

Diagnostic Ultrasound in Podiatry Applications

The Misunderstanding:

Insurance carriers are displaying of late a clear misapprehension of the indisputable value diagnostic ultrasound brings to a podiatrist in his examination of the foot and ankle. While ultrasound is the *clear diagnostic counterpart to X-ray*, providing the visualization of soft tissue as opposed to bone, and while hundreds of podiatrists across the country are using ultrasound to great advantage in their treatment of their patients every day (and have been for decades), the misunderstanding continues, and appears to arise from the mistaken assumption that diagnostic ultrasound in the examination of musculoskeletal disorders is somehow still “experimental, investigational, and unproven.” Nothing could be further from the truth, however, and the documented evidence behind the valuable use of diagnostic ultrasound in podiatry applications is extensive. It is a subject being taught in colleges and is covered in extraordinary detail in such works as *The Atlas of Foot and Ankle Sonography*, by Adler, Sofka, and Positano, and *Ultrasound of the Musculoskeletal System*, by Bianchi and Martinoli, *Musculoskeletal Ultrasound of the Foot and Ankle*, by Cozzarelli and Thapar, and many other similar works of great depth and reputation.

Denying Podiatrists the Use of Ultrasound is Clearly Prejudicial:

Even leaving aside the fact that orthopedic hand and wrist doctors, shoulder and knee doctors, are not running into any kind of obstructions in their insurance billing for musculoskeletal ultrasound (performing the same kinds of procedures, and using the same CPT codes as podiatrists), it remains that, in spite of any claims to the contrary made by any insurance carrier, *diagnostic ultrasound provides clear and fully justifiable information of exceptional value to a podiatrist in his ability to make critical distinctions in soft-tissue pathologies of the foot and ankle, which information contributes greatly to his ability to best prescribe (and monitor the progress of) the best treatments for his patients.*

Denying a podiatrist the right to make use of this acknowledged valuable modality is not only *highly prejudicial*, but entirely unwarranted and unjustifiable in light of the clear value ultrasound has been regularly demonstrated to provide in podiatric examinations and procedures.

Justification of the Clear Clinical Value of Diagnostic Ultrasound in Podiatry:

- Accurate examination and measurement of the plantar fascia to indicate inflammation, ruptures, hematoma, etc., in part to definitively distinguish between plantar fasciitis and plantar fasciosis, a plantar fibroma, a heel spur, or other heel pad injuries (each of which requiring its own individual course of treatment).
- Clear examination of the Achilles and PT Tendons, ascertaining the extent of tears and ruptures and varying degrees of tendonitis, periarticular swelling, etc.
- Critical differentiation between neuromas and capsulitis (very similar in location and symptomatic effects, but distinctly different and verifiable under ultrasound examination).
- Clear distinction between assorted soft tissue tumors, requiring varying protocols in treatment (e.g., a fibroma and its hyperechoic septa as opposed to a ganglion cyst or hematoma, which appear hypoechoic under ultrasound investigation).
- Unmistakable clarification of the presence of foreign bodies often missed entirely under MRI and invisible to X-ray.
- Comprehensive evaluation of deep tissue trauma (as well as ulcers and lesions), where the trauma below the wound and any tunneling can be identified and monitored.

Justification of the Use of Diagnostic Ultrasound in Guided Injections:

- While the ultrasound-guidance of injections is only necessary in certain circumstances requiring greater precision, it remains that it *is extremely valuable* in those circumstances — which include but are not limited to: difficult targeted injections of the plantar fascia, the targeting of stump neuromas and multiloculated cysts, intra-articular injections, intra-lesional injections, biopsies of deep masses and abscesses, and the aspiration of fluid-filled masses not fully palpable. Only through live, ultrasound guidance can injections requiring this kind of precision, be delivered accurately. Without ultrasound guidance, such procedures are very often (literally) hit or miss.

Clear Financial Value to the Insurance Company:

- Far from costing the insurance companies *more*, the use of ultrasound actually *reduces* the expenses incurred by insurance carriers — largely by eliminating the need for so many costly MRI procedures, but also by providing the doctor with valuable information needed to best care for the patient and prescribe the best (and therefore fastest) treatment protocol. Certainly the faster the patient recovers, and fewer MRIs ordered, and fewer X-rays performed, the better it is for the patient as well as the insurance providers.
- In the end, ultrasound makes far more expensive MRIs generally unnecessary. Further, an MRI is not only more expensive, *it lacks the important distinction central to diagnostic ultrasound imaging: MRI is not live*. The doctor is given a frozen image, which may or may not prove helpful. Whereas the live ultrasonic imaging of the patient's foot provides critical information based on how things *move*, how, for example, a mass interacts with the tissue surrounding it, how a tendon reacts when flexed or released, etc. In a multitude of ways, the doctor gains far more information — immediately — with a live ultrasound, than he can hope to distinguish after the fact with a static MRI.

In Summary:

Diagnostic ultrasound, put simply, provides the podiatrist with the ability to *see* soft-tissue pathologies and trauma and make far clearer distinctions than possible otherwise. There is nothing “experimental” in the procedures. Such procedures are of clear value and well-documented as such, backed up by more than a decade of clinical application. For an insurance carrier (Blue Cross or otherwise) to single out podiatrists (not orthopedists, not hand doctors, not shoulder doctors, not MDs, not OBGYNs, but only podiatrists) and make the claim that, for no justifiable reason whatsoever, diagnostic ultrasound is to be excluded from podiatry practices — is not only arbitrary and grossly prejudicial, but altogether entirely without merit or justification.