



Practice Analysis Report: Breast Sonography - Effective September 2026

Introduction

The ARRT establishes the job relatedness of an examination via a practice analysis (also called a job analysis). Practice analyses document the role to be credentialed, the topics to be covered by the examination used in the credentialing decision, as well as the degree of emphasis that each topic receives. The rationale for practice analyses is outlined in *The Standards for Educational and Psychological Testing* (American Educational Research Association, American Psychological Association, National Council on Measurement in Education, 2014) and in the National Commission for Certifying Agencies (NCCA) *Standards for the Accreditation of Certification Programs* (NCCA, 2021). Legislation and legal precedent also stress the importance of practice analysis in the development and validation of certification exams. The ARRT conducts a practice analysis for each discipline approximately every five years. Regular updates are important for professions that continually evolve due to advances in technology because they help ensure that the content specifications and other certification requirements reflect current practice.

This report describes the practice analysis for Breast Sonography conducted from October 2023 to January 2025. The project sought to identify tasks currently required by the typical breast sonographer and to determine what knowledge and cognitive skills are required to effectively perform those tasks.

To accomplish this task, ARRT hosted several meetings with a committee of subject matter experts (SMEs) to develop a survey of job tasks; evaluate survey results; and revise the content specifications, content outline, and clinical experience requirements. ARRT selected seven SMEs for this committee from across the United States and from a range of practice settings (e.g., hospitals, clinics, educational programs). These SMEs represented a range of expertise including six certified and registered breast sonographers and one radiologist.

All statistical analyses were performed by a trained assessment analyst employed by ARRT and meetings were primarily conducted by ARRT's Assessment Development Coordinators with psychometric support provided by ARRT psychometric staff.

The ARRT Board of Trustees reviewed all changes to exam content and eligibility requirements before giving approval in July 2025. The first exam under the new content and eligibility requirements was administered in September 2026.



Task Inventory

Survey Development

ARRT begins the practice analysis process by revising the task inventory, which is a listing of clinical and supporting procedures related to practice. The committee reviewed the previous task inventory and content outline before creating an updated list of job tasks by adding, deleting, or rewording tasks as necessary to reflect changes in the profession.

The committee used the updated job task list to create a survey for distribution to individuals working in the profession. The first section of this survey consisted of 100 questions asking current breast sonographers how frequently they perform each task utilizing a six-point scale with the following options: *Never Perform*, *Yearly*, *Quarterly*, *Monthly*, *Weekly*, and *Daily*. Based on past research, ARRT uses a frequency scale with absolute anchors because data from scales like importance and criticality, which use subjective anchors, have inferior statistical properties (Babcock, Risk, & Wyse 2020). The data gathered by absolute anchor frequency scales also correspond well to medical imaging practice as defined by external data sources (Babcock & Yoes, 2013) and add value beyond advisory committee members' judgement without data (Wyse & Babcock, 2018).

To reduce the length and burden of the practice analysis survey, the committee identified tasks from the previous task inventory that they believed were so ubiquitous in practice that over 90% of respondents would report that they do perform the task. The following tasks were included in the new task inventory without further discussion:

- Respond as appropriate to patient's questions regarding breast density.
- Respond as appropriate to questions regarding ultrasound personnel qualifications (e.g., required training, education).
- Adjust equipment to perform the examination (e.g., console, monitors, exam table).
- Use automated imaging optimization of equipment (e.g., automated technical factor selection).
- Use automated annotation equipment (e.g., automated clock face annotation, distance from nipple annotation, transducer orientation).
- Identify breast tissue components (e.g., skin, fat, fibroglandular tissue, muscle).
- Correlate sonographic images and findings with the following:
 - automated whole breast ultrasound (Although this task surveyed at 31.8%, the committee agreed that this task is increasing, particularly with the addition of breast density legislation).
- Review preliminary breast sonography findings remotely or through teleradiology with supervising physician (e.g., radiologist, surgeon).
- Perform whole breast ultrasound for implant integrity.
- Perform supplemental screening breast ultrasound categorized as dense tissue on previous mammogram.
- Assist with performing pre-op needle localization using:
 - non-wire localization (e.g., radar/radiofrequency, magnetic, radioactive seed)



Survey Sample

ARRT staff identified an initial population of 3,921 breast sonographers from the ARRT database of certified and registered technologists. All listed breast sonography as either their primary or secondary discipline and were working in a hospital or clinic as a technologist (or other similar title). The final sample consisted of 3,888 registrants with either a breast sonography certification or registrants working in breast sonography as a primary or secondary discipline.

