

# Jump ship, ultrasound is y(our) oyster

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Dear Editor,

Pushing the limit in medicine has long been the focus of scientists in the peak of every century. From antibiotics to stethoscopes, time and time again newly thought inventions have shaped the way the patient doctor interaction run. By and large, for us, musculoskeletal ultrasonography has been gaining and increased spotlight in the daily clinical practice utility. Rightfully so, ultrasound has brought many advantages to our offices in comparison to other techniques or imaging modalities<sup>1</sup>. In one of similar innumerable papers, *Özçakar et al.* argued about nineteen reasons why physicians should do musculoskeletal ultrasonography<sup>1</sup>. To further squeeze some the advantages in a nutshell for the non-believers, it is that seeing is believing and clear visibility gets the better of blindness every time. Therefore, crowning ultrasonography as our pen to a writer or stethoscope to a cardiologist is by no means a long shot.

Though sadly enough, certain literature and mindsets have tarnished this philosophy and have (inadvertently) condemned the benefit of ultrasonography in practice<sup>2,3</sup>. Also, the cost benefit and user dependent arguments have also been held as a timeworn kryptonite. However, like the use of animals in cultures differs, so does ultrasonography (US) in musculoskeletal medicine as our standard of use differs. In our field, the dependency of use as regards this modality is not solely for diagnosis or technical guidance; however, is actually to utilize it as a holistic approach. By definition, we should use it as an extension of our physical examination in a broad spectrum of musculoskeletal conditions<sup>4</sup>. Unfortunately, the majority of physicians have not yet jumped ship or attempted to maximize the potential benefit of US in their medical practice. Ultrasound is y(our) oyster; why the(y) wait? (Figure 1)

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FIGURE 1. A snapshot from daily clinical practice.