

Vascular Sonography

The purpose of structured education is to provide the opportunity for individuals to develop mastery of discipline-specific knowledge that, when coupled with selected clinical experiences, helps to document qualifications. The Structured Education Requirements for Vascular Sonography is provided to assist candidates with these requirements.

Candidates for vascular sonography certification and registration must document at least 16 hours of structured education¹. The activities must be earned within the 24-month period immediately prior to submission of an application for certification and registration. Structured education activities may be academic courses from an institution accredited by a mechanism recognized by the ARRT², CE opportunities approved by a CE Approver, or a combination of the two.

Structured education documentation must include at least one CE credit or its equivalent in each content category listed below (i.e., Patient Care, Image Production, and Procedures). The remaining hours may be earned from any one or more of the content areas. Specific topics within each category are addressed in the content outline, which makes up the remaining pages of this document.

Content Category	Minimum Credit Hours
Patient Care (includes)	1
Patient Interactions and Management	
Image Production (includes)	1
Basic Principles of Ultrasound	
Image Formation	
Evaluation and Selection of Representative Images	
Procedures (includes)	1
Abdominal/Pelvic Vasculature	
Arterial Peripheral Vasculature	
Venous Peripheral Vasculature	
Extracranial Cerebral Vasculature and Other Sonographic Procedures	
Total	16

Acceptable Examples:

Example 1	Example 2	Example 3
Patient Care – 2 hours Image Production – 6 hours Procedures – 8 hours	Patient Care – 3 hours Image Production – 2 hours Procedures – 11 hours	Patient Care – 1 hour Image Production – 10 hours Procedures – 5 hours
TOTAL – 16 hours	TOTAL – 16 hours	TOTAL – 16 hours

If there is a structured education requirement document with a newer effective date, you may either use the new document or continue to use this document if you have completed at least one educational activity prior to the effective date of the new version. For more information, log into your ARRT account and access Earn Additional Credentials: Postprimary Pathway where structured education is also reported.

Activities meeting the definition of an approved academic course will be awarded credit at the rate of 12 CE credits for each academic quarter credit or 16 CE credits for each academic semester credit. See the ARRT Educational Requirements for Obtaining and Maintaining Certification and Registration document for additional information.



Patient Care

1. Patient Interactions and Management

- A. Ethical and Legal Aspects
 - 1. patients' rights
 - a. consent
 - (*e.g., informed, oral, implied)
 - b. confidentiality (HIPAA)
 - c. American Hospital Association (AHA) Patient Care Partnership (Patients' Bill of Rights)
 - 1. privacy
 - 2. extent of care (e.g., DNR)
 - 3. access to information
 - 4. living will, health care proxy, advance directive
 - 5. research participation
 - 2. legal issues
 - a. verification (e.g., patient identification, compare order to clinical indication, exam coding)
 - b. common terminology (e.g., battery, negligence, malpractice, beneficence)
 - c. legal doctrines (e.g., respondeat superior, res ipsa loquitur)
 - d. restraints versus positioning aids used to eliminate motion artifact
 - e. documentation (e.g., changes to order, medical event)
 - 3. ARRT Standards of Ethics
- B. Interpersonal Communication
 - 1. modes of communication
 - a. verbal/written
 - b. nonverbal (e.g., eye contact, touching)
 - 2. challenges in communication
 - a. interactions with others
 - 1. language barriers
 - 2. cultural and social factors
 - 3. physical, sensory, or cognitive impairments
 - 4. age
 - emotional status, acceptance of condition (e.g., stages of grief, mental health concerns)
 - b. explanation of medical terms
 - c. strategies to improve understanding

