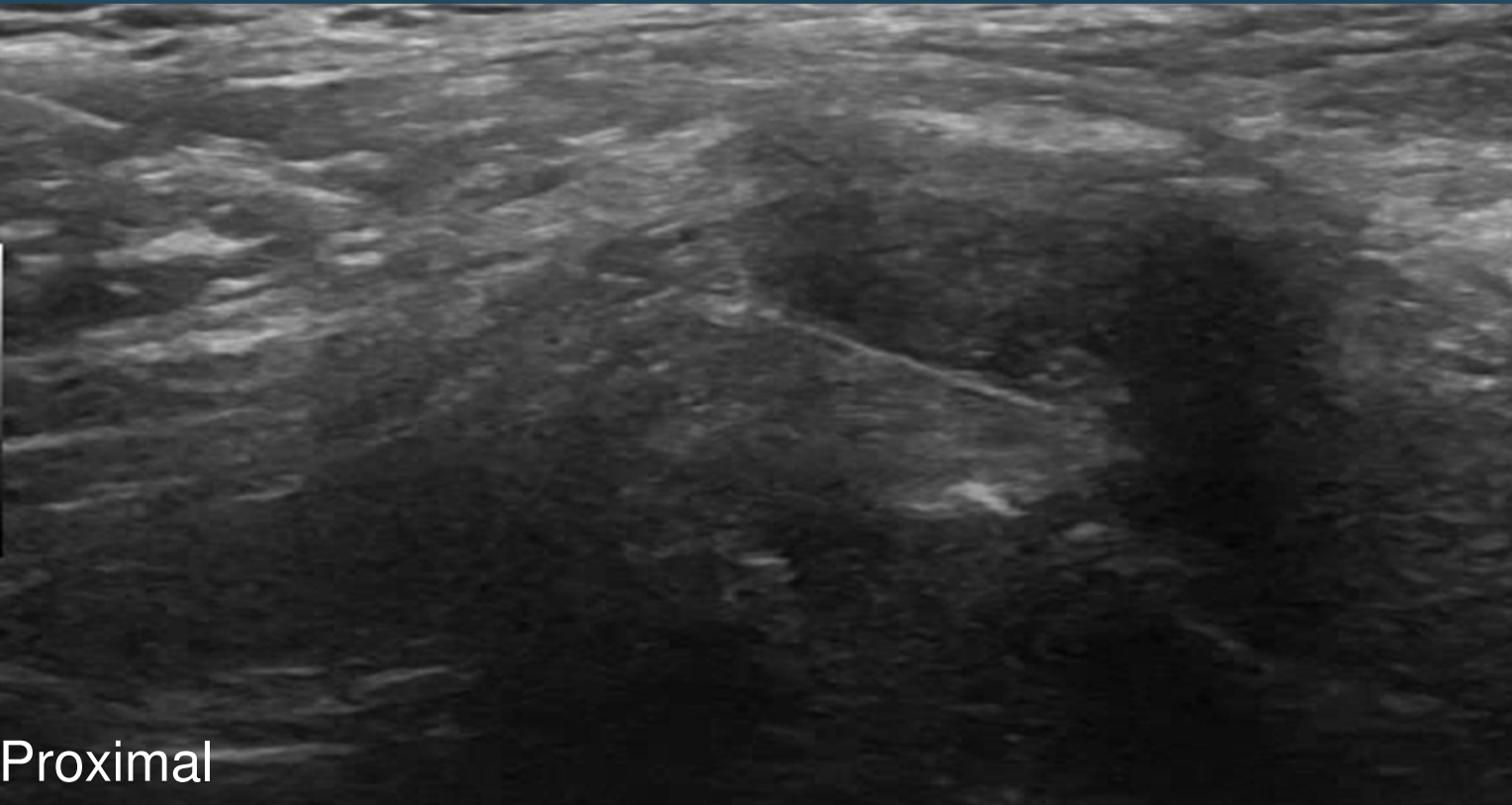
Pathologie - Therapie

Dry needling

Dry Needling - Aponeurose



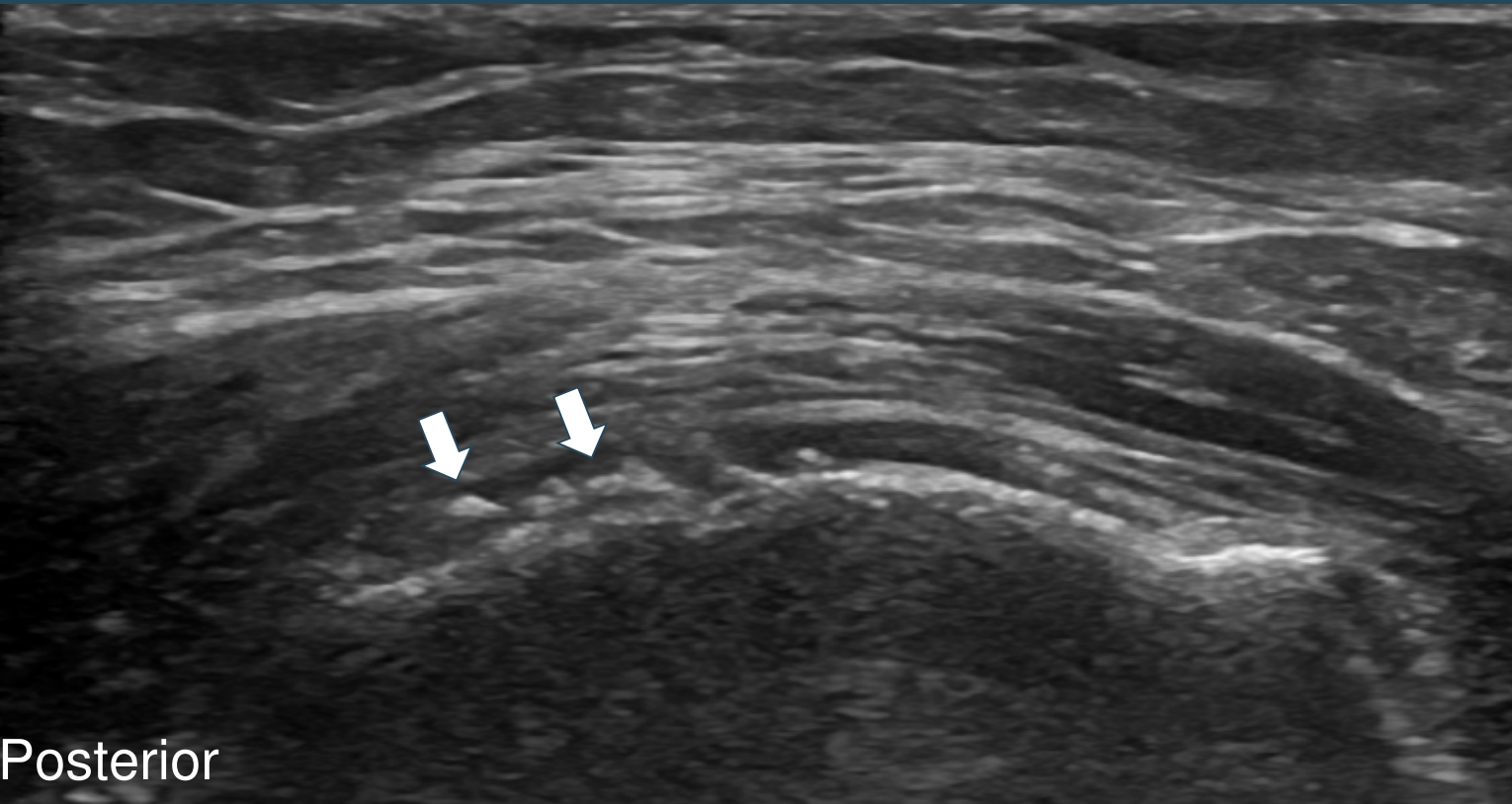
Dry Needling - Aponeurose



Pathologie

Tendinosis calcarea ant. Band

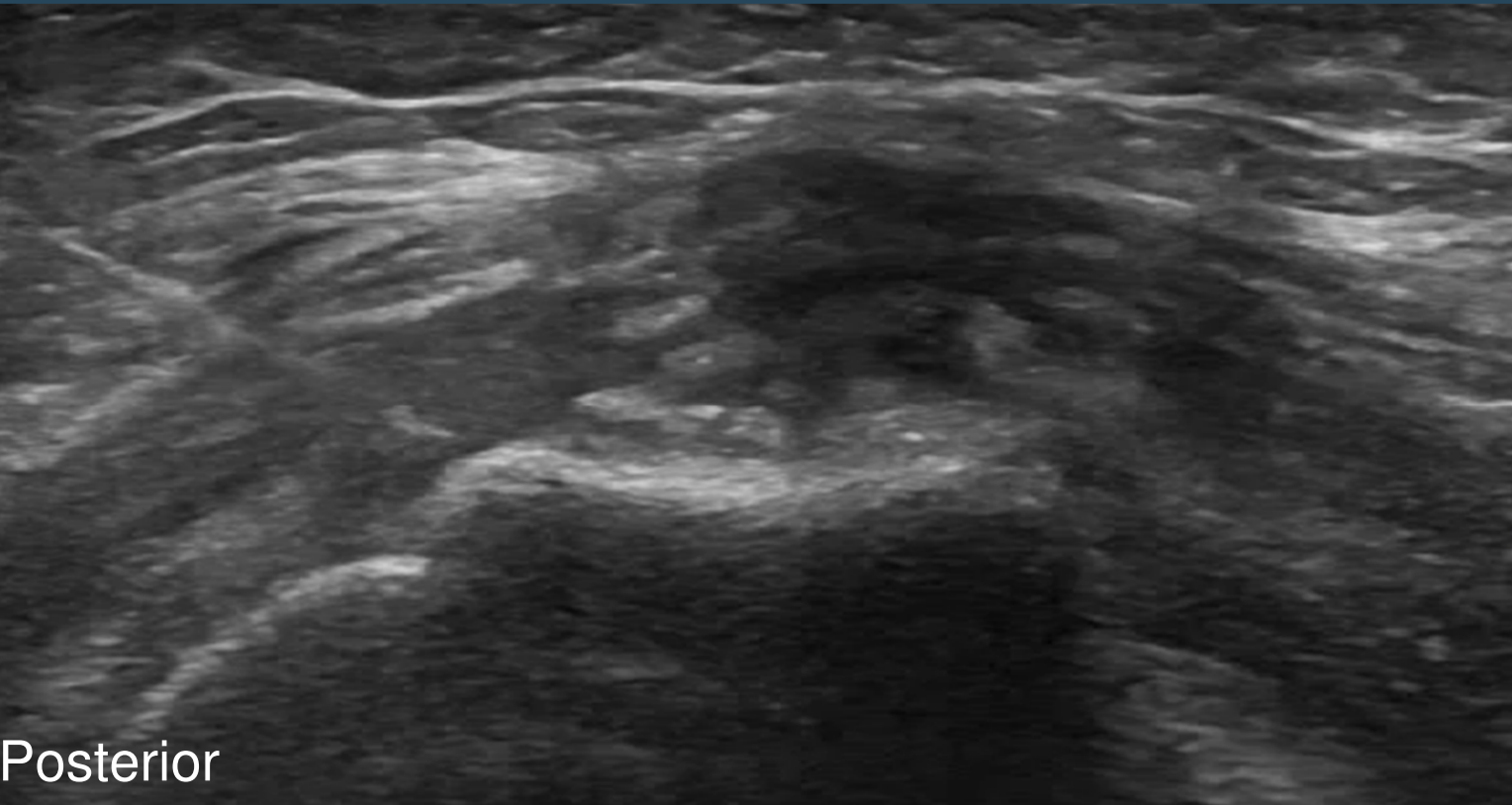
Tendinosis calcarea



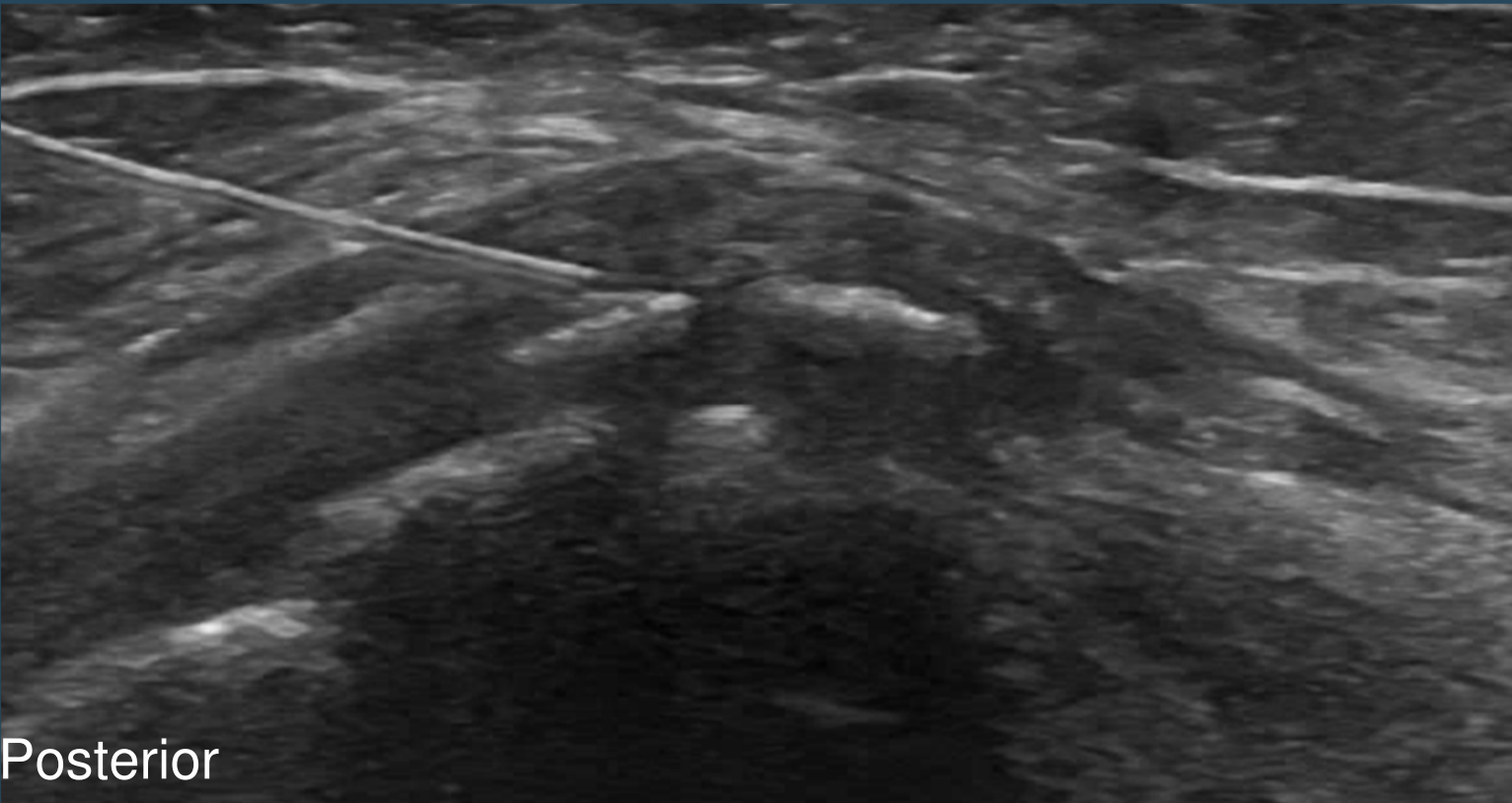
Pathologie - Therapie

Needling Gluteus medius anterior

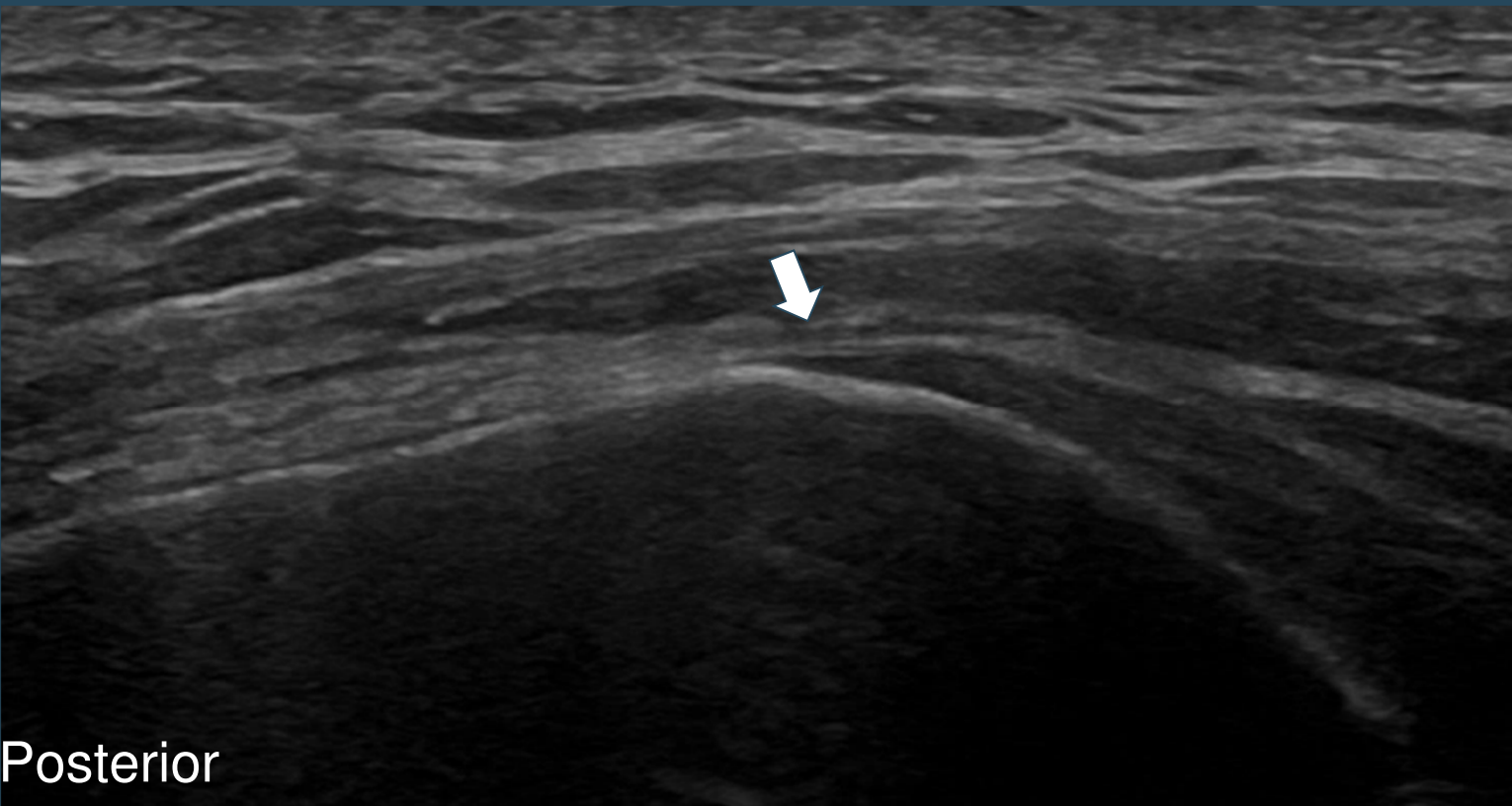
Gluteus medius – Needling



Needling - Kalzifikationen