ARRT's survey vendor mailed and released the survey online in January 2024. A total of 961 recipients returned their survey by close in March of 2024, for an absolute response rate of 24.7%. ARRT staff screened responses to ensure that the surveys were correctly filled out by the intended population, retaining 615 for an effective response rate of 15.8%.

Analysis

ARRT psychometric staff first calculated the percentage of respondents who report performing the task and the percent who report performing the task daily or weekly (Table 1). ARRT allows tasks performed by 40% or more of respondents to be included on the task inventory without further discussion so that committees may focus on discussions most likely to impact task inclusion. However, committees still review all survey results and may choose to include tasks below the threshold or reject tasks above the threshold as they see fit based on their joint expertise.

ARRT psychometric staff next compared the percent of entry-level (0-5 years of experience) and experienced (6+ years) respondents performing each task to ensure that the tasks included on the inventory are relevant to entry-level practice. Table 1 provides a list of tasks that differed in a potentially meaningful way and staff presented these results to the committee for discussion.

Finally, ARRT staff summarized results for the 23 items that covered the respondent's role and workplace hours worked, primary job title, and department composition (Tables 2 - 24).



Table 1

Percent of technologists performing tasks

Item	Task	Performing	Daily/Weekly
1	Review patient's relevant previous imaging exams prior to the breast sonography exam.	100.0%	99.8%
2	Interview patient to acquire clinical history (e.g., previous breast exams, personal and family history, prior surgeries) and document findings.	99.7%	99.5%
3	Explain the breast sonography examination to the patient.	99.7%	99.7%
4	Respond as appropriate to patient's questions regarding breast health (e.g., screening recommendations).	99.3%	98.4%
5	Respond as appropriate to patient's questions regarding breast density.	99.2%	95.6%
6	Respond as appropriate to questions regarding accreditation of breast imaging center.	79.4%	33.1%
7	Respond as appropriate to questions regarding ultrasound personnel qualifications (e.g., required training, education).	93.6%	45.0%
	<i>Explain the benefits and limitations of breast imaging using the following:</i>	---	---
8	breast sonography	99.8%	96.4%
9	automated whole breast ultrasound	41.6%	24.8%
10	2D mammography	73.4%	51.0%
11	digital breast tomosynthesis (DBT)	83.0%	72.9%
12	MRI	64.6%	44.1%
13	molecular breast imaging (MBI) (e.g., BSGI)	8.6%	1.8%
14	positron emission tomography (PET/CT)	25.8%	6.0%
15	contrast-enhanced mammography (CEM)	16.4%	7.7%
16	CT	29.0%	7.9%
17	Perform visual breast examination based on patient communication, documenting location of lumps, scars, and breast skin changes, per protocol.	99.0%	97.4%
19	Select appropriate equipment for the patient and the examination to be performed (e.g., transducer, standoff pad, technical factors).	99.5%	98.5%
20	Adjust equipment to perform the examination (e.g., console, monitors, exam table).	100.0%	99.3%
21	Perform breast ultrasound according to protocol as determined by the supervising physician (e.g., radiologist, surgeon).	100.0%	99.5%
	<i>Adjust equipment settings during scanning for image optimization, using the following as appropriate:</i>	---	---
22	TGC	97.4%	96.2%
23	power	88.3%	81.6%
24	overall gain	99.5%	98.7%
25	frequency	95.4%	91.0%
26	amplitude	83.6%	73.2%



