Rad to Rad Learning: Olecranon Bursitis

The Radiology Partners (RP) MSK National Subspecialty Division (NSD) presents our newest Rad to Rad Learning case.



Peer Learning Opportunity

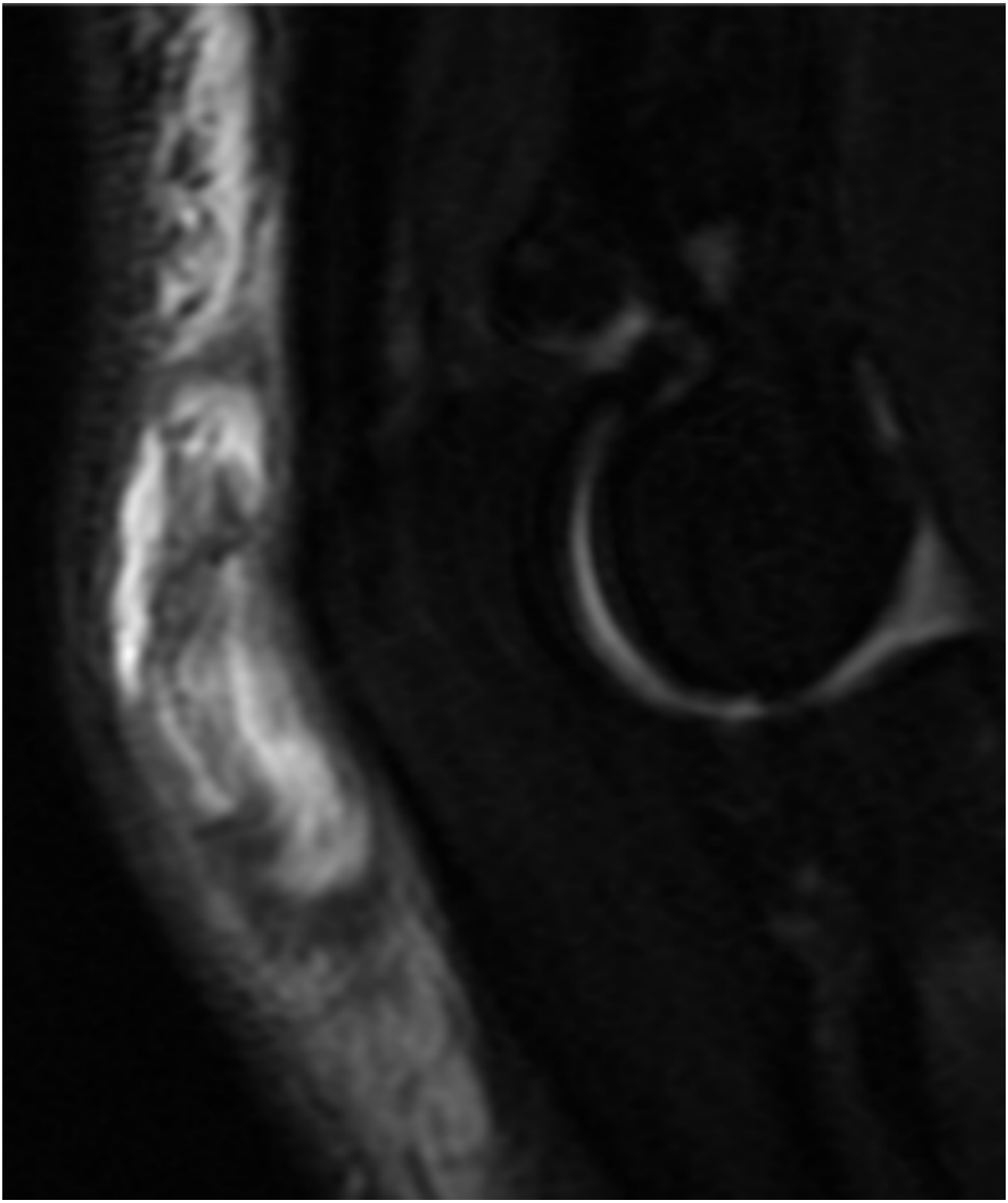
Is this soft tissue swelling?

Septic bursitis is less common but often requires immediate medical attention.





1/3 of all olecranon bursitis cases are septic.



Practical Insights

- Sequalae of untreated septic bursitis, if untreated, can lead to pyomyositis, septic

arthritis, or osteomyelitis.

- **Include in differential for soft tissue swelling over olecranon.**
- **Inflammatory conditions associated with olecranon bursitis (CPPD, gout, RA).**
- **Trauma (prone to injury with superficial location).**

Takeaway: One of the few MSK soft tissue diagnoses identified by x-ray.