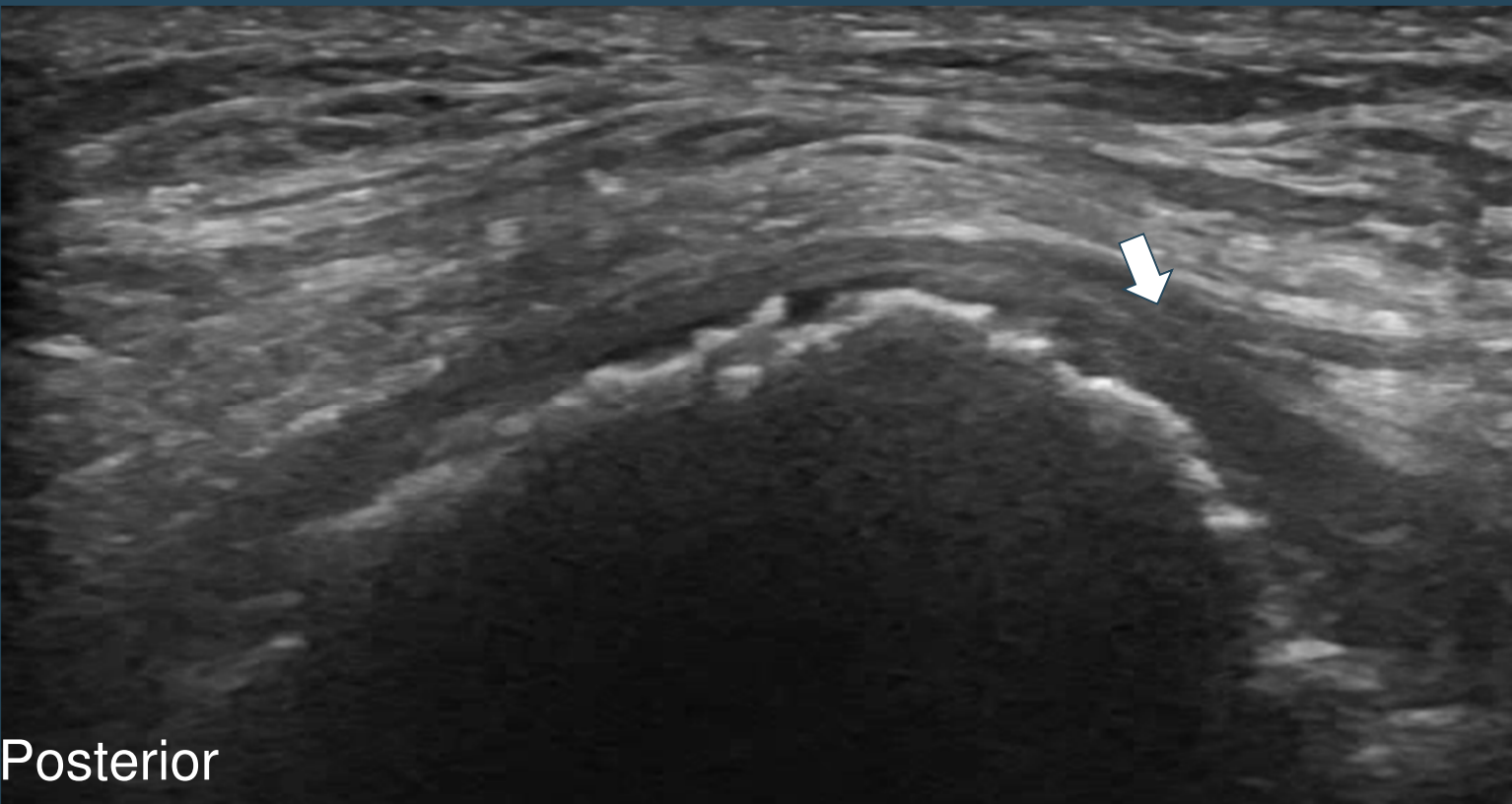


Bursa trochanterica superficialis



Pathologie

Bursitis trochanterica superficialis



Tractus iliotibialis

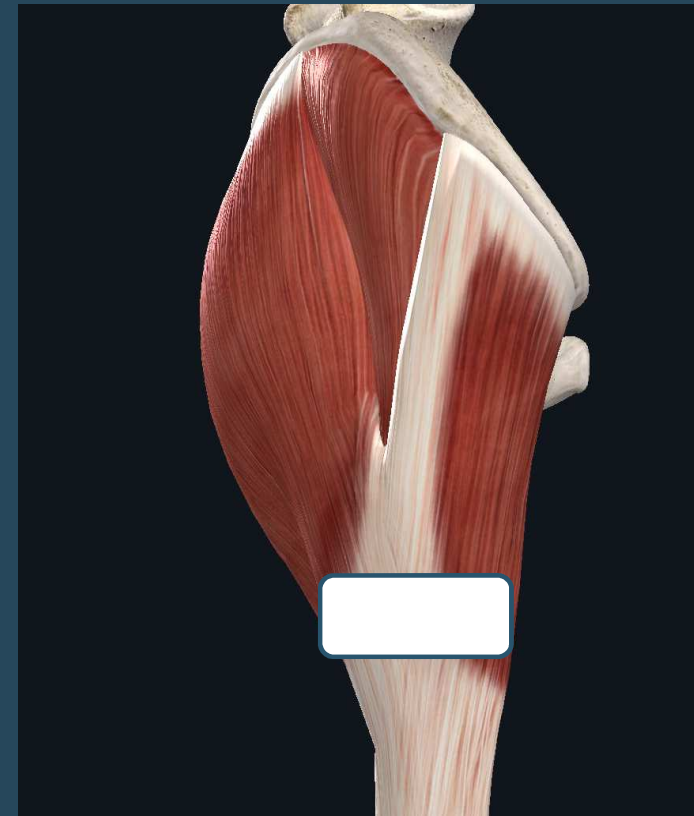
Pathologie

Tractus Reiben - Trochanter

Tractus Irritation - Trochanter

Aussenrotation - Innenrotation

Posterior



Pathologie

Semimembranosus

Partielle knöcherner Avulsion

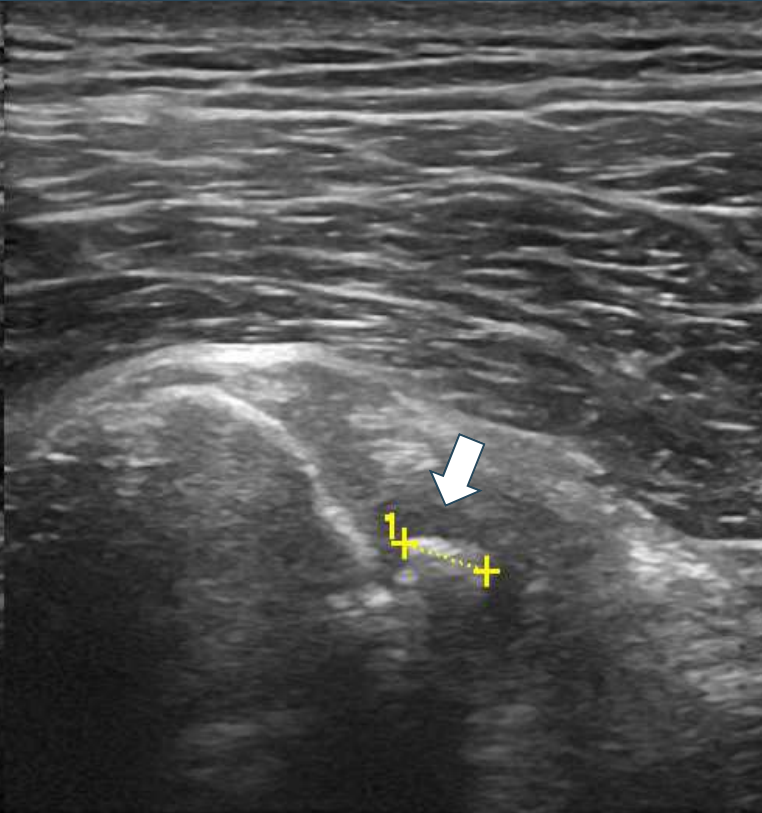
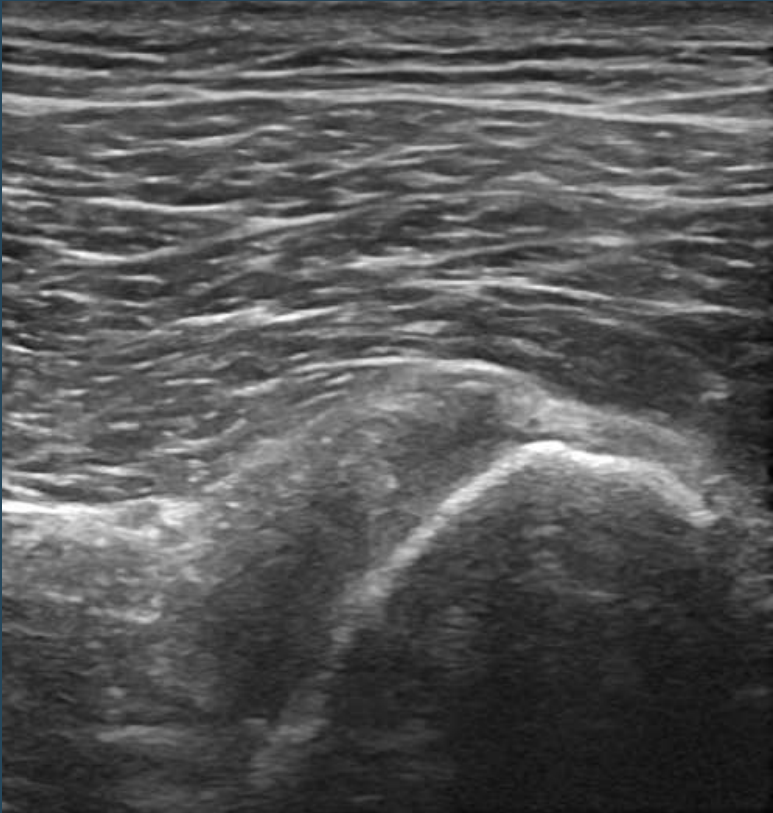
Semimembranosus - Partialruptur