27	depth of field	100.0%	99.8%
Item	Task	Performing	Daily/Weekly
28	focal zone	97.6%	96.2%
29	harmonic imaging	96.2%	91.0%
30	spatial compounding (e.g., SonoCT®, CrossXBeam®, SRI-HD®).	65.8%	57.5%
31	dynamic range	84.7%	72.2%
32	Use automated imaging optimization of equipment (e.g., automated technical factor selection).	88.4%	85.1%
33	Use proper ergonomics when performing sonographic exams to prevent work-related musculoskeletal disorders.	98.9%	97.6%
	<i>Optimize the breast sonography exam using the following, as appropriate:</i>	---	---
34	stand-off pad	78.1%	35.7%
35	color Doppler	98.0%	97.6%
36	power Doppler	79.4%	57.8%
37	panoramic imaging	81.9%	38.9%
38	fremitus	61.1%	23.3%
39	static elastography (mechanical compression)	43.0%	20.6%
40	shear wave elastography	26.6%	12.5%
41	3D	16.8%	12.7%
42	Minimize ultrasound bioeffects.	80.8%	75.8%
43	Annotate images to indicate anatomic plane, area of interest, and other relevant information per ACR practice parameters.	99.0%	98.4%
44	Use automated annotation equipment (e.g., Anatomical Intelligence®).	37.8%	35.5%
45	Identify breast tissue components (e.g., skin, fat, fibroglandular tissue, muscle).	97.1%	96.4%
46	Differentiate normal anatomy from abnormal findings during the breast sonography exam.	99.5%	99.2%
47	Acquire and annotate images during the breast sonography exam that demonstrate appropriate findings.	99.8%	99.5%
48	Differentiate between artifacts that provide diagnostic versus non-diagnostic value.	99.0%	97.6%
49	Evaluate scanning technique for diagnostic quality and take corrective action as necessary.	99.0%	96.7%
50	Record, display, archive, and retrieve images using PACS.	99.8%	99.5%
	<i>Use the following tools after image acquisition:</i>	---	---
51	cine loop	83.9%	70.5%
52	overall gain	93.1%	86.3%
53	annotations and measurements	98.7%	94.8%
	<i>Utilize the following tools in post image acquisition:</i>		
54	physical findings	99.7%	99.2%
55	prior ultrasound	99.8%	99.5%



56	automated whole breast ultrasound	31.8%	22.1%
Item	Task	Performing	Daily/Weekly
	<i>Correlate sonographic images and findings with the following:</i>	---	---
57	mammogram	95.4%	94.7%
58	ACR BI-RADS® classification	94.9%	92.3%
59	breast MRI	84.2%	65.7%
60	CT	75.2%	30.4%
61	molecular breast imaging (MBI) (e.g., BSGI)	9.8%	3.2%
62	positron emission tomography (PET/CT)	51.3%	13.7%
63	contrast-enhanced mammography (CEM)	17.9%	11.0%
64	Review preliminary breast sonography findings with supervising physician on site (e.g., radiologist, surgeon).	98.9%	97.9%
65	Review preliminary breast sonography findings remotely or through teleradiology with supervising physician (e.g., radiologist, surgeon).	40.6%	26.3%
66	Explain diagnostic findings to patient under the direction of the supervising physician (e.g., radiologist, surgeon).	93.3%	89.0%
67	Perform preventive maintenance (e.g., filters) and quality control on breast sonography equipment as indicated.	87.3%	49.6%
69	Clean or disinfect instruments and equipment, according to protocol.	100.0%	98.0%
70	Perform screening breast ultrasound, per protocol, using a handheld technique with conventional equipment.	77.1%	58.6%
71	Perform screening breast ultrasound, per protocol, using an automated system.	23.1%	18.2%
72	Perform whole breast ultrasound for implant integrity.	75.2%	30.8%
73	Perform supplemental screening breast ultrasound categorized as dense tissue on previous mammogram.	75.7%	56.4%
74	Perform second-look ultrasound for patients with positive screening results from mammography.	98.7%	92.0%
75	Perform second-look ultrasound for patients with positive screening results from MRI.	97.1%	73.2%
76	Perform complete breast ultrasound to identify multifocal and multicentric disease for patients with a new diagnosis of breast cancer.	73.2%	46.7%
	<i>Perform breast sonography of the following lymph node areas for new cancer diagnoses, per protocol:</i>	---	---
77	axilla	98.9%	94.6%
78	supraclavicular	56.1%	21.1%
79	internal mammary (parasternal)	62.2%	31.5%
	Prepare for interventional procedures by:		
80	responding as appropriate to questions from patient or patient's family regarding interventional procedures.	95.1%	89.3%
81	verifying informed consent as necessary.	93.5%	87.5%



