



Depending on clinical presentation, exam may involve complete assessment of 1 of 4 quadrants described below or may be focused on specific structure

1. Anterior
 - Long and short images of humeroradial and humeroulnar joints
 - Long and short images of coronoid and radial fossa
 - Dynamically evaluate annular recess of neck of radius with forearm pronation and supination
 - Radial and median nerve if clinically warranted
 - Distal Biceps tendon attachment to radial bicipital tuberosity
 - Medial, lateral, and dorsal approaches may also be useful to evaluate distal biceps tendon
 - Evaluate for distal biceps attachment abnormalities or tendon tear
 - Evaluation of brachialis muscle and adjacent radial and brachial vessels if clinically warranted
2. Lateral
 - Common Extensor Tendon
 - Greater than 4.2 mm indicative of tendinosis
 - Lateral (Radial) Collateral Ligament
 - Dynamic testing with hand in pronation to supination to test integrity of RCL
 - Proximal attachments of extensor carpi radialis longus and brachioradialis
 - Radial nerve including its deep branch entering supinator muscle
3. Medial
 - Common Flexor Tendon
 - Evaluate for tendinosis
 - Ulnar Collateral Ligament
 - Dynamic test by adding valgus force to wrist with elbow slightly flexed to test integrity
 - Greater than 2 mm distance between medial epicondyle and ulna indicative of UCL abnormality
 - Ulnar Nerve
 - Ulnar nerve in cubital tunnel between olecranon process and medial epicondyle
 - Max cross-sectional area 10 mm²
 - Dynamic imaging with elbow in flexion and extension to test for subluxation
4. Posterior
 - Triceps tendon
 - Posterior joint space
 - Olecranon fossa and fat pad
 - Olecranon bursa

INDICATIONS	DATE/TIME	
	SONOGRAPHER	

		Additional Findings/Limitations
Anterior	Joint Space <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
	Distal Biceps Tendon <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Lateral	CET <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
	RCL <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Medial	CFT <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
	UCL <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Ulnar Nerve/ Cubital Tunnel	_____ mm ²	
	Dynamic <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Posterior	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	

Comments

SONOGRAPHER CONFIRMATION: My signature confirms that instructions have been provided to the conscious patient regarding this exam, that US utilizes sound waves rather than ionizing radiation, and that coupling gel is used to improve the quality of the exam.

Sonographer's Signature

FMC	KMC	CMC	TMC	NHSC	Name / MR # / Label
KIC	MIC	PI	TI		
MFP	SFP	Other			
US Elbow Worksheet					