- 3. patient education
 - a. explanation of current procedure (e.g., purpose, breathing instructions, risks, benefits)
 - b. pre- and post-examination instructions (e.g., preparations, diet, medications, discharge instructions)
 - c. review pertinent medical history
 - d. respond to inquiries about other imaging modalities (e.g., discipline differences, patient preparations)
- C. Physical Assistance and Monitoring
 - 1. body mechanics (e.g., balance, alignment, movement)
 - a. patient transfer techniques
 - b. safe patient handling devices (e.g., transfer board)
 - 2. assisting patients with medical equipment
 - a. infusion catheters and pumps
 - b. oxygen delivery systems
 - c. other (e.g., nasogastric tubes, urinary catheters)
 - 3. patient monitoring and documentation
 - a. vital signs
 - b. physical signs and symptoms (e.g., motor control, severity of injury)
 - c. fall prevention
 - d. patient comfort and modesty
 - 4. sonographer ergonomics1
 - a. equipment
 - b. work environment
 - c. body mechanics
- D. Medical Emergencies
 - 1. allergic reactions (e.g., contrast, latex)
 - 2. cardiac/respiratory arrest (e.g., CPR, AED)
 - 3. physical injury or trauma
 - 4. mental health crisis
 - 5. other medical disorders (e.g., seizures, diabetic reactions)
 - 6. communication of critical findings
- * The abbreviation "e.g.," is used to indicate that examples are listed in parenthesis, but that it is not a complete list of all possibilities.
- ¹ Operator ergonomics is referenced in the "<u>Industry Standards for the Prevention of Work Related Musculoskeletal Disorders in Sonography.</u>"
 (Patient Care continues on the following page)



Patient Care (continued)

- E. Infection Control
 - 1. chain of infection
 - a. pathogen
 - b. reservoir
 - c. portal of exit
 - d. mode of transmission
 - 1. direct
 - a. droplet
 - b. direct contact
 - 2. indirect
 - a. airborne
 - b. vehicle-borne (fomite)
 - c. vector-borne (mechanical or biological)
 - e. portal of entry
 - f. susceptible host
 - 2. asepsis
 - a. equipment disinfection
 - b. equipment sterilization
 - c. medical aseptic technique
 - d. sterile technique
 - e. proper gel handling
 - 3. CDC Standard Precautions
 - a. hand hygiene
 - b. use of personal protective equipment (e.g., gloves, gowns, masks)
 - c. safe handling of contaminated equipment and surfaces
 - d. disposal of contaminated materials
 - 1. linens
 - 2. needles
 - 3. patient supplies
 - 4. blood and body fluids

- 4. transmission-based precautions
 - a. contact
 - b. droplet
 - c. airborne
- 5. additional precautions
 - a. neutropenic precautions (reverse isolation)
 - b. healthcare associated (nosocomial) infections
- F. Handling and Disposal of Toxic and Hazardous Material
 - 1. chemicals (e.g., disinfectants)
 - 2. safety data sheet
- G. Patient Monitoring and Safety
 - 1. ultrasound bioeffects and safety
 - 2. pressure and intensity measurement
 - a. thermal index (e.g., soft tissue, bone)
 - b. mechanical index
 - 3. research on biological effects
 - 4. AIUM recommendations
 - 5. health care team communication
- H. Interventional Procedures
 - 1. patient preparation
 - 2. time-out
 - 3. informed consent
 - 4. sterile technique
 - 5. fluid/tissue sample handling
 - 6. follow-up instructions



Image Production

1. Basic Principles of Ultrasound

- A. Generation of Signal
 - 1. transducers
 - a. construction and properties
 - 1. crystal thickness, wavelength
 - 2. frequency spectrum, resonance
 - 3. damping
 - b. operation
 - 1. focusing
 - 2. beam diameter
 - 3. piezoelectric effect
 - c. types
 - 2. beam configuration
 - a. near and far field
 - b. focal zone
 - c. beam profile
 - 3. pulse characteristics
 - a. pulse repetition frequency
 - b. pulse repetition period
 - c. spatial pulse length
 - d. duty factor
 - e. frequency
 - f. resolution
 - 1. axial
 - 2. lateral
 - 3. temporal
 - 4. elevational
 - 5. contrast