82	verifying that time-out procedure is performed as necessary.	92.8%	88.4%
Item	Task	Performing	Daily/Weekly
83	selecting and preparing equipment for interventional procedures.	94.0%	89.4%
84	positioning the patient to provide access for interventional procedures.	94.3%	89.6%
85	using sterile or aseptic technique as indicated.	94.5%	89.6%
86	communicating effectively with the performing physician during interventional procedures.	94.8%	90.2%
	<i>Assist with the following breast ultrasound interventional procedures and associated ultrasound imaging:</i>	---	---
87	cyst aspiration	94.0%	66.1%
88	fluid aspiration	93.2%	57.4%
89	fine needle aspiration biopsy	65.4%	37.5%
90	needle core biopsy (e.g., spring-loaded)	92.7%	84.4%
91	vacuum-assisted core biopsy (e.g., Mammotome®, Suros®)	64.2%	47.0%
92	vacuum-assisted core biopsy under ultrasound guidance with intraprocedural imaging (e.g., Brevera®)	40.8%	31.1%
93	clip placement	93.9%	89.3%
94	drain insertion	24.4%	6.8%
95	skin punch biopsy	12.4%	2.1%
96	lymph node tattooing	3.1%	1.0%
	<i>Assist with performing pre-op needle localization using:</i>		
97	wire localization	69.7%	41.2%
98	seed localization	50.0%	40.6%
A	radioactive seed (e.g., I-125)	15.3%	10.9%
B	magnet localization (e.g., Magseed®)	21.5%	16.0%
C	radar localization (e.g., SAVI Scout®)	28.9%	22.4%
D	radiofrequency localization (e.g., LOCalizer™)	18.6%	12.4%
99	Provide post-care instructions for interventional procedures.	88.4%	80.1%
100	Follow environmental protection standards for handling and disposing of biohazardous materials (e.g., sharps, blood, body fluids).	94.0%	89.1%



Table 2

How many hours per week do you work in imaging?

Response	Count	Percentage
15 or fewer hours	14	2.3
16 - 31 hours	94	15.3
32 or more hours	500	81.3

Table 3

How many hours per week do you work specifically as a breast sonographer?

Response	Count	Percentage
8 or fewer hours	0	0.0
8 - 20 hours	232	37.7
21 or more hours	377	61.3

Table 4

Approximately how many breast ultrasounds do you typically perform in a week?

Response	Count	Percentage
None	1	0.2
1 to 4	2	0.3
5 to 15	114	18.5
16 to 25	174	28.3
26 to 75	290	47.2
More than 75	27	4.4

Table 5

How many years have you worked as a breast sonographer?

Response	Count	Percentage
Less than 1 year	9	1.5
1 to 5 years	142	23.1
6 to 10 years	120	19.5
Greater than 10 years	339	55.1

Table 6

What best describes your primary job title?

Response	Count	Percentage
Breast Sonographer	219	35.6
General Sonographer	115	18.7
Mammographer	170	27.6
Manager/Supervisor	0	0.0
Educator/Program Director	0	0.0
Other _____	40	7.5



Table 7

Which of the following best describes your place of employment? (Mark all that apply)

Response	Count	Percentage
Hospital—Community	262	42.6
Hospital—Academic	79	12.8
Satellite Clinic (Hospital-Affiliated)	179	29.1
Freestanding Clinic (Privately Owned)	114	18.5
Travel Sonography Company	2	0.3
Other _____	28	4.6

Table 8

About how many breast sonographers (Full-time Employees) are employed in your department? (Include yourself)

Response	Count	Percentage
1-3	255	41.5
4-6	212	34.5
7-10	87	14.1
> Than 10	50	8.1
NA	3	5.2

Table 9

How many examination rooms are dedicated to breast sonography in your primary imaging location?