Semimembranosus - Partialruptur

Gesund

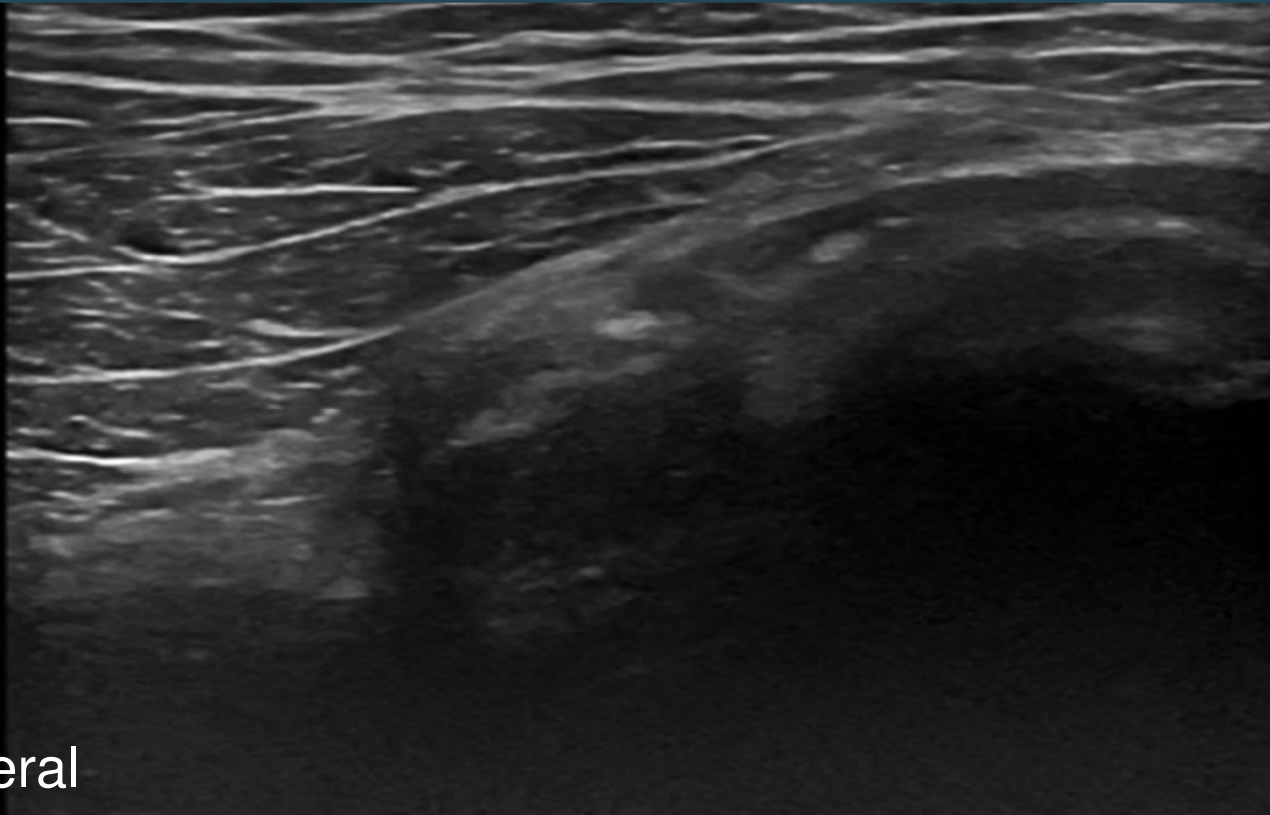
Knöchernes Fragment



Pathologie

Myotendinöse Ruptur
Semimembranosus Sehne

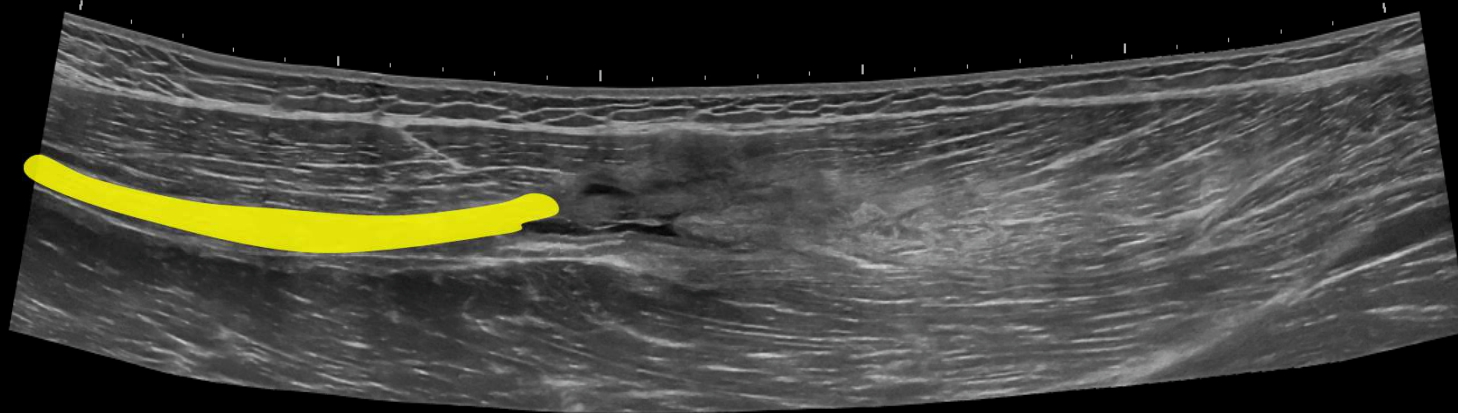
Semimembranosus - Ruptur



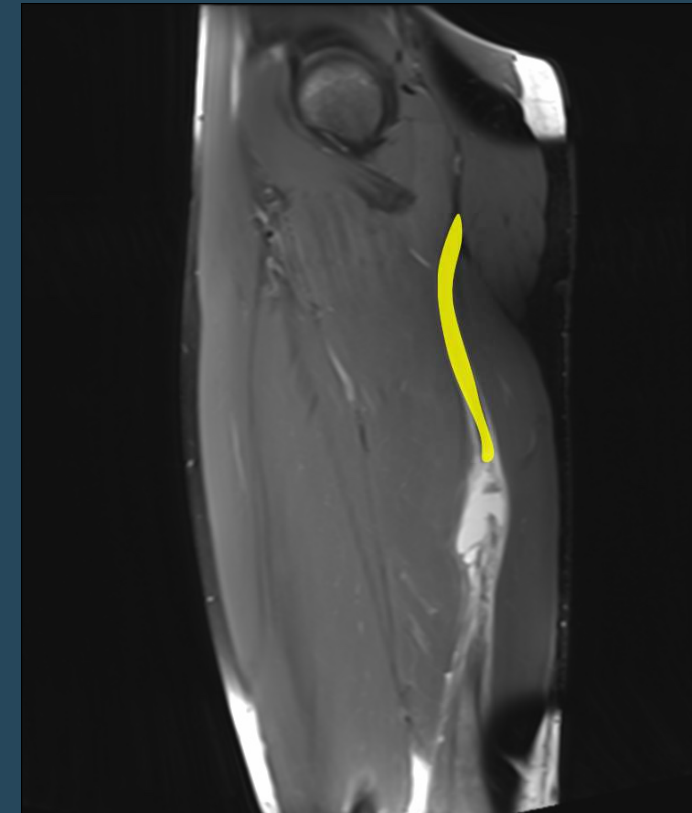
Lateral



Semimembranosus - Stumpf