*Shared to improve patient safety and healthcare delivery in the provision of radiology services. The circumstances and facts are changed, altered, or deidentified to preserve confidentiality. Privileges have not been waived.*The MSK Radiology National Subspecialty Division (NSD) is part of RP's Clinical Value Team, which works to elevate patient care and enhance value through innovation, collaboration and education. To advance this goal, our radiologists and advanced practice providers are committed to sharing peer learning as valuable reminders and insights about what we encounter in our day-to-day practice. Check back here and on X, LinkedIn and Instagram to see these common cases and our findings.

Visit the Clinical Resources page for more cases and to see what we've developed to enhance best practice recommendations, elevate image quality and patient care and update current standards throughout RP's network of practices, all to deliver excellent radiology services to patients, referring clinicians and client partners.

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Rad to Rad Learning: Osteomyelitis

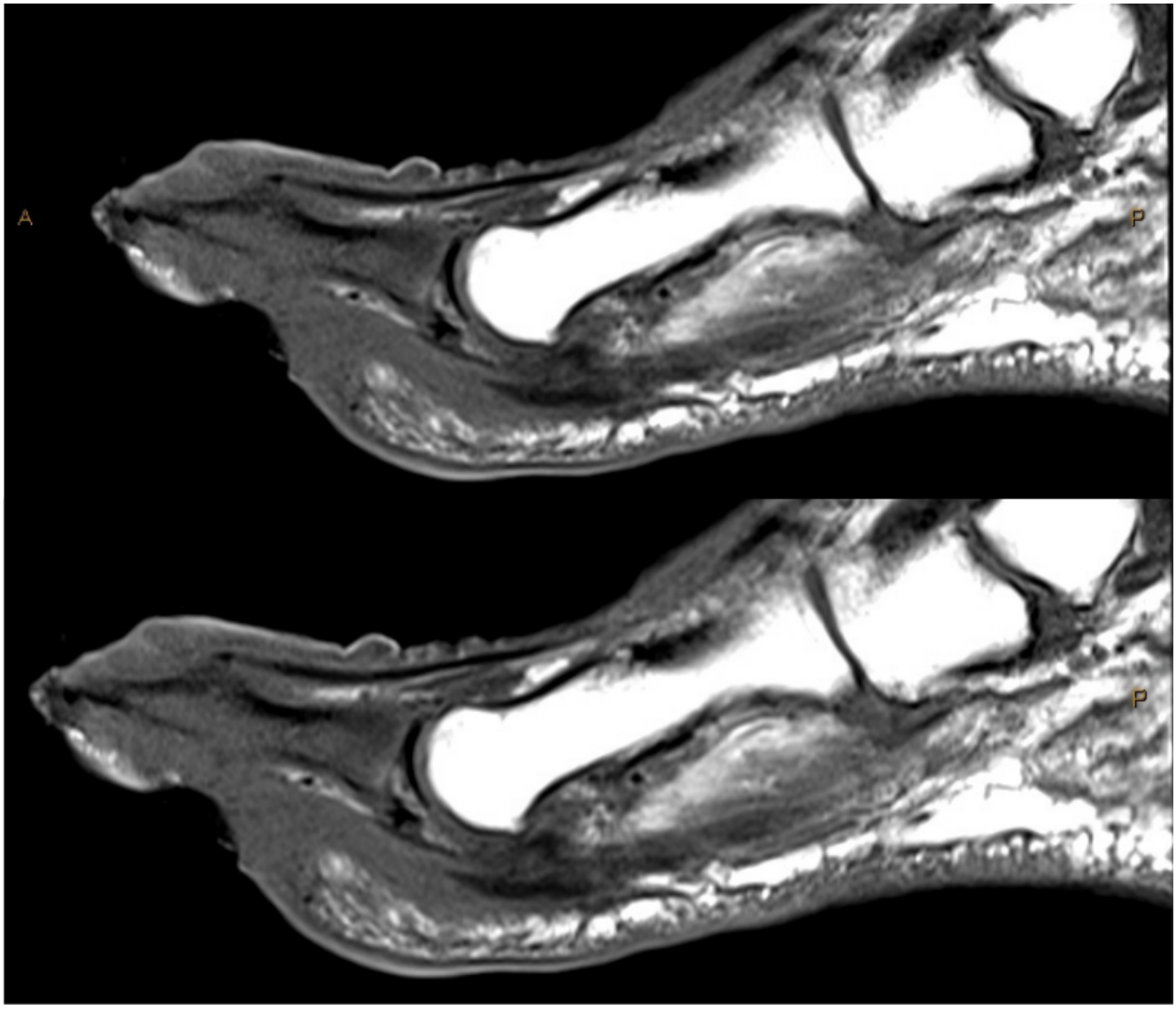
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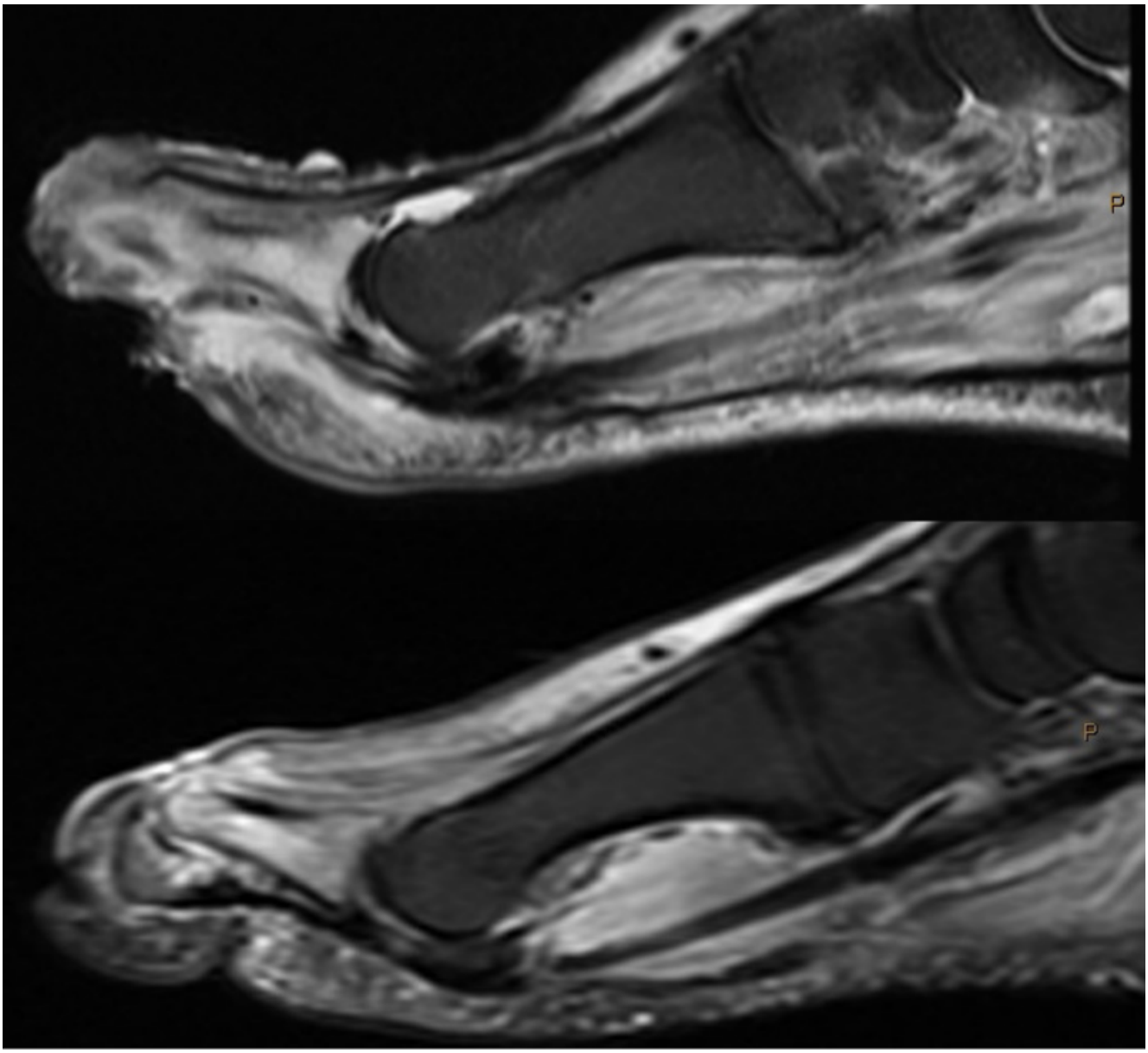
Peer Learning Opportunity

T1 marrow replacement is not necessary to diagnose osteomyelitis in the presence of subjacent ulcers.

T1 signal is darker than muscle (marrow replacement).



T2 edema signal.



Practical Insights

- Bone marrow edema signal with T1 marrow replacement is consistent with osteomyelitis.

Bone marrow edema signal without T1 marrow replacement with adjacent ulcer, abscess, or sinus tract indicates "high likelihood of osteomyelitis".

