Steven:

Good afternoon. Welcome back to the Academy of Physical Medicine for another lunchtime CPD session. We've got something really interesting in store for you today. I'm joined by two osteopaths, Rob Shanks and Darren Chandler, who you may know from their practice 'Spine Plus', but I gather that they only recently, only a week ago set up 'Go2Imaging' as you can see on the slide behind me. And they've got a real passion for what can be achieved through MRIs in particular. Rob, welcome!
Rob Shanks:

Hello Steven. Thank you for having us.
Steven:

I think Darren is still in his cupboard at the moment, but hopefully he will pop out in a minute and join us on the main screen. You and I had a very brief chat a few minutes ago about why you set up 'Go2Imaging'. Can you tell us a bit more about it?
Rob Shanks:

Yeah, absolutely. So the background really for myself and Darren is that, as you rightly said, I'm an osteopath. I qualified 20 years ago now. My mother is actually a physiotherapist, child physiotherapist. So I suppose I've always had this kind of feeling of wanting to know what other professions have to offer, and read around things as much as I could. Darren's similarly minded, and we started working together about 15 years ago in the clinic 'Spine Plus' as you said. And this all came about around 10, maybe 14 years ago when we were at a lecture being given by a radiologist, in fact one of the lead radiologists at the Royal national orthopaedic hospital, a chap called Dr Butts. And we were just 'blown away' really by the stuff he was telling us and talking about. He was mentioning things that we honestly didn't really appreciate or even heard of, such as Bertolotti Syndrome, intra and extra capsular facet joint injections and pars defects and this and that. And we came away from there thinking, 'gosh', there's a whole sphere of stuff we don't really understand. And then obviously he was going through the MRI scans and explaining what can be seen and what can't be seen in the various different aspects. And we basically just went up to him at the end and said: - "Listen, we loved the talk, it was amazing. How do we learn more of this, and would you be willing to teach us?" And so then started a very long professional relationship where we've been shadowing him, and literally we are now in weekly if not daily contact with him. And he's just been fantastic, I mean extremely amiable and just generous with his knowledge. And there's things that we've learned about MRI scans that we are really passionate about, and feel should be taught to the wider manual therapy community, physios, osteopaths, chiros, because there's lots of stuff that's missing from the undergraduate training that could enhance the practice of those professions and which could also help safeguard the public. And we're going to go through lots of case histories today to try and illustrate our point.
Steven:

I think there'll be a lot of people sympathetic to what you've just said there Rob, because certainly from my own perspective I'm in awe of people who can go through MRIs as quickly as our tame orthopaedic consultant near here does. He just whizzes through them and says, 'Ah, look at this, look at that!' And most of us, certainly when you come out of undergraduate training when you've just graduated, you have really no idea what to look for on an MRI and you rely on those few lines of text that you get from the radiologist. So where do you want us to start? There's three different types of MRI on here.
Rob Shanks:

Yeah, let's go through those. So most people when they are talking about their patients who have had an MRI scan, it will be the one that's on the left there. So with the standard MRI where the patient's lying on their back, they're non-weight-bearing and the 1.5 to 3 Tesla, that's basically the strength of, or the pixelation if you like, the quality of the image that you get. Sothe 3 Tesla is obviously higher than 1.5. 3 Tesla' are quite good for looking at peripheral joints, cartilage detail, surfaces of joints, that sort of stuff.