Response	Count	Percentage
1-2	345	56.1
3-4	211	34.3
5-8	35	5.7
9-12	4	0.7
NA	7	1.9

Table 10

Is your facility accredited? If so, by what organization? (Mark all that apply)

Response	Count	Percentage
Our facility is not currently accredited	32	5.2
American College of Radiology	560	91.1
American Institute of Ultrasound in Medicine	25	4.1
National Accreditation Program for Breast Centers	92	15.0
American Society of Breast Surgeons	13	2.1
Other _____	13	2.1

Table 11

Does your employer require specific certification to perform breast sonography?

Response	Count	Percentage
No	110	17.9
Yes, at time of hire	162	26.3
Yes, but may attain certification after hire	338	55.0



Table 12

If you answered yes to item 10, what certifications would meet the specific requirement? (Mark all that apply)

Response	Count	Percentage
American College of Radiology ACR	601	97.7
American Cancer Society ACS	145	23.6
United States Preventative Services Task Force USPSTF	10	1.6
American College of Obstetricians and Gynecologists ACOG	15	2.4
National Consortium of Breast Centers NCBC	58	9.4
Other _____	5	0.8

Table 13

If you answered yes to item 10, what certifications would meet the specific requirement? (Mark all that apply)

Response	Count	Percentage
Not applicable	14	2.3
RT(R)	122	19.8
RT(M)	216	35.1
RT(S)	27	4.4
RT(BS)	258	42.0
RDMS - BR	276	44.9
RDMS - Any	165	26.8
RDCS	0	0.0
RVT	11	1.8
RMSKS	0	0.0
Other _____	9	1.5
RT.Other	5	0.8

Table 14

What certifications do you currently hold? (Mark all that apply)

Response	Count	Percentage
Not applicable	1	0.2
RT(R)	499	81.1
RT(M)	390	63.4
RT(S)	27	4.4
RT(BS)	295	48.0
RDMS - BR	236	38.4
RDMS - Any	229	37.2
RDCS	15	2.4
RVT	114	18.5
RMSKS	1	0.2
Other _____	62	10.1
RT Other	24	3.9



Table 15

Do breast sonographers in your facility provide results and recommendations to the patient following breast ultrasound? (Mark all that apply)

Response	Count	Percentage
Yes, breast sonographers provide negative benign results and recommendations to patient after the sonographer reviews the imaging with the interpreting physician	411	66.8
Yes, breast sonographers provide ALL results and recommendations to patient after the sonographer reviews the imaging with the interpreting physician	114	18.5
No, the interpreting physician provides all results and recommendations directly to the patient	182	29.6
No, the patient will follow up with their referring provider for results	46	7.5
No, the patient receives the results in the mail or electronically	37	6.0
No, the patient receives the results in a virtual meeting with the interpreting physician	5	0.8
Other _____	0	0.0

Table 16

Has there been any overall change in breast sonography staffing in the past year? (Mark all that apply)

Response	Count	Percentage
No changes	371	60.3
Yes, additional full time staff	154	25.0
Yes, decreased full time staff	76	12.4
Decreased number of travel sonographers	0	0.0
Increased number of travel sonographers	12	2.0

Table 17

Have you received training in ergonomics related to the performance of breast sonography?

Response	Count	Percentage
Yes	265	43.1
No	343	55.8

Table 18

Have any sonographers working in your department experienced any of the following due to a musculoskeletal disorder? (Mark all that apply)

Response	Count	Percentage
Job loss	14	2.3
Reduction in hours	49	8.0
Reduction in duties	47	7.6
None that I'm aware of	530	86.2

Table 19

How would you describe your level of expertise in breast sonography?