🔔 Takeaway: Osteo – likely no contrast needed.

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Rad to Rad Learning: Osteoid Osteoma

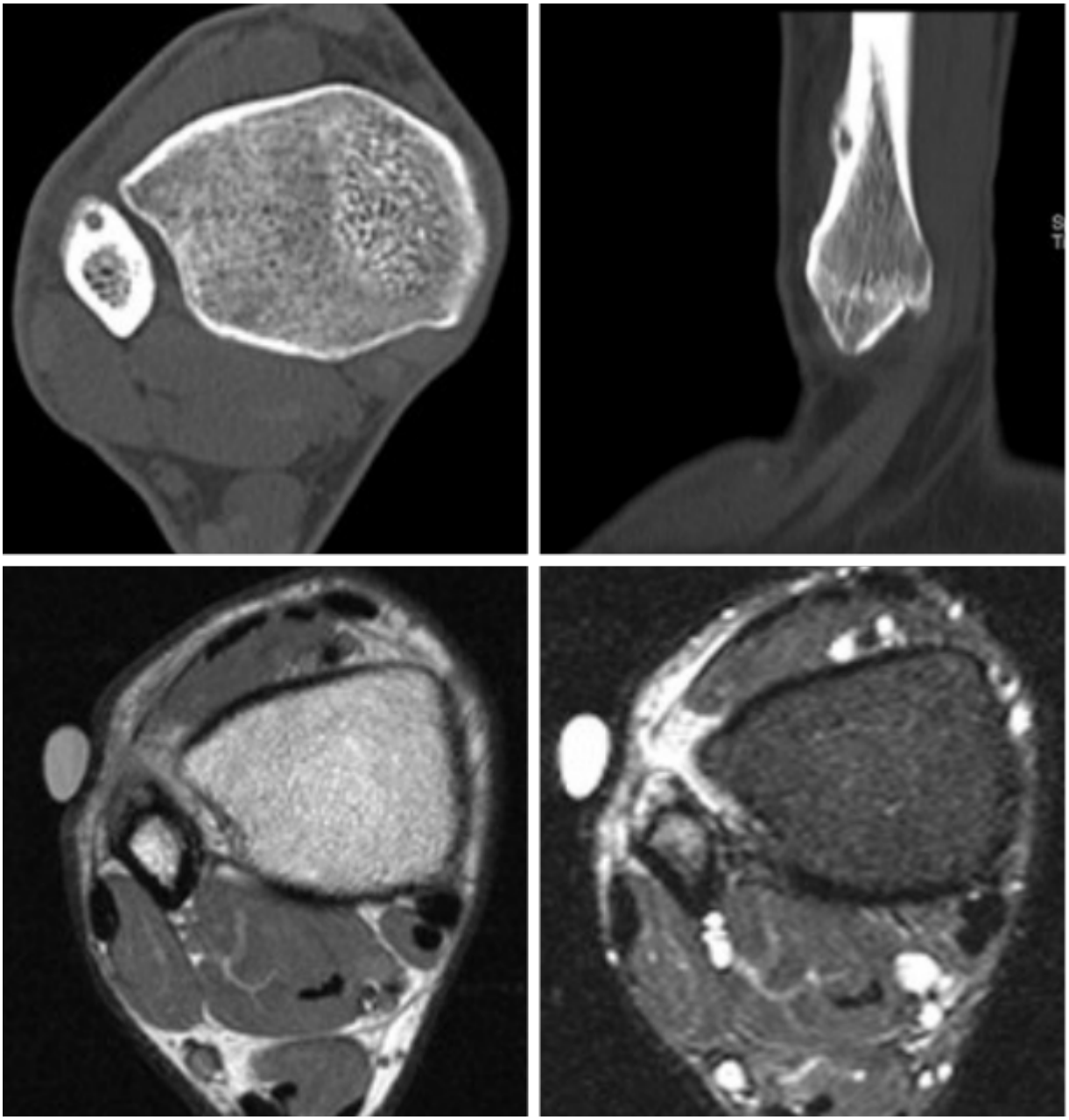
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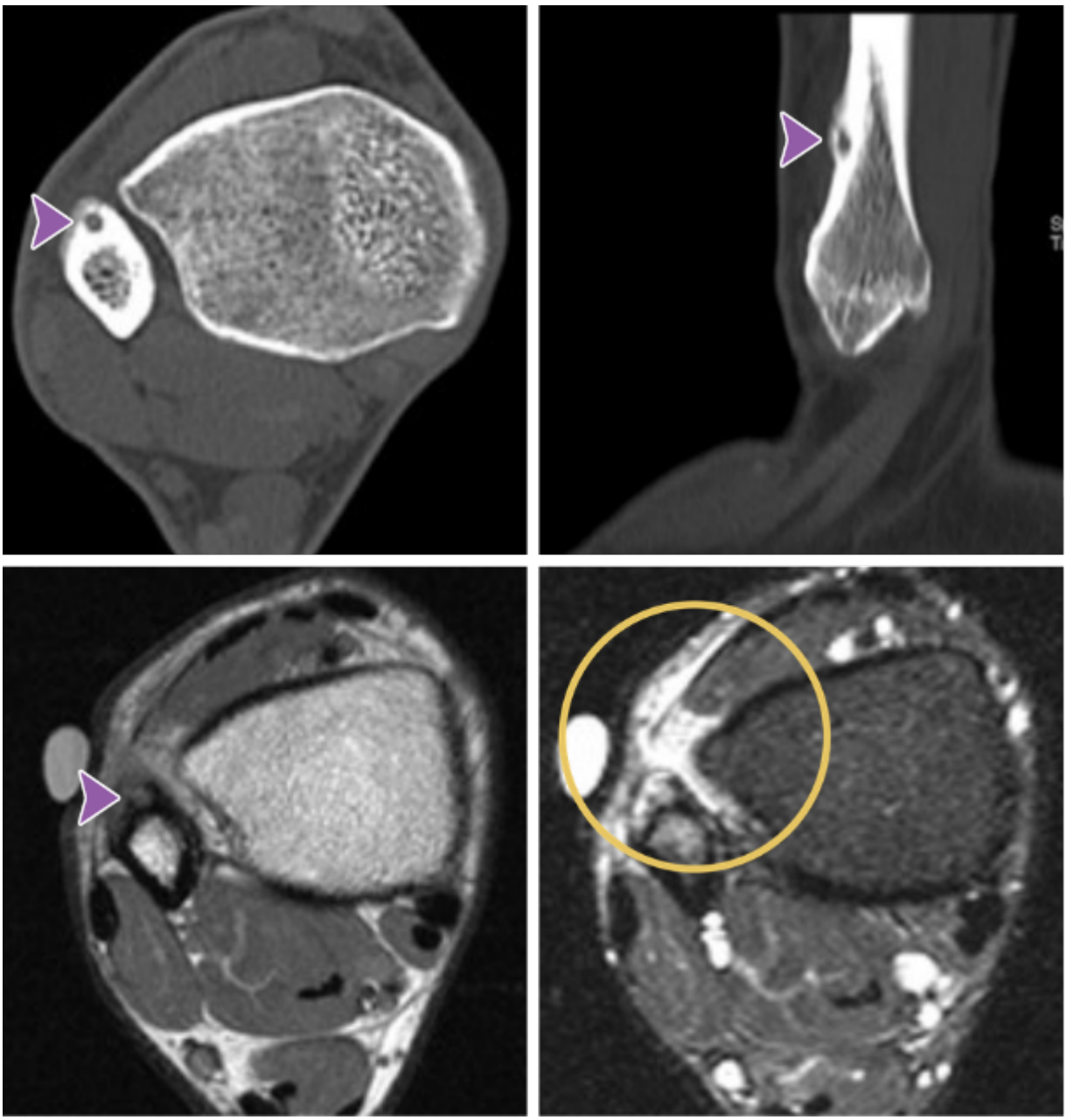
Rad Learning case.