- 4. technical factors
 - a. frequency, bandwidth, Q factor
 - b. power
 - c. pressure
 - d. intensity
 - e. amplitude
- 5. modes
 - a. B-mode
 - b. Doppler
 - 1. color
 - 2. spectral
 - a. pulse wave Doppler
 - b. continuous wave Doppler
 - 3. power/energy
- B. Machine and Transducer Use
 - 1. selection
 - 2. care
 - 3. malfunctions
- C. ABI/Pulse Volume Recording Equipment (e.g., cuff selection)

(Image Production continues on the following page)



Image Production (continued)

2. Image Formation

- A. Technical Factors for Diagnostic Quality Images
 - 1. power
 - 2. focal zone
 - 3. depth
 - 4. compensation/TGC
 - 5. gain
 - 6. frame rate
 - 7. Doppler gain
 - 8. Doppler angle
 - 9. gate (sample volume) size/placement
 - 10. wall filter
 - 11. scale
 - 12. color box (size and steering)
 - 13. dynamic range
 - 14. line density
 - 15. spectral baseline
 - 16. harmonics
 - 17. spatial compounding
- B. Beam Interactions
 - 1. speed of sound in soft tissue
 - a. density
 - b. stiffness
 - 2. time and distance (range equation)
 - 3. acoustic impedance
 - 4. normal and oblique incidence
 - 5. reflection
 - 6. transmitted/refracted waves
 - 7. intensity
 - 8. scattering
 - 9. absorption and attenuation

- C. Detection and Display of Echoes
 - 1. receiver
 - 2. amplitude
 - 3. dynamic range and compression
 - 4. analog-to-digital converter (ADC)
 - 5. digital-to-analog converter (DAC)
 - 6. brightness
 - 7. contrast
 - 8. postprocessing (e.g., smoothing, edge enhancement, filtering, read magnification)
 - 9. panoramic imaging
 - 10. write magnification
- D. Bioeffects
 - 1. thermal
 - 2. mechanical (e.g., cavitation)
 - output measures (e.g., MI, TIS, TIC, TIB, SPTA)
 - 4. ALARA
- E. Measurements from Spectral Analysis
 - 1. peak systolic velocity (PSV)
 - 2. end diastolic velocity (EDV)
 - 3. resistive index (RI)/pulsatility index (PI)
 - 4. measure of systolic acceleration
 - a. acceleration time (AT)
 - b. acceleration index (AI)
 - c. tardus parvus waveform
 - 5. volume flow (e.g., hemodialysis fistulas)

(Image Production continues on the following page)



Image Production (continued)

3. Evaluation and Selection of Representative Images

- A. Criteria for Diagnostic Quality
 - proper demonstration of anatomical structures
 - 2. proper demonstration of pathological conditions
 - 3. artifacts
 - a. gray scale (e.g., reverberation, mirror image, shadowing, posterior enhancement, comet tail)
 - b. Doppler (e.g., aliasing, twinkling, mirror image)
 - 4. annotation (e.g., plane, position)
 - 5. improvement of suboptimal images
- B. Real-Time Imaging
 - 1. effect on image quality
 - 2. echogenicity of reflectors
 - 3. echotextures
- C. Color and Spectral Analysis
 - 1. direction of flow
 - 2. presence or absence of flow
 - 3. differentiation of normal and abnormal spectral waveforms
- D. Arterial and Venous Hemodynamics
 - 1. flow patterns (e.g., turbulence, phasicity)
 - 2. pressure
 - 3. velocity
 - 4. peripheral vascular resistance
 - 5. wall compliance
- E. Imaging Informatics
 - 1. information systems (e.g., HIS, RIS, EMR, EHR)
 - 2. networking
 - a. PACS
 - b. DICOM
 - c. teleradiology (e.g., off-site reading, third-party coverage)