Proximal



N. ischiadicus

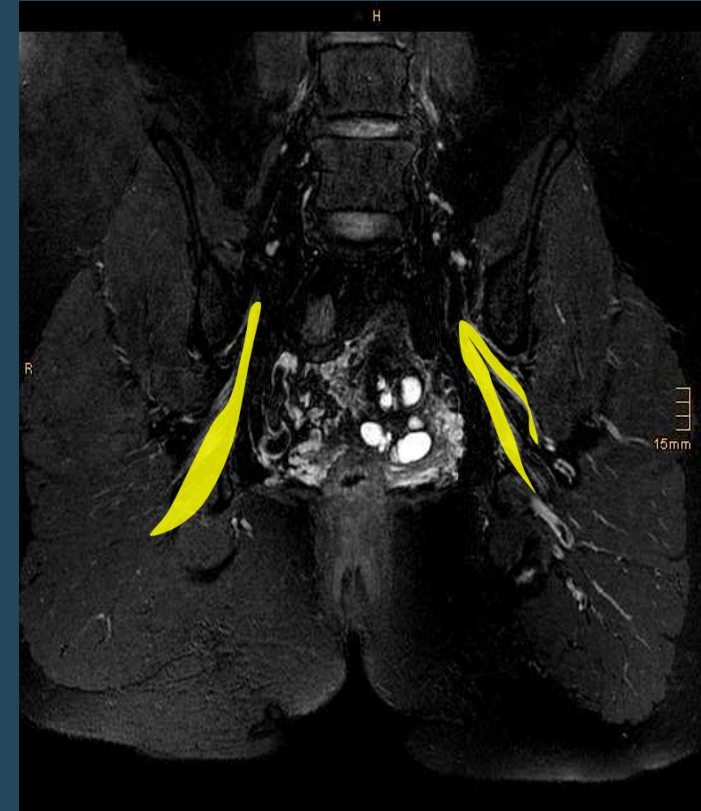
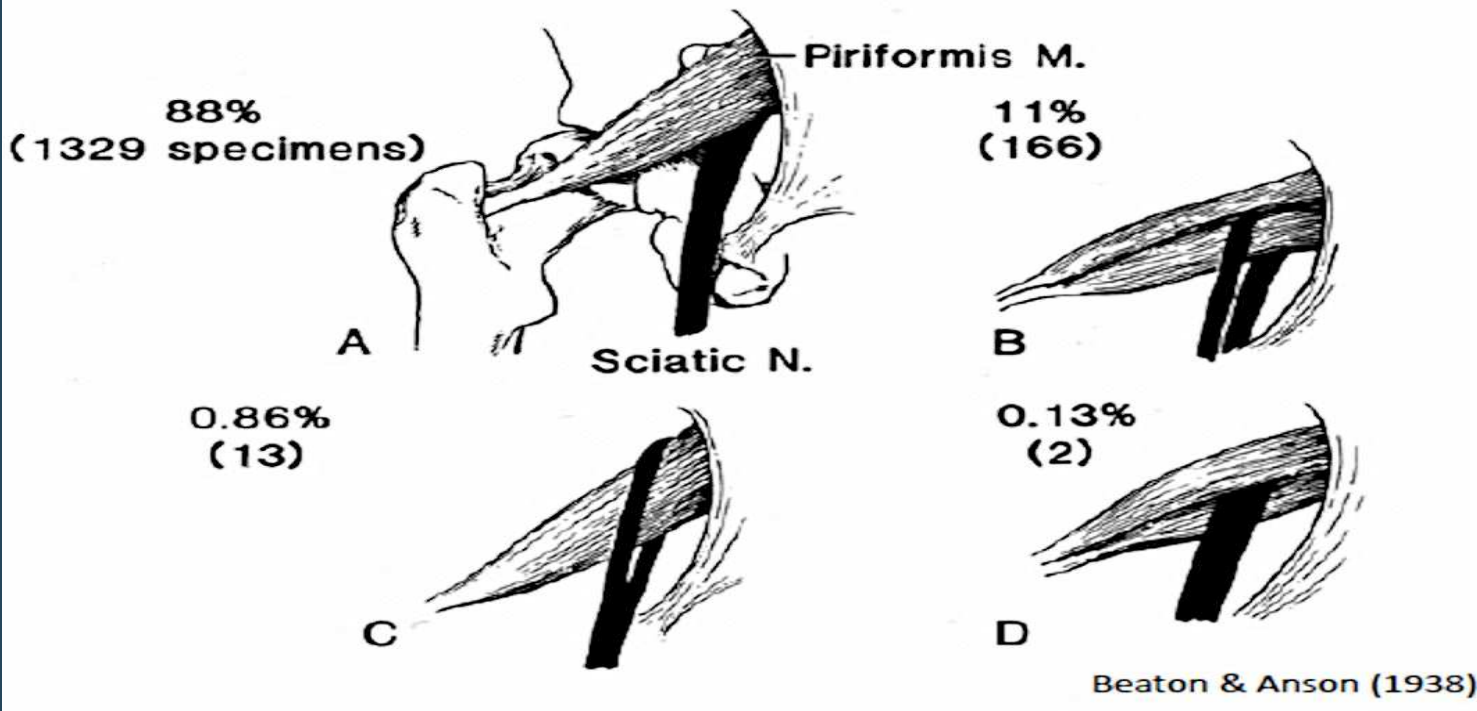


Anatomische Variante

Split ischiadicus
„Piriformis Syndrom“

Split ischiadicus

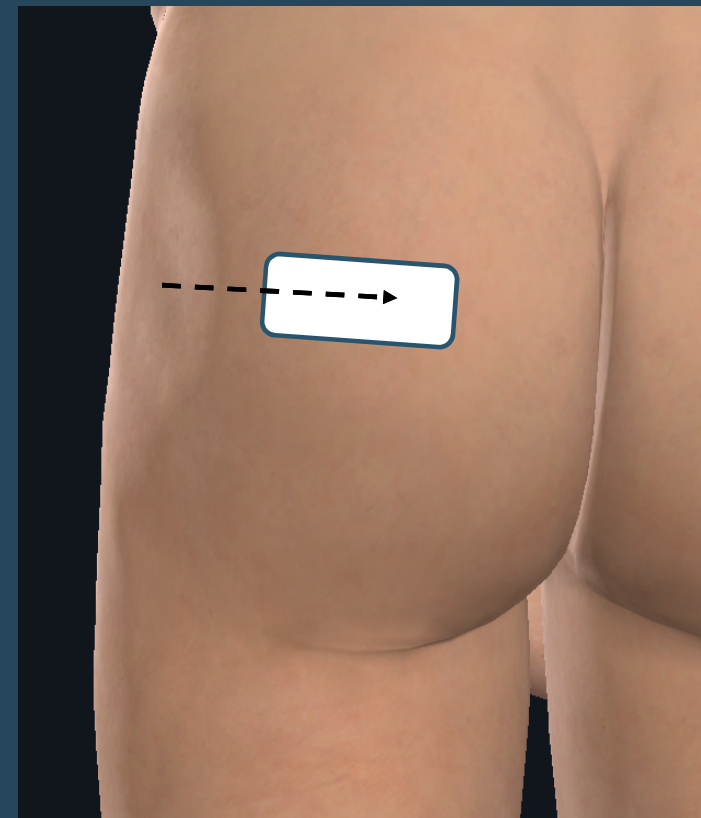
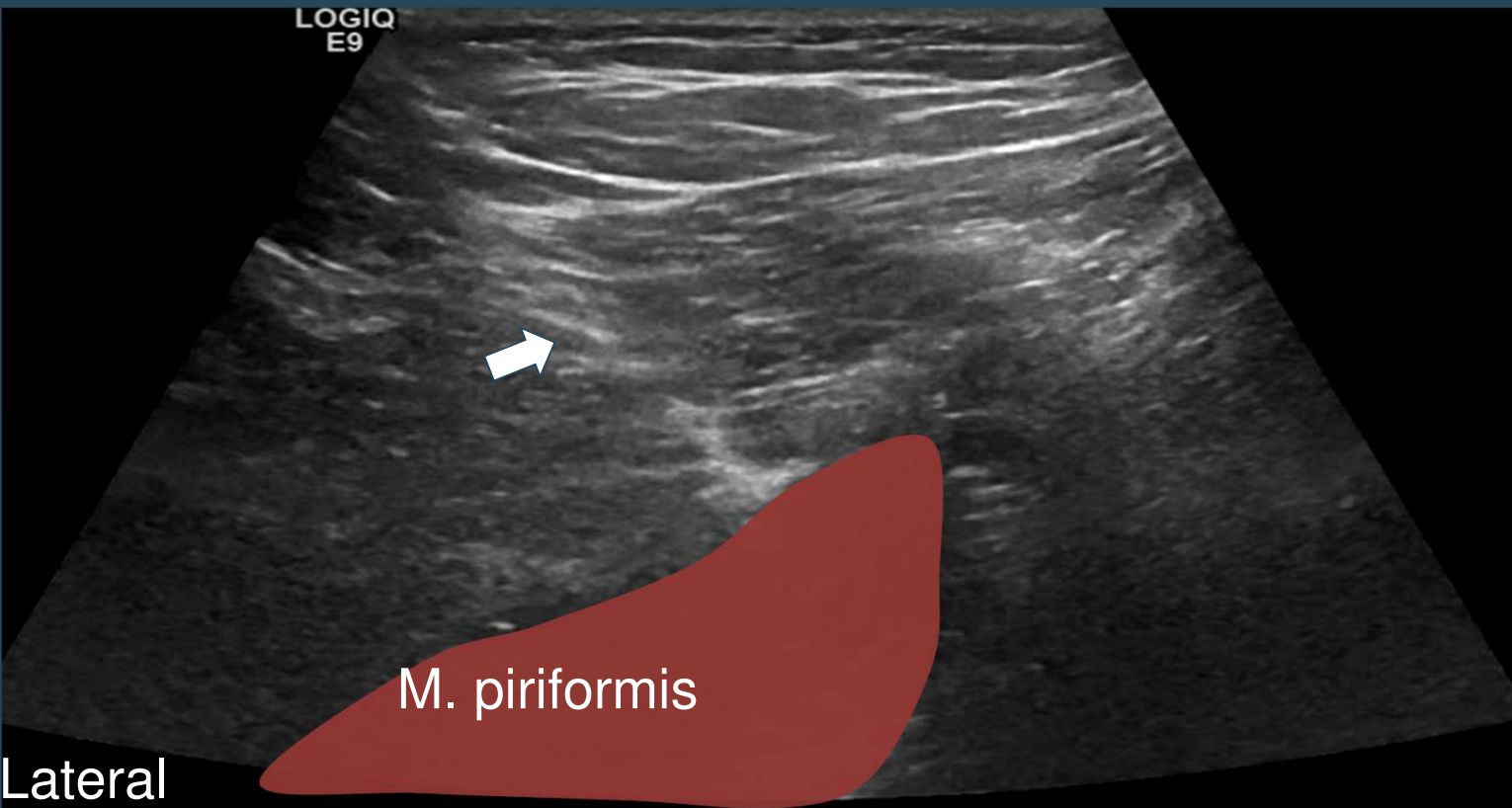
N. ischiadicus – M. piriformis



