TITLE (USE VL CAPITAL LETTERS)

ADVANCED ULTRASONIC DIAGNOSIS OF

Source of Acquisition NASA Johnson Space Center EXTREMITY TRAUMA: THE FASTER EXAM

AUTHORS & INSTITUTION

SA Dulchavsky, MD,PhD^{†‡}; SE Henry, MD[†]; BR Moed, MD[†]; LN Diebel, MD[†]; T Marshburn, MD [‡]; DR Hamilton, MD,PhD[‡]; J Logan MD [‡]; AW Kirkpatrick, MD[‡]; DR Williams, MD[‡]; †Wayne State University, Detroit,MI; *NASA Johnson Space Center, Houston,TX, †Wyle Laboratories, Houston,TX, †Vancouver General Hosp., Vancouver,BC

CHECK APPROPRIATE BOX

ABSTRACTS MUST CONFORM TO INSTRUCTIONS ON BACK SIDE OF THIS FORM

On a suit and your abstract to be considered for:

_ c ___ setatore anly

E a fact all or poster

CHECK ONE APPROPRIATE CATEGORY

■ € cramity fractures, Hand (1)

- LI Set Tasue, Eye, Head & Neck (2)
- 1 7-1-3:0 31
- Talanta Apparental A
- _1 \ aac , ar (5)
- ☐ Gentourinary (6)
- ☐ Neurological (7)
- (3) Education (8)
- A Pravention/Epidemiology (9)
- ☐ Trauma Systems (10)
- ☐ Socioeconomic, Ethics (11)

CRITICAL CARE

- ☐ Infection & Sepsis (13)
- ☐ Shope Transfusions (14)
- Card spulmonary (15)
- ☐ Nutrion/GI (16)
- [] Burns (17)

FIRST NAMED AUTHOR IS:

- M AAST Fellow
- AAST New Member
- Past Resident Fellow
- ☐ Resident
- Medical Student
- ☐ Non-44ST Member
 - with EAST Co-Author/Sponsor

Introduction: Ultrasound is of proxen accuracy in abdominal and thoracic trauma and may be useful to diagnose extremity injury in situations where radiography is not available such as military and space applications. We prospectively evaluated the utility of extremity ultrasound performed by trained, non-physician personnel in patients with extremity trauma to simulate remote aerospace or military applications.

Methods: Patients with extremity trauma were identified by history, physical examination, and radiographic studies. Ultrasound examination was performed bilaterally by non-physician personnel with a portable ultrasound device using a 10-5 MHz linear probe. Images were video-recorded for later analysis against radiography by Fisher's exact test.

Results: There were 158 examinations performed in 95 patients.

	Forearm/Humerus	Tibia/Fibula	Femur	Hand/Foot	Soft-Tissue
True (+)	12	15	5	4	9
True (-)	22	18	20	25	18
False (+)	0	0	0	0	. 0
False (-)	1	3	1	4	1

The average time of examination was 4 minutes. Ultrasound accurately diagnosed extremity injury in 94% of patients with no false positive exams; accuracy was greater in mid-shaft locations and least in the metacarpal/metatarsals. Soft tissue/tendon injury was readily visualized.

Conclusions: Extremity ultrasound can be performed quickly and accurately by non-physician personnel with excellent accuracy. Blinded verification of the utility of ultrasound in patients with extremity injury should be done to determine if Extremity and Respiratory evaluation should be added to the FAST examination (the FASTER exam) and to verify the technique in remote locations such as military and aerospace applications.

ADDRESS CORRESPONDENCE TO:

Dept. of Surgery Scott A. Dulchavsky, M.D., Ph.D. Wayne State University 4201 St. Antoine Institution (313) 745-2965 (313) 745-1350Detroit, MI 48201 City State Zip Code Phone Fax e-mail address