Procedures

TYPE OF EXAM

1. Abdominal/Pelvic Vasculature

- A. Arterial
 - 1. aorta
 - 2. celiac
 - 3. hepatic
 - 4. splenic
 - superior mesenteric/inferior mesenteric
 - 6. renal
 - 7. common iliac
 - 8. internal iliac
- B. Venous
 - 1. inferior vena cava
 - 2. hepatic
 - 3. portal
 - 4. splenic
 - 5. superior mesenteric
 - 6. renal
 - 7. common iliac
 - 8. internal iliac
- C. Transplant
 - 1. liver
 - 2. kidney

FOCUS OF QUESTIONS

Practice Parameters (e.g., AIUM, ACR, IAC)

- · clinical indications
- patient preparation
- patient positioning
- instrumentation (e.g., transducer, stand-off pads)
- · technical factors
- evaluation and documentation of visualized anatomy
- · optimizing image quality
- image annotation

Anatomy and Physiology

- normal
- · normal variant
- abnormal
- measurements

Abnormalities

- pathology
- · congenital anomalies
- · lab values
- · differential diagnosis
- · incidental abnormal findings

Doppler Applications and Blood Flow Characteristics

- normal
- normal variant
- abnormal
- measurements

(Procedures continues on the following page.)



Procedures (continued)

TYPE OF EXAM

2. Arterial Peripheral Vasculature

- A. Upper Extremity
 - 1. brachiocephalic
 - 2. subclavian
 - 3. axillary
 - 4. brachial
 - 5. radial
 - 6. ulnar
 - 7. radial artery mapping
- B. Lower Extremity
 - 1. external iliac
 - 2. common femoral
 - 3. superficial femoral
 - 4. profunda femoris
 - 5. popliteal
 - 6. tibioperoneal trunk
 - 7. posterior tibial
 - 8. anterior tibial
 - 9. peroneal
 - 10. dorsalis pedis
- C. Pressure Testing
 - 1. PVR (pulse volume recording)
 - 2. segmental pressures (upper extremities)
 - 3. segmental pressures (lower extremities)
 - 4. ABI (ankle brachial index)
 - 5. photoplethysmography (PPG)

FOCUS OF QUESTIONS

Practice Parameters (e.g., AIUM, ACR, IAC)

- · clinical indications
- · patient preparation
- patient positioning
- instrumentation (e.g., transducer, stand-off pads)
- · technical factors
- evaluation and documentation of visualized anatomy
- · optimizing image quality
- image annotation

Anatomy and Physiology

- normal
- · normal variant
- abnormal
- measurements

Abnormalities

- pathology
- · congenital anomalies
- lab values
- differential diagnosis
- · incidental abnormal findings

Doppler Applications and Blood Flow Characteristics

- normal
- normal variant
- abnormal
- measurements

(Procedures continues on the following page.)



Procedures (continued)

TYPE OF EXAM

3. Venous Peripheral Vasculature

- A. Upper Extremity Venous
 - 1. internal jugular
 - 2. brachiocephalic
 - 3. subclavian
 - 4. axillary
 - 5. brachial
 - 6. cephalic
 - 7. basilic
 - 8. radial
 - 9. ulnar
- B. Lower Extremity Venous
 - 1. external iliac
 - 2. common femoral
 - 3. femoral
 - 4. profunda femoris
 - 5. popliteal
 - 6. great saphenous
 - 7. small saphenous
 - 8. calf veins
- C. Venous Testing
 - 1. vein mapping (upper and lower)
 - 2. reflux assessment (e.g., venous insufficiency, perforators, varicose veins, valve competency)

FOCUS OF QUESTIONS

Practice Parameters (e.g., AIUM, ACR, IAC)

- · clinical indications
- · patient preparation
- patient positioning
- instrumentation (e.g., transducer, stand-off pads)
- · technical factors
- evaluation and documentation of visualized anatomy
- · optimizing image quality
- image annotation

Anatomy and Physiology

- normal
- · normal variant
- abnormal
- measurements

Abnormalities

- pathology
- · congenital anomalies
- · lab values
- differential diagnosis
- · incidental abnormal findings

Doppler Applications and Blood Flow Characteristics

- normal
- normal variant
- abnormal
- measurