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Point-of-care ultrasound: Deploying in primary care

Two weeks ago, I saw a man with a swollen left leg in the office. It took me 2 days to get a Doppler study completed in my busy health care system. Point-of-care ultrasound (POCUS) would have been invaluable for this gentleman. As we know, though, POCUS has been “slow to grow” in primary care. However, as this month’s cover story suggests, things are changing.

Since the 1970s, ultrasound has been a standard diagnostic tool for many conditions. Initially considered the domain of radiologists and cardiologists with extensive training, technologic advances now allow accurate interpretation of ultrasound images by generalist physicians with a modest amount of training.

Hopefully point-of-care ultrasound will become a standard part of family medicine training and practice sooner, rather than later.

■ **One of the first** references to POCUS in general practice in the United States was published in 1988.¹ Use of ultrasound in family medicine has developed slowly over the past 30 years, due to the high cost of equipment, a lack of training as a formal component of family medicine residency curricula, and a lack of evidence of its effectiveness in office practice. Only 6% of practicing family physicians (FPs) reported using non-obstetric POCUS in their practices in 2016, and only 2% of family medicine residency

programs had established POCUS curricula in 2015.^{2,3}

■ **Ready for prime time.** Although I had considered POCUS to be a relatively new and untested technology for primary care settings, my reading of the POCUS article on page 70 has convinced me that POCUS is now ready for widespread deployment in family medicine office practice. Bornemann and colleagues review the evidence for the use of POCUS in 4 areas: the heart, the lung, screening for abdominal aortic aneurysm (AAA), and the diagnosis of deep vein thrombosis. They provide more than 30 references that support the accuracy and effectiveness of the use of POCUS by FPs for these areas. The equipment is affordable, there is ample evidence of accuracy and effectiveness, and, as they note, a curriculum for FP training has been published.

I certainly hope that POCUS continues to make its way into FPs’ offices. It would certainly help patients like the one I saw 2 weeks ago, and it would help us to screen for AAA in older male smokers, as recommended by the US Preventive Services Task Force.

I am delighted to see FP pioneers working to advance the use of POCUS in family medicine. Hopefully, it will become a standard part of family medicine training and practice sooner, rather than later.

1. Hahn RG, Davies TC, Rodney WM. Diagnostic ultrasound in general practice. *J Fam Pract.* 1988;5:129-135.
2. Clinical procedures performed by physicians at their practice. American Academy of Family Physicians Member Census, December 31, 2016. Available at: [http://www.aafp.org/about/the-aafp/family-medicine-facts/table-12\(rev\).html](http://www.aafp.org/about/the-aafp/family-medicine-facts/table-12(rev).html). Accessed January 16, 2018.
3. Hall JW, Holman H, Bornemann P, et al. Point of care ultrasound in family medicine residency programs: a CERA study. *Fam Med.* 2015;47:706-711.

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