Response	Count	Percentage
Entry level	13	2.1
Intermediate	159	25.9
Advanced	436	70.9



Table 20

Regarding ultrasound-guided interventional procedures (e.g., biopsy, cyst aspiration), which of the following staff are assisting the radiologist? (Mark all that apply)

Response	Count	Percentage
Certified and Registered Breast Sonographer	521	84.7
Mammographer	267	43.4
Medical assistant	47	7.6
RRA Registered Radiologist Assistant	5	0.8
RN Nurse Navigator	139	22.6
LPN	11	1.8
Breast Health Clinical Navigator	36	5.9
Other _____	42	6.8

Table 21

Percent performing tasks for those with greater or fewer than 10 years of experience

Survey Item	Task	10 or fewer years	More than 10 years
T9	automated whole breast ultrasound	45.2%	39.3%
T11	digital breast tomosynthesis (DBT)	88.1%	79.2%
T25	frequency	92.2%	98.2%
T30	spatial compounding (e.g., SonoCT®, CrossXBeam®, SRI-HD®).	60.2%	70.7%
T34	stand-off pad	71.2%	83.7%
T36	power Doppler	73.5%	84.1%
T44	Use automated annotation equipment (e.g., Anatomical Intelligence®).	32.8%	42.3%
T70	Perform screening breast ultrasound, per protocol, using a handheld technique with conventional equipment.	71.3%	81.7%
T72	Perform whole breast ultrasound for implant integrity.	68.9%	80.5%
T92	vacuum-assisted core biopsy under ultrasound guidance with intraprocedural imaging (e.g., Brevera®)	44.1%	38.4%

Note: Results were statistically significant. A portion of the results have been presented for committee consideration (i.e., Chi-square $p < .01$, where values are on either side of the 40% threshold, or where the difference in percent performing is greater than 20 percentage points.)

Table 22

Percent performing tasks for those with more or less than 4 dedicated imaging rooms

Survey Item	Task	4 or less rooms	More than 4 rooms
T9	automated whole breast ultrasound	42.8%	38.5%
T39	static elastography (mechanical compression)	44.2%	35.9%
T44	Use automated annotation equipment (e.g., Anatomical Intelligence®).	37.1%	43.6%
T56	automated whole breast ultrasound	31.9%	41.0%
T65	Review preliminary breast sonography findings remotely or through teleradiology with supervising physician (e.g., radiologist, surgeon).	41.3%	30.8%



Note: Results were statistically significant. A portion of the results have been presented for committee consideration (i.e., Chi-square $p < .01$, where values are on either side of the 40% threshold, or where the difference in percent performing is greater than 20 percentage points.)

Table 23

Percent performing tasks that are R.T.(BS) certified versus non- R.T.(BS) Certified

Survey Item	Task	BS Credentialed	No BS Credential
T9	automated whole breast ultrasound	44.3%	39.3%
T11	digital breast tomosynthesis (DBT)	97.1%	71.3%
T39	static elastography (mechanical compression)	49.8%	37.3%
T44	Use automated annotation equipment (e.g., Anatomical Intelligence©).	34.5%	40.5%
T65	Review preliminary breast sonography findings remotely or through teleradiology with supervising physician (e.g., radiologist, surgeon).	34.8%	45.5%
T91	vacuum-assisted core biopsy (e.g., Mammotome©, Suros©)	76.2%	54.4%
T92	vacuum-assisted core biopsy under ultrasound guidance with intraprocedural imaging (e.g., Brevera©)	47.3%	35.3%

Note: Some results were statistically significant. A portion of the results have been presented for committee consideration (i.e., Chi-square $p < .01$, where values are on either side of the 40% threshold, or where the difference in percent performing is greater than 20 percentage points.)