Peer Learning Opportunity

Common benign bone tumors in young adults and adolescents are painful and can be radiographically occult.

Osteoid Osteoma





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Practical Insights

- **Cortical thickening in a young adult or**

adolescent should be on your differential.

- **More common in males.**
- **Treatment may include ablation.**
- **Look for small radiolucent nidus <2cm.**
- **Differential diagnosis should include stress fracture and infection.**
- **Presents with night pain relieved by NSAIDs.**

Takeaway: To confirm diagnosis, get a CT!

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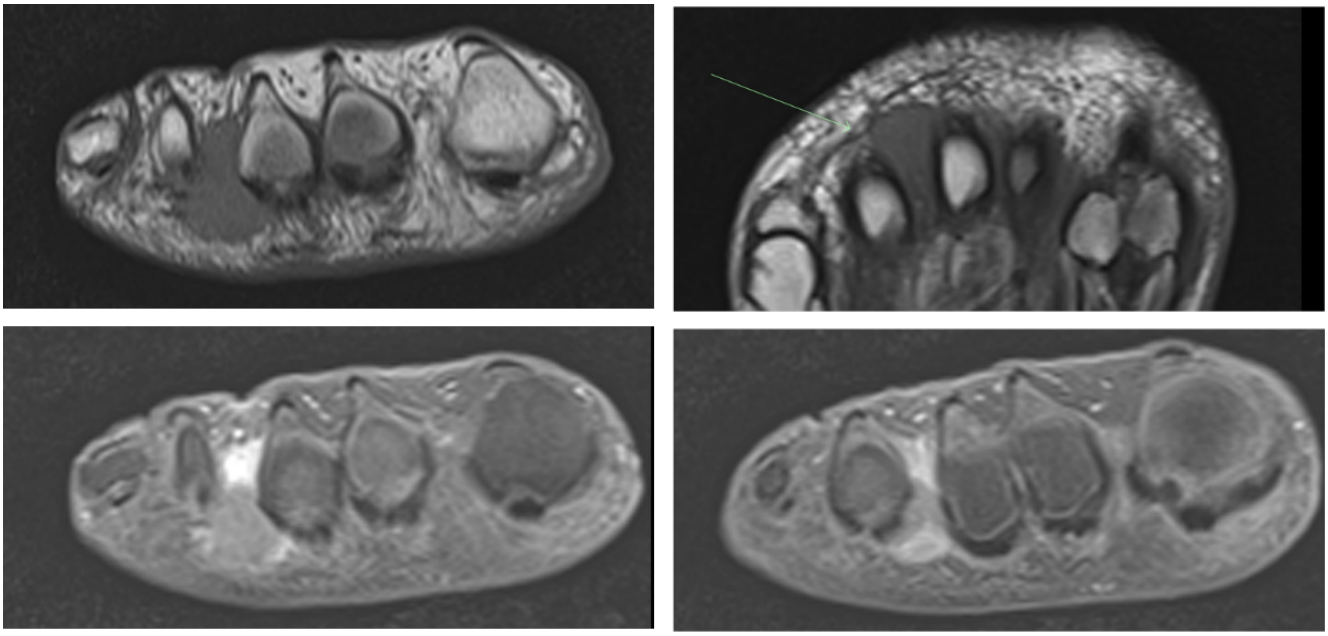
Rad to Rad Learning: Morton's Neuroma

The Radiology Partners (RP) MSK National Subspecialty Division (NSD) presents our newest Rad to Rad Learning case.

Peer Learning Opportunity

This finding represents a compressive neuropathy of the interdigital nerve primarily in the 2nd and 3rd intermetatarsal spaces.

Morton’s Neuroma



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Practical Insights

- **Presents with radiating pain, throbbing, numbness, and burning from the webspace into the toes. (Walking on marbles.)**
- **Differential diagnosis: fracture, osteonecrosis, bursitis, synovial cyst.**

Can have concomitant intermetatarsal bursitis.

- **AKA Intermetatarsal perineural fibrosis.**

🔔 Takeaway: Common cause of forefoot pain – best seen on T1 weighted sequences.