Therapie

Botox-Injektion M. piriformis

M. Piriformis – Botox Injektion



44 j, m

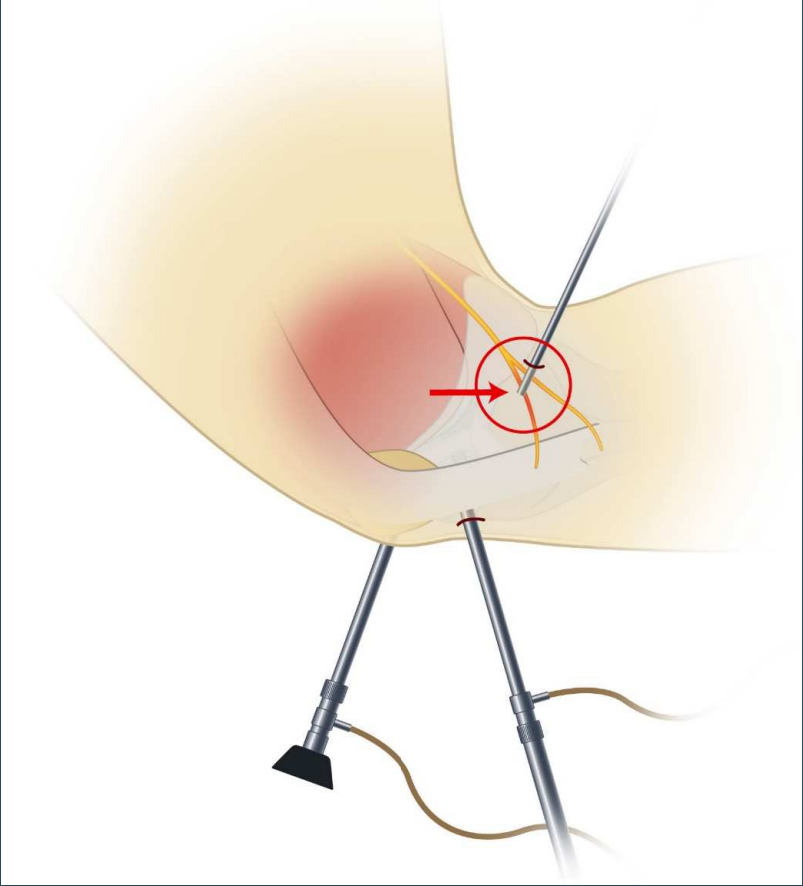
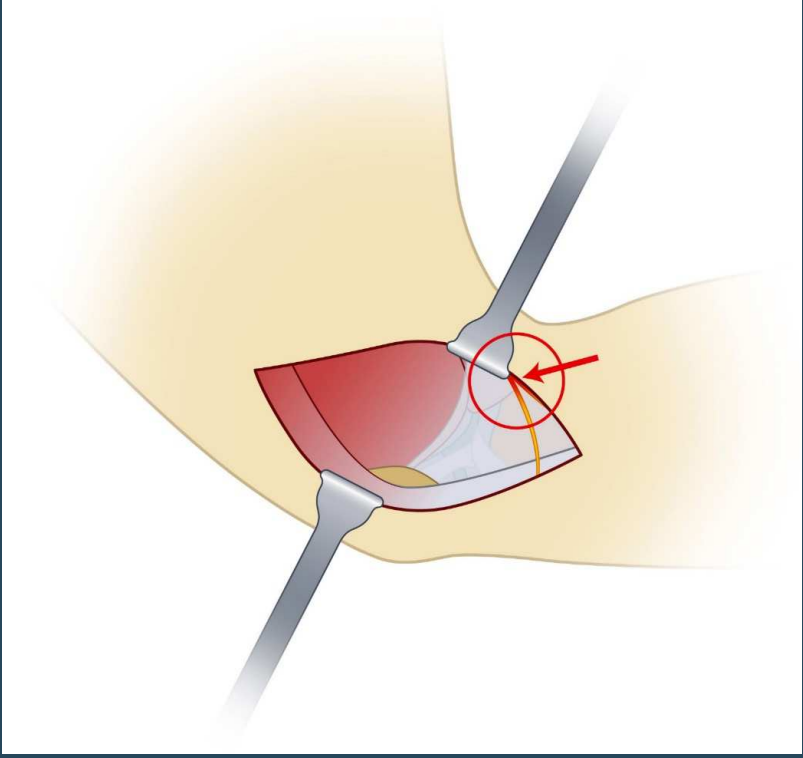
Neuropathischer Schmerz

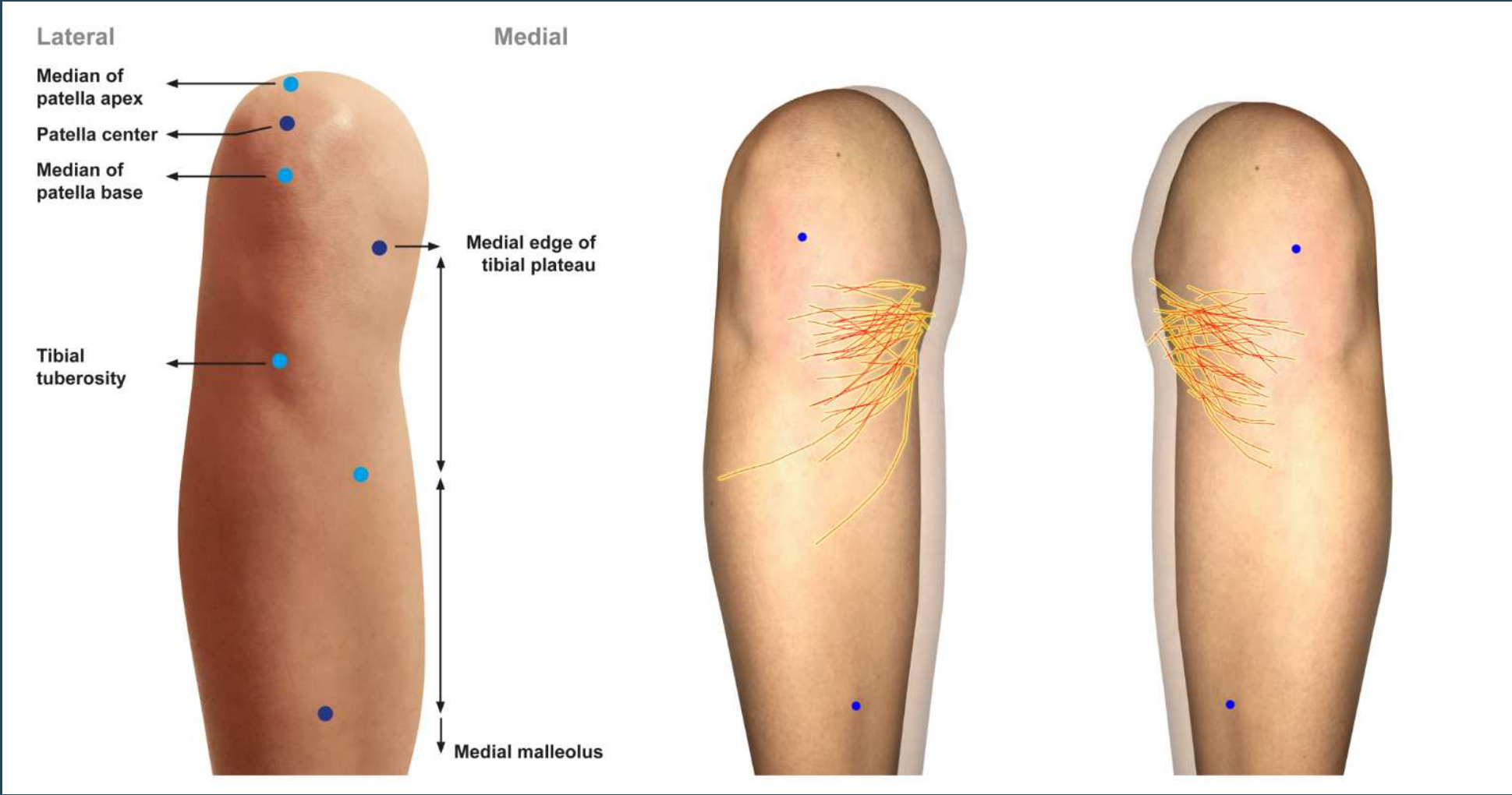
St.p. VKB-Plastik



5-10%

1. Kehlet H. et al., Lancet 2006;367:1618–25.
2. Buvanendran A et al., Anesth Analg 2010;110:199–207.
3. Lundblad H et al., J Bone Joint Surg Br 2008;90:166–71.
4. Bourne RB et al., Clin Orthop Relat Res 468:57–63
5. GD Rajitha Gunaratne et al., PII: S0883-5403(17)30619-8