Table 24

Percent performing tasks that are RDMS - BR certified versus non- RDMS - BR Certified

Survey Item	Task	BR Credentialed	No BR Credential
T11	digital breast tomosynthesis (DBT)	70.6%	90.7%
T39	static elastography (mechanical compression)	36.6%	47.1%
T44	Use automated annotation equipment (e.g., Anatomical Intelligence©).	41.5%	35.5%
T65	Review preliminary breast sonography findings remotely or through teleradiology with supervising physician (e.g., radiologist, surgeon).	47.4%	36.4%
T92	vacuum-assisted core biopsy under ultrasound guidance with intraprocedural imaging (e.g., Brevera©)	34.0%	44.9%

Note: Some results were statistically significant. A portion of the results have been presented for committee consideration (i.e., Chi-square $p < .01$, where values are on either side of the 40% threshold, or where the difference in percent performing is greater than 20 percentage points.)



Task Inventory

Changes to Task Inventory

The practice analysis committee met in April 2024 to review the practice analysis survey data and determine whether any tasks should be dropped from or added to the task inventory. The committee also clarified the wording of several tasks.

The Board of Trustees approved the final task inventory in July 2025. The final task inventory may be found on the ARRT website: [Breast Sonography Task Inventory 2026.pdf](#)



Content Specifications and Clinical Experience Requirements

Changes to Content Specifications

The practice analysis committee updated the content specifications based on changes to the task inventory and the field. The committee considered the knowledge and cognitive skills required to successfully perform the tasks in the final task inventory and verified that those topics were covered in the content specifications, adding additional content as necessary. The committee also removed any topics that could not be linked to the updated task inventory.

The updated content specifications were then made available for public comment in October 2024 and the committee met again in January 2025 to discuss the comments before making any final adjustments.

The Board of Trustees approved the final content specifications in September 2026. The final content specifications may be found on the ARRT website: [Breast Sonography Examination Content Specifications 2026.pdf](#).

Content Weighting

The practice analysis committee determined the number of items that should be assigned to each section of the exam through a process known as content weighting. First, the committee performed a bottom-up exercise where members individually estimated the number of unique items that should be included in each section. Second, the committee performed a top-down exercise where members individually estimated the relative proportion of the exam that should be dedicated to each section. Finally, ARRT staff provided the committee with summary values from the two exercises, and the committee held a discussion to finalize their recommendation for the number of items assigned to each section (Table 25).

Table 25
Number of Items per Section

Content Area	Number of Scored Items
Patient Care	16
<i>Patient Interactions and Management (16)</i>	
Image Production	105
<i>Basic Principles of Ultrasound (32)</i>	
<i>Image Formation (37)</i>	
<i>Evaluation and Selection of Representative Images (36)</i>	
Procedures	64
<i>Anatomical Layers and Breast Tissues (17)</i>	
<i>Pathology and Sonographic Features (32)</i>	
<i>Breast Interventions and Other imaging (15)</i>	
Grand Total	185

Changes to Clinical Experience Requirements

ARRT created clinical experience requirements to verify that candidates have completed a subset of clinical procedures within a modality. Successful performance of these fundamental procedures, in combination with mastery of the cognitive knowledge and skills covered by the certification examination, provides the basis for the acquisition of the full range of clinical skills required in a variety of settings.



The practice analysis committee reviewed and updated the previous clinical experience requirements considering the final task inventory and content specifications. The updated clinical experience requirements were then made available for public comment in October 2024 and the committee met again in January 2025 to discuss the comments before making any final adjustments.

The Board of Trustees approved the final clinical experience requirements in September 2026. The final clinical experience requirements may be found on the ARRT website: [Breast Sonography Clinical Experience Requirements 2026.pdf](#).



Conclusion

Numerous individuals contributed to this project, as committee members, document reviewers, or as survey respondents. Periodic practice analysis is a necessary step in the life cycle of an exam program to ensure that the content of the exam and the eligibility requirements remain relevant with current practice. This study noted significant changes to the field of breast sonography, and thanks to the efforts of all involved it assures that the ARRT Breast Sonography exam program will continue to be an excellent assessment of breast sonographers wishing to demonstrate their qualifications by seeking certification and registration.