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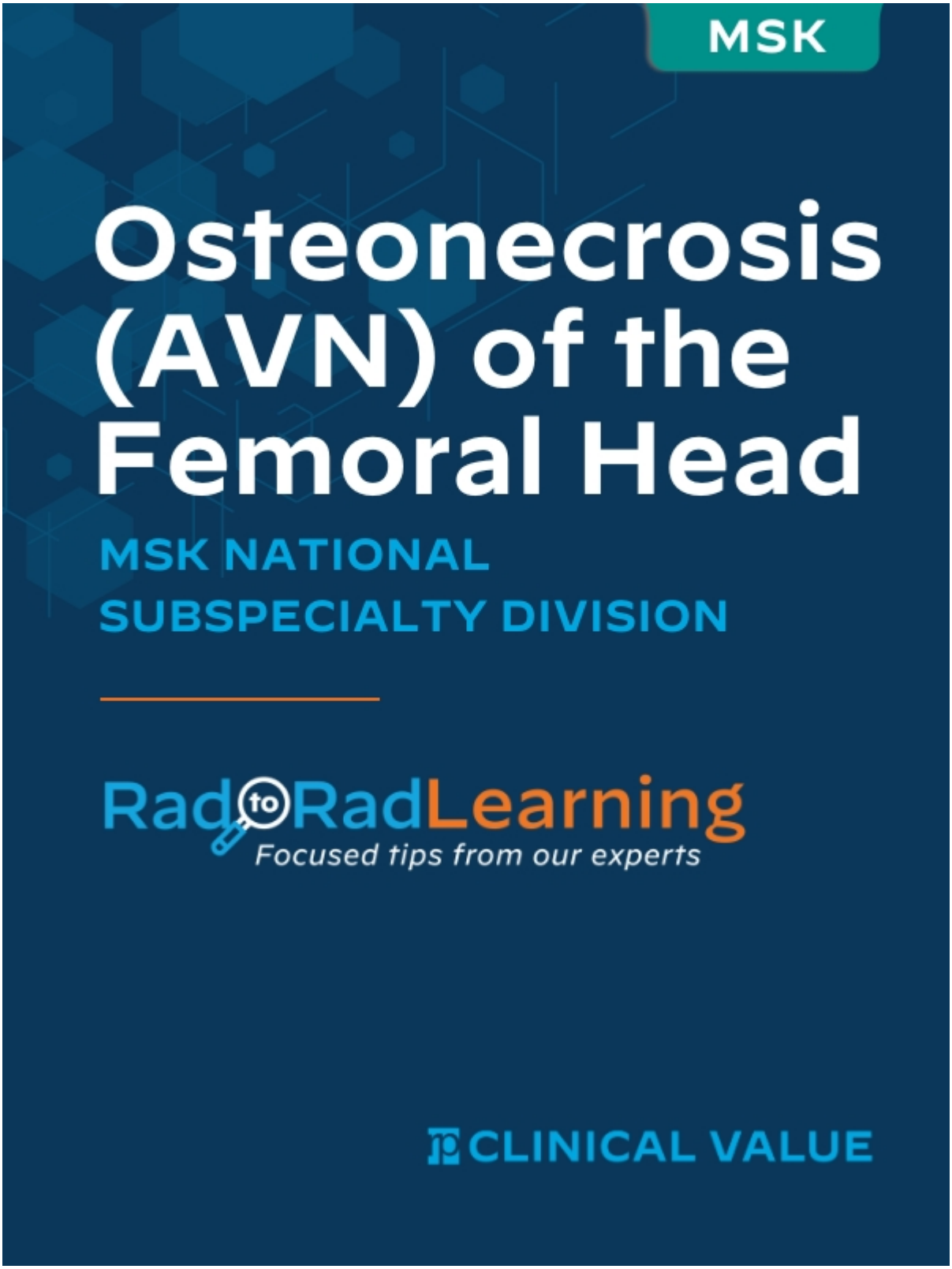
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Rad to Rad Learning: Osteonecrosis (AVN) of the Femoral Head

The Radiology Partners (RP) Musculoskeletal Radiology (MSK) National Subspecialty Division presents our newest Rad to Rad Learning case.

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Why RP? A Q&A with Dr. Josh Heck, Musculoskeletal Radiologist

Dr. Heck shares how RP's expansive network of practices provides a unique opportunity for RP radiologists to collaborate with subspecialty experts nationwide and gain insights from local practices about healthcare delivery in their communities.

Dr. Josh Heck is a musculoskeletal radiologist and president of Radiology Alliance in Nashville, Tenn. As chair of the Presidents Council at Radiology Partners, Dr. Heck assists in leading the group of presidents across RP-affiliated practices

in their efforts to drive quality, support clinical value and represent their radiologists' perspective towards advancing our practice. Outside of work, he enjoys reading, playing chess and tackling construction projects. He also serves as a youth group leader and coaches his children's sports teams. He joined RP in 2021.

We talked to Dr. Heck about the benefits of being part of a nationwide network and how RP is contributing to the future of radiology.

Tell us about why you chose radiology. What inspired you to become a radiologist?

Going into medical school, I wasn't sure what I would be. If you had asked me then, I probably would have gone into emergency medicine or orthopedic surgery, but throughout my training, I liked the breadth that radiology offered. It covers the full spectrum of medicine, and it sits in a central position within medicine at this point, so there are few patients that you don't see. The knowledge base is broad, meaning we see everything from infections to trauma to cancer. There's not really an aspect of medicine we don't interact with.

Did you have any specific experiences or individuals that influenced your decision to pursue radiology?

A lot of it was just interacting in medical school, running through the clinical services. We didn't get a ton of exposure to radiology in general, but going down into that dark room and seeing people looking at images to help make the diagnosis and the impact they had on the patient's care was probably one of the larger reasons I went into it. Being that "doctor's

doctor," where you're consulting with the clinician and making a difference on the treatment plan.

What drew you to musculoskeletal radiology?

I would say I'm trained formally in musculoskeletal radiology – that's what I did my fellowship in – but I spend about half my time doing women's imaging. With MSK, it had a lot to do with my predisposition to emergency medicine and orthopedic surgery. I liked the bones. Our environment had a lot of good teachers where I trained, so some of it was the culture and the people I met within the MSK reading room, and then some of it was the pathology that affects this patient.