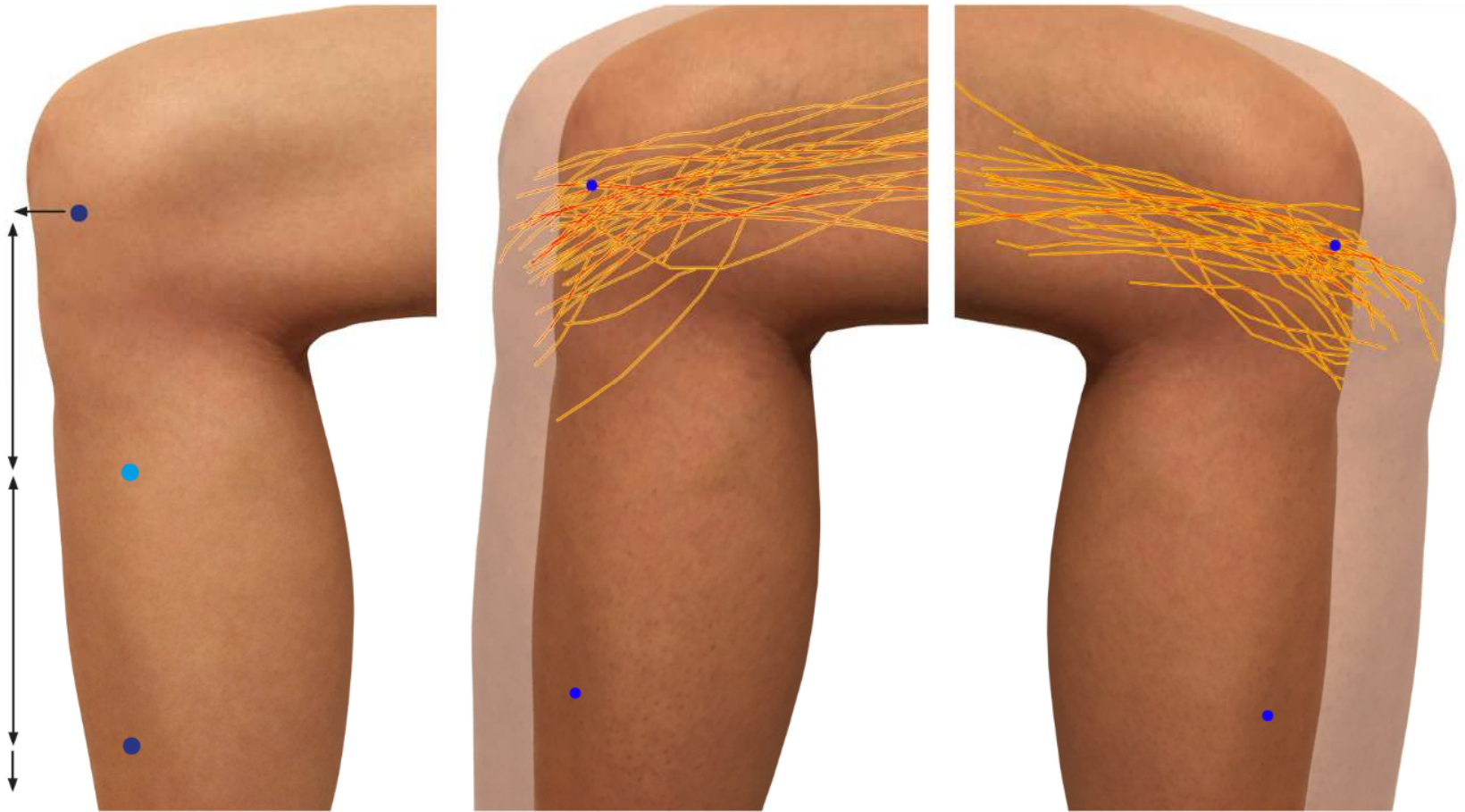
Anterior

Posterior

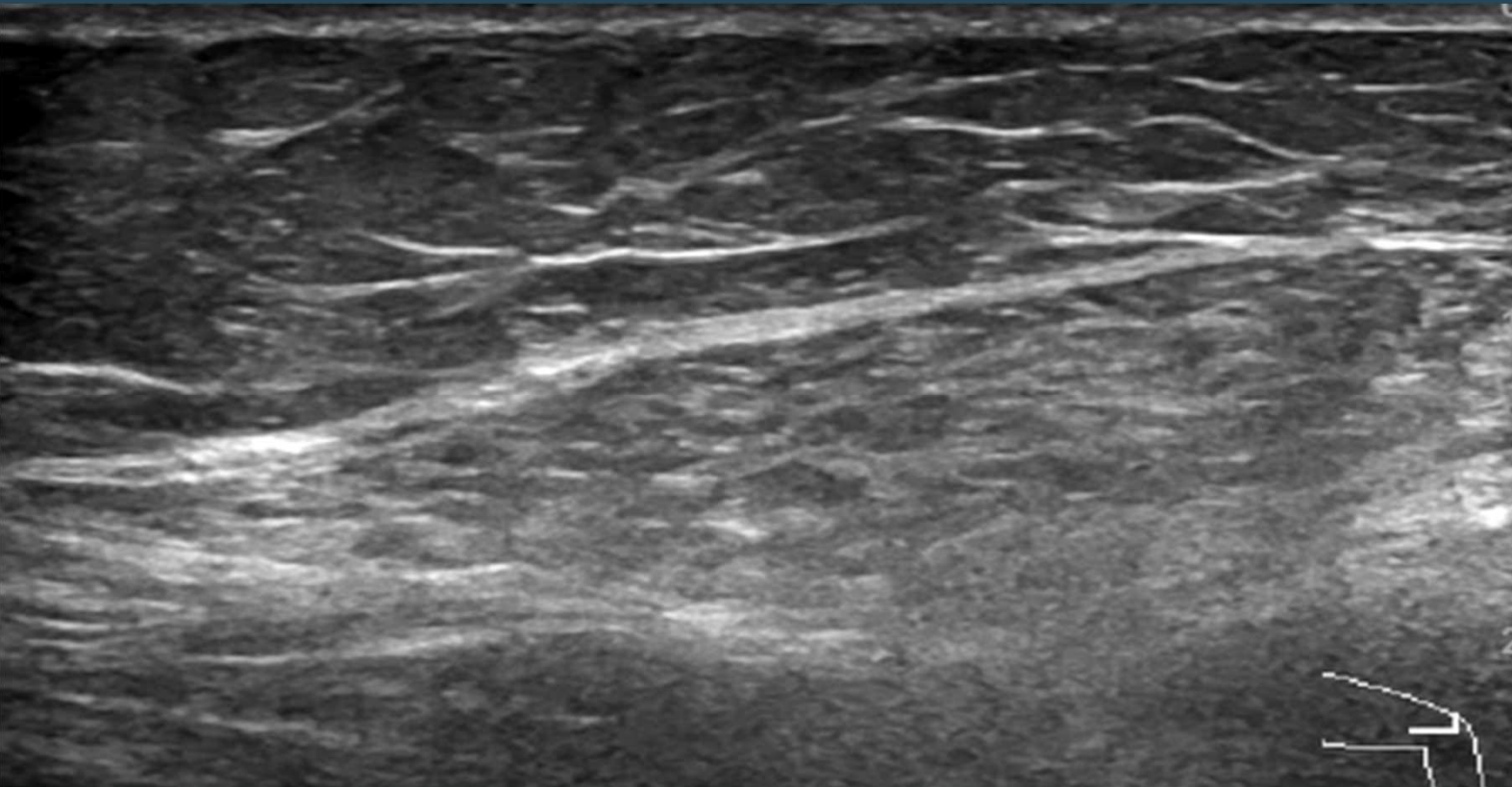
Crossing point

Medial tibial plateau & Medial femoral plateau

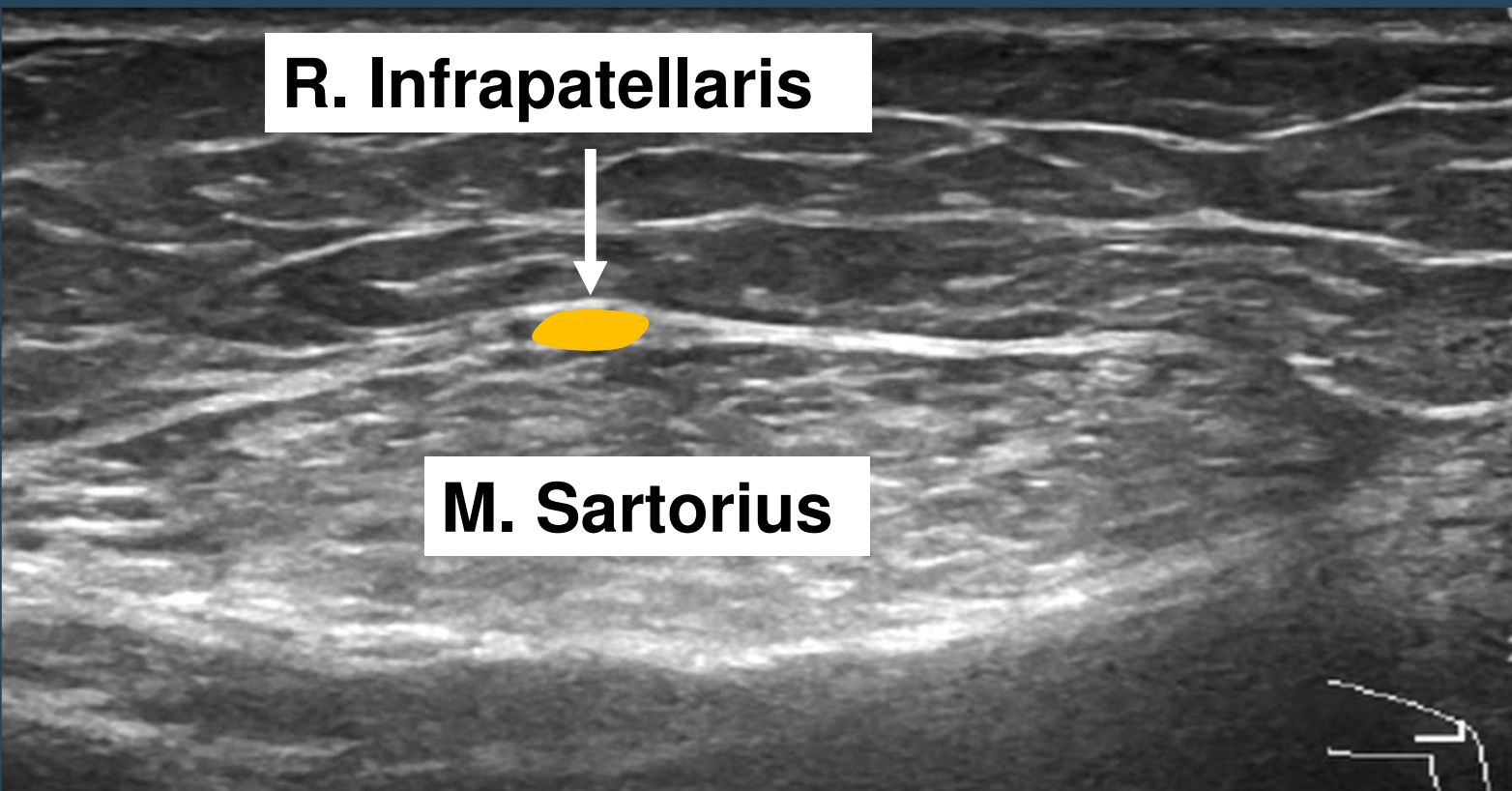
Medial malleolus



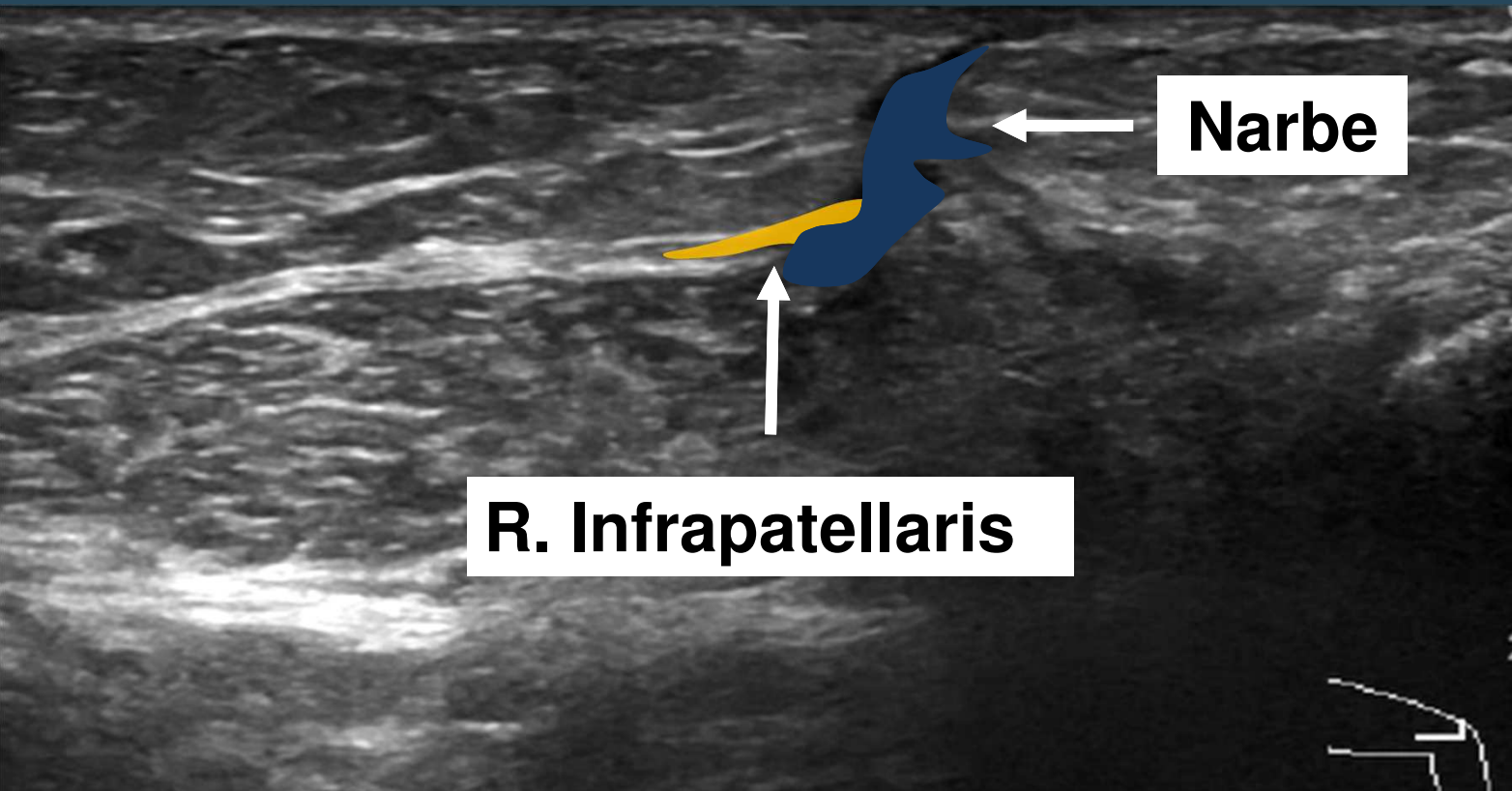
Diagnose – Morphologie



Diagnose – Morphologie

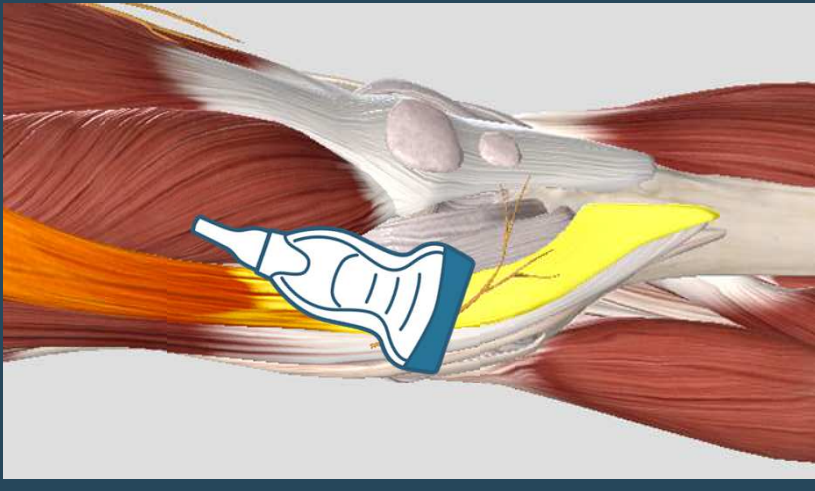
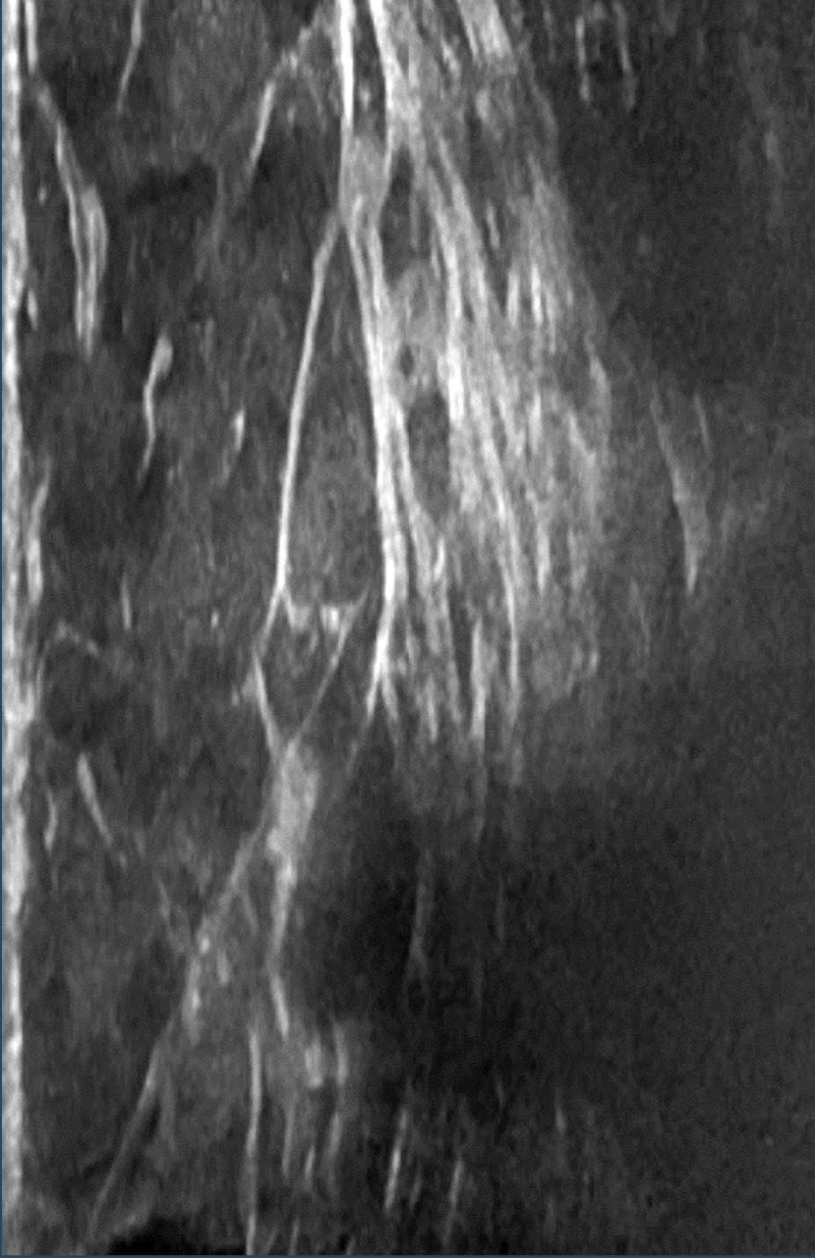


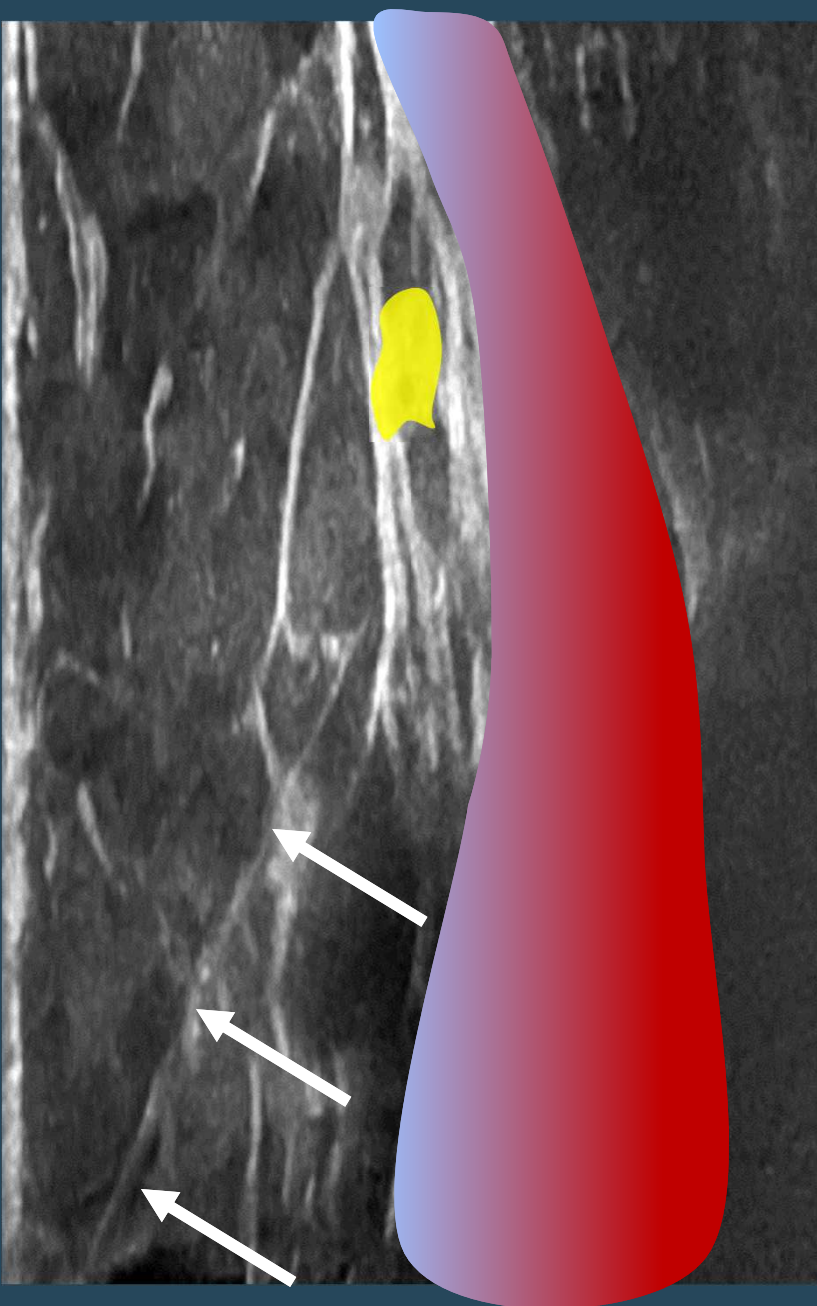
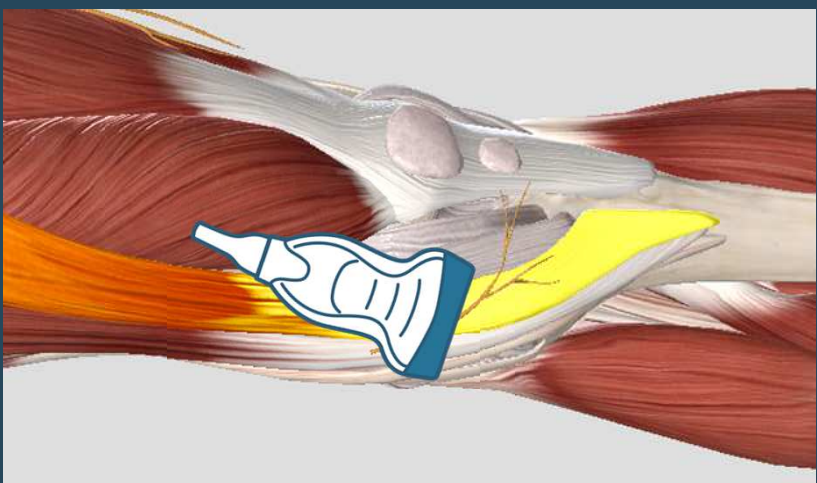
Diagnose – Morphologie

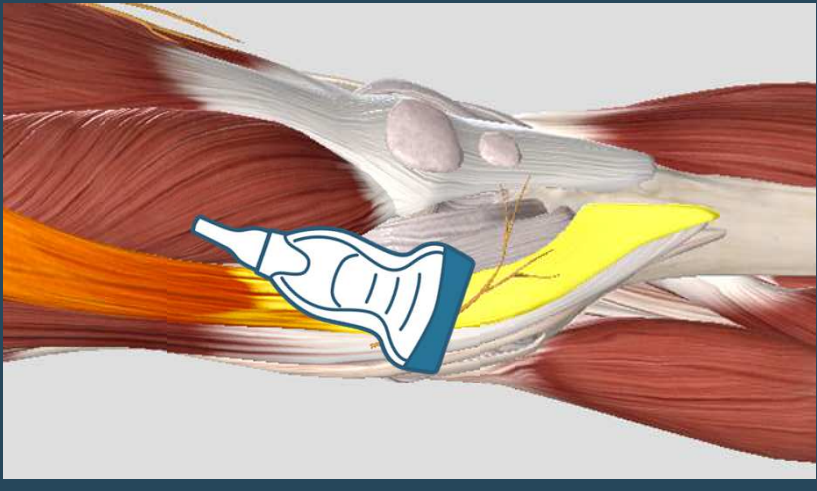
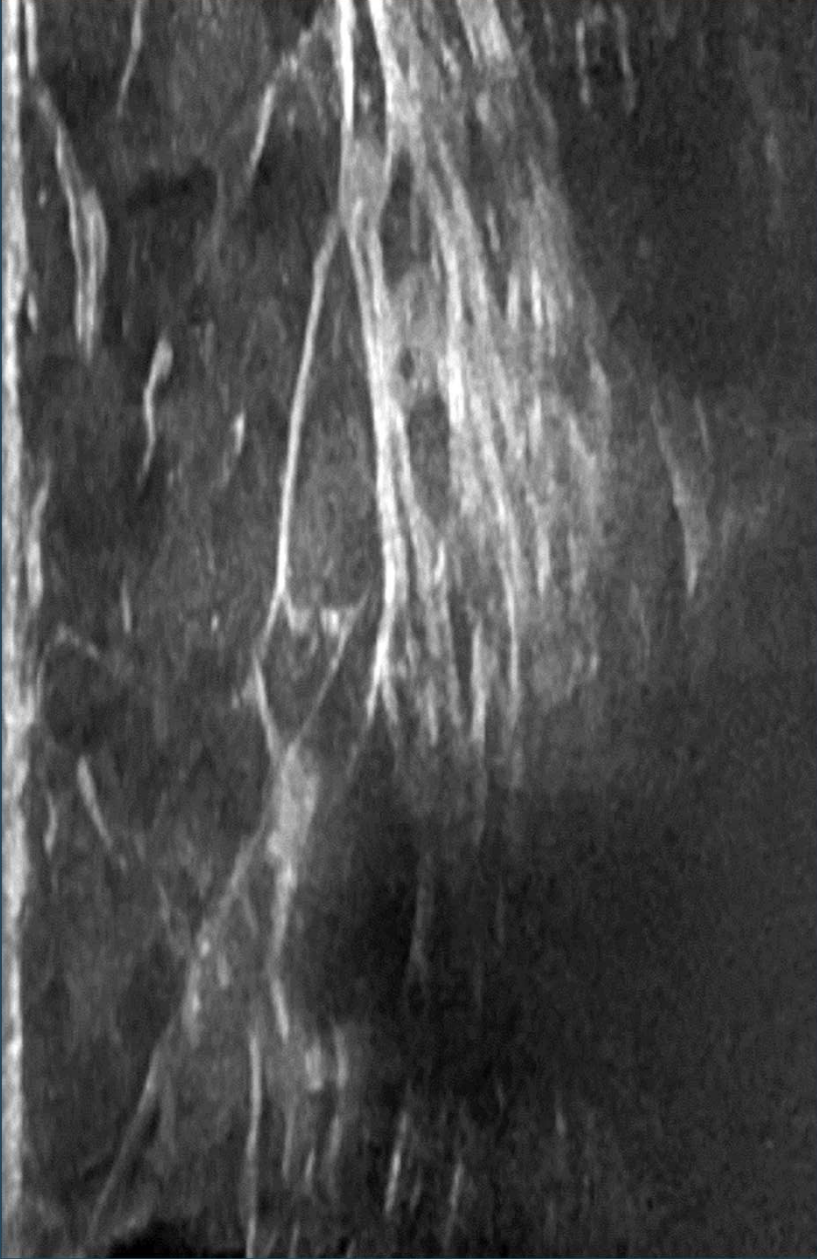


The image features a dark blue background with a target on the right side. The target consists of three concentric circles: an outermost dark grey ring, a middle white ring, and a central green oval bullseye. A large grey arrow with green fletching is shown in flight, pointing directly at the green bullseye. Three smaller grey arrows with dark grey fletching are shown in flight, pointing towards the target but missing the bullseye, hitting the white and grey rings instead. The text 'Ultraschall-gezielte Intervention' is centered horizontally below the large arrow.

