APPENDIX

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| **SESSION CONTENT****Objectives*** Understand the technical aspects of PoCUS to diagnosis rib fracture in the ED
* Identify limitations associated with this technique
* Describe PoCUS technique for the detection of rib fracture(s)

**Study protocol presentation****Relevant anatomy*** Know the relevant anatomy of rib cage
* Identify anticipated technical issues associated with particular individual characteristics
* Anticipated limitations
	+ obesity
	+ pain
	+ breast in women patients
	+ scapula

**POCUS technique*** Locate the point of maximal tenderness with palpation of the patient thorax
* Apply the linear probe used for this technique perpendicularly to the long axis of the rib
* Use the non-dominant hand as a stabilizer for the probe, placing it between the index and major fingers of the non-dominant hand
* Identify the distinct shadowing posterior to the rib helped in differentiating the pleural line from the cortical aspect of the rib
* After adequately locating the rib, the probe is turned ninety degrees to allow the clinician to follow longitudinally the cortical aspect of the rib, appearing as a white and hyperechoic line
* Screen ten centimeters before the point of maximal tenderness and finish ten centimeters further away to make sure no fracture is missed
* Screen upper and lower adjacent ribs

**Practical session on human thorax** |