What excites you about RP?

The vision and the future of what radiology looks like. It's exciting to be part of a practice really focused on providing high-quality care to our patients and excellent radiology services to our client partners, all while examining how we can address the shortage of radiologists and still make an impact as a specialty.

What is most fulfilling about working as a radiologist for RP?

As a radiologist with RP, you have access to a lot of radiologists and experts, as well as the support of a large organization. If we don't know something, there is somebody within RP that does. I frequently reach out to members across the organization nationally to get those answers, so it's being able to get in touch with experts pretty quickly. That's been a huge educational benefit to me.

What does the future of radiology look like to you?

For me, when I sit down and think about what I want radiology to look like in five years, I think the tools and programs we are continuing to use and launch are a big component of that. Locally at our practice, we talk about making it easier for radiologists to do their job well – removing all the barriers. All radiologists want to do a good job and take care of patients. That is harder than most people realize, whether it's access to information, IT systems working well or knowing that there are guidelines. I look forward to having the ability to open a study, look at it, come up with a diagnosis, trust those recommendations and feel confident I'm not missing something. It's easier to do than it's ever been. My vision is that radiologists can do their jobs very well with evidence-based guidelines, and in a way, that takes care of the patients in an efficient manner and satisfies the referring clinicians. The tools we're developing are what enable that.

How will RP contribute to you being able to help that vision you just described?

When I sit down and read a case right now and see a pulmonary nodule or renal cyst – previously, I would have to have a whole library of articles on my computer and reference them each time. It would take a long time and slow me down. Now, with the tools being developed, whether it's AI tools or best practice recommendations, it's all right there. As soon as I mention one of those things, that evidence-based recommendation is a click away. It makes it so much easier for me to make sure, one, that I remember to make the appropriate recommendation, and two, that I give the appropriate recommendation – and it's not slowing me down. Even with AI that is also helping me know I'm not missing things, now I have a second set of eyes that are looking at it with me. When

I sign off and say there are no rib fractures, my degree of confidence is much higher.

Tell us more about being a practice president and the role of the Presidents Council.

Being a practice president is an interesting role. You deal with a lot of things that practices deal with, such as clinical issues. You're still practicing as a radiologist for the most part and solving all the problems that arise in health care. I view my role as a practice president as reducing the red tape and administrative burden that affects physicians today so that they can focus on taking care of the patient and do their job well. I think RP's focus has been a lot on that. RP's easier to practice initiatives are focused on making it easy for our radiologists to not just do their job but do it really well.

We have more than 70 individual practices within RP and each one of those practices has a practice president. As a national practice, we have a President's Council comprised of all those practice presidents. We have the opportunity to meet monthly as a group remotely and then get together in person annually or semi-annually to review how the national practice is performing, discuss what issues the practices are seeing and set the course for the next year, as far as which direction we want to go and what clinical tools we want to invest in.

When you get a chance to meet in person as a group of practice presidents, what are some of the takeaways that you experience?

Day to day, a lot of our practice presidents are dealing with the difficult environment of healthcare in the United States.

This meeting is always an opportunity to commiserate with common challenges but also see there are people who have come up with innovative solutions to solving it and hear about the great programs they're running in their practices. We can then take those ideas home and use them in our practice to make our local environment better. It's exciting to hear some of the ideas people have.

Outside of RP, how easy would it be for you as a practice president to gather those ideas or hear about those ideas?

There are not a lot of options nationally to meet with as many leaders in radiology as we have at RP. The only other organizations I can think of where you can meet with radiology leaders are the Society of Chairs in Academic Radiology, Radiological Society of North America or American College of Radiology; however, that's a small group, and the breadth of experience that our radiologists have is probably unparalleled because they come from all different backgrounds, from academic centers to small, five-person local practices. That is one of the benefits of RP. It is one of the largest gatherings of leaders in radiology who are all pulling in the same direction, meaning we're aligned, we understand the environment we're working in, we have the same goals from a broader perspective on the direction we're trying to go with radiology, and we're getting ideas and sourcing it from people who have done it really well in other parts of the country and able to bring that home. We're incentivized to help each other do well.

Dr. Josh Heck earned his medical degree from Vanderbilt University in Nashville, and he completed both his residency in diagnostic imaging and his fellowship in musculoskeletal imaging at Vanderbilt University School of Medicine.

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Rad to Rad Learning: Midtarsal Sprain Injury

RP's Musculoskeletal Imaging National Subspecialty Division (NSD) presents our newest Rad to Rad Learning case.

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