Ultraschall-gezielte Intervention



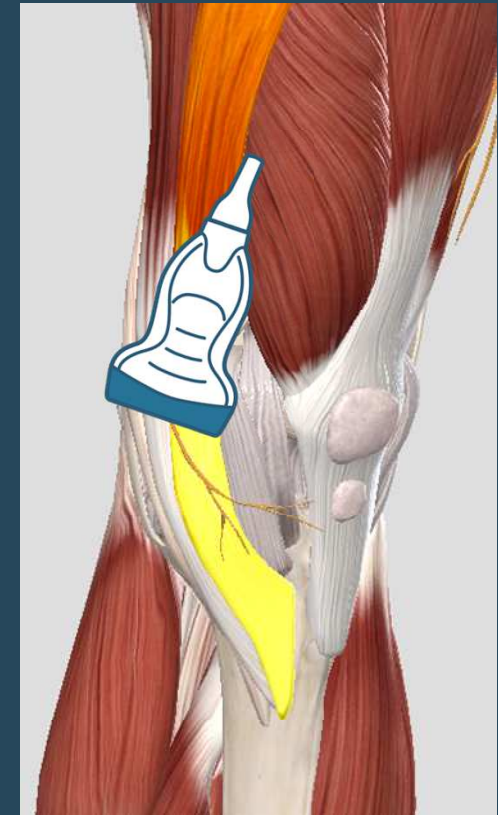
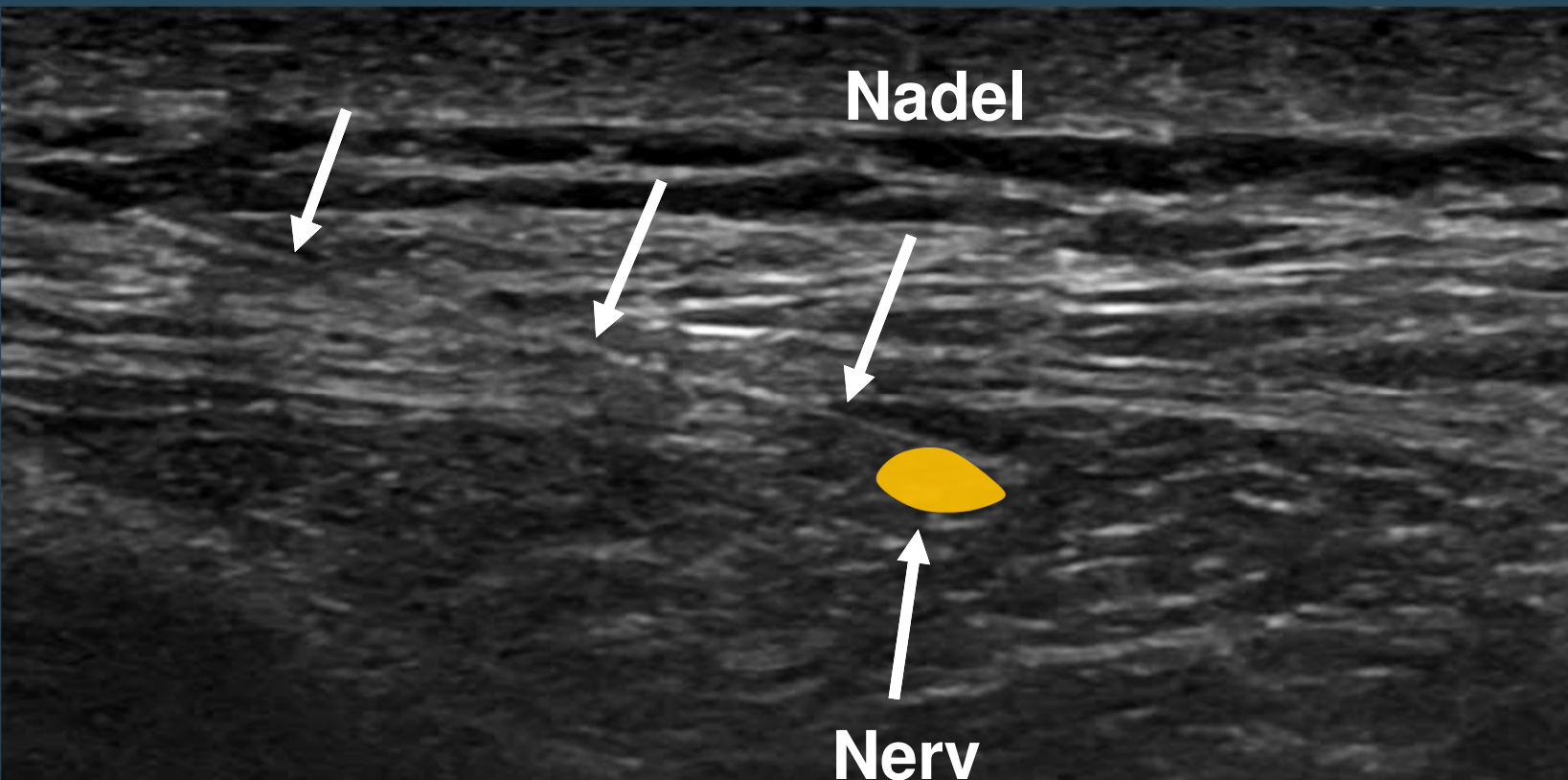




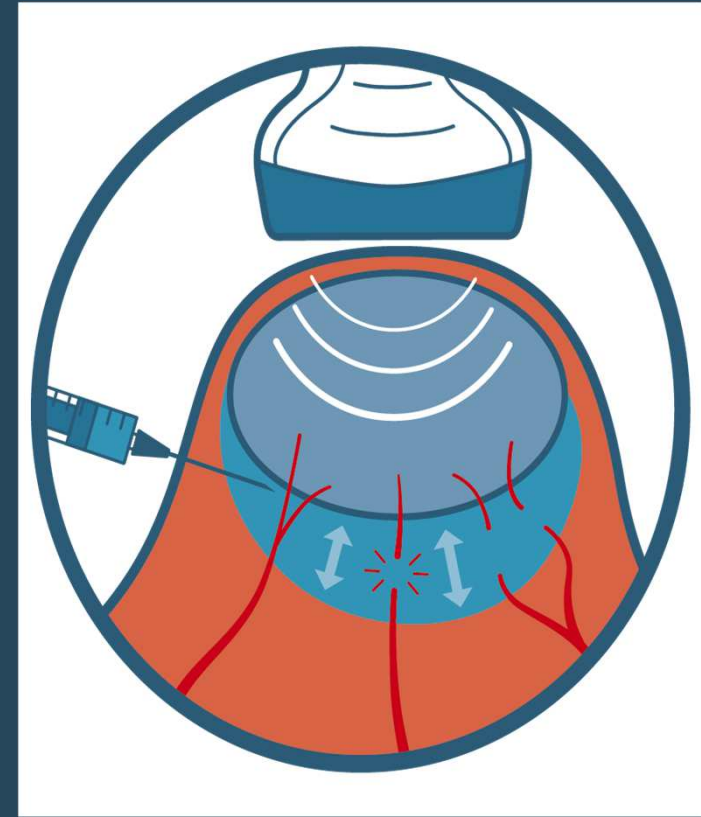
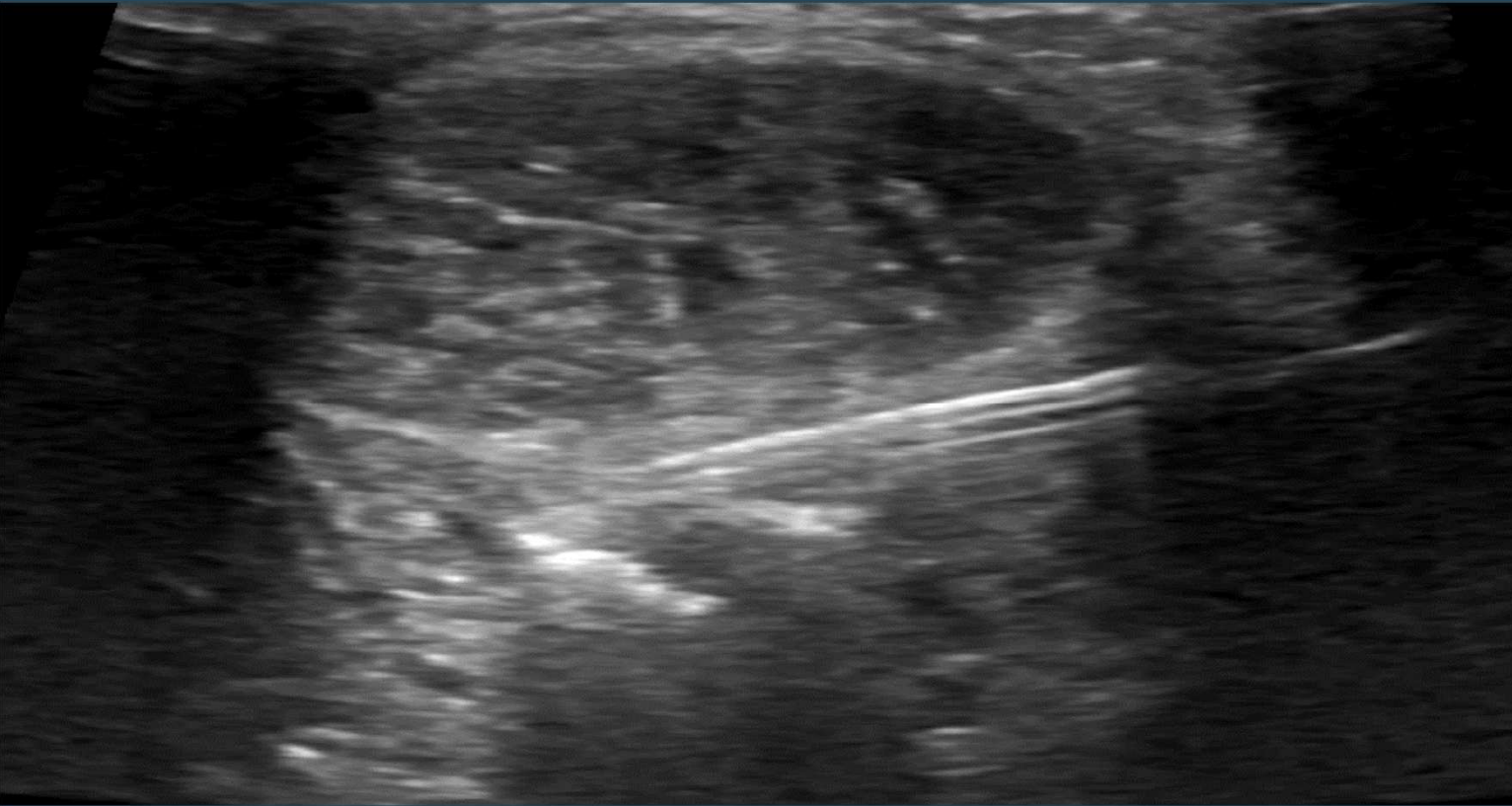
Thérapie?



Radiofrequenz - Ablation



Achillessehnen - Hydrodissektion





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Consensus statement

Imaging with ultrasound in physical therapy: What is the PT's scope of practice? A competency-based educational model and training recommendations

Jackie L Whittaker,¹ Richard Ellis,² Paul William Hodges,³ Cliona OSullivan,⁴
Julie Hides,⁵ Samuel Fernandez-Carnero,⁶ Jose Luis Arias-Buria,⁷ Deydre S Teyhen,⁸
Maria J Stokes⁹

+92%

2017: 101000 MRT (Wien)

2018: 193000 MRT (Wien)

Folgen früher Bildgebung (MRT <30 Tage nach Beschwerdebeginn) in 3264 Rückenschmerz- Fällen

Nach zwei Jahren: Frühes MRT vs kein MRT

Arbeits-
unfähigkeit:
134 vs 23 Tage

Operationen:
22,0% VS 0,8%

Schmerz-
medikation:
528 vs 341 mg

Länge der Arbeitsunfähigkeit/Invalidität: x 3.0



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