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** |