**Bursary Report for the British Association of Hand Therapists**

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**BAHT Level II - Radiographic Imaging of the Hand**

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Introduction

I am an OT; I have worked in Hand Therapy for 16 years; I am not confident in my skills of reading and interpreting radiographs.

I have been keen to expand my ability to read x-rays. This BAHT Level II course was a fantastic opportunity to gain the skills I am looking for (particularly knowing how thorough and informative BAHT Level II Courses are). The course was virtual and so made it easy to attend whilst juggling home life. It was incredibly professional, run by experienced and engaging clinicians who gave highly informative talks and were able to answer questions fully.

Topic:

The Course was a 3 Day Course on Radiographic Imaging of the Hand. There were lectures, which were easy to follow and plenty of staff on hand to answer questions. The presenters were engaging, approachable and incredibly knowledgeable and informative.

There were many workshops which ran seamlessly, where you met other delegates, worked your way through x-rays together, before it was dissected by the professionals. This was helpful in being able to ‘bounce’ off others and gain different opinions and observations.

What I have learned on the Course:

The Course provided a thorough understanding of the need for a systematic approach to reviewing images of the hand and wrist, looking at the correct radiographic positioning, normal appearances, common injuries, and conditions of the adult and paediatric hand.

I have learnt many things from the course, particularly new terminology when it comes to describing and reporting on radiographs. For example; “breach in the cortex”, “alteration of trabecullar pattern” and different ways of describing a fracture (such as oblique, transverse, slipped). I have learnt a systematic approach to reviewing x-rays following the “AABCSS” system which ensures you are not overlooking intricate details away from the glaringly obvious injury.

I have learnt when to know if an x-ray image(S) is sufficient or not, for example; are there identifying markers ‘left or right’, more than 1 view is needed to see the 3 dimensional hand (1 view is 1 view too few) and the angles you require to gain sufficient views of the scaphoid in order to identify any fractures and why this is needed (I.e. a Zitters view to cast elongated shadows through potential breaches in the cortex).

I have learnt of supple signs, patterns, angles, alignments to be aware of to help guide your diagnosis. For example; Gilula’s Arcs of the wrist to identify correct positioning of the carpal bones, the Signet ring sign of the scaphoid to identify rotary subluxation from flexion of the scaphoid, the wrist “Zone of vulnerability” and how most fracture dislocations fall within this zone. I have also learnt about “fat pad signs” Codman's Triangle and how a positive Pronator Quadratus sign can identify an injury even in the absence of clear bony identification on images.

The main thing I am taking away from the course is how when you review an x-ray, you are to systematically work your way through the area of interest and report what you see in anatomical terms rather than make a diagnosis. For example; “there is a breach to the cortex at the base of the proximal phalanx through the growth plate,” before making your summary of “a Salter Harris Type II fracture”.

How I will be able to put this into practice:

I have come away from the course with a wealth of new knowledge and handouts that I am sure I will be referring to for years to come.

I intend to review x-rays of my patients with a more systematic approach and will aim to make my own interpretations before reading radiologist reports (if they are present) to challenge my thinking.

I am planning to impart my new knowledge to my team during our in-service training sessions and will assist them in image interpretation as needed.

I would like to thank BAHT for the opportunity to attend the Course through provision of the Bursary and Derby for a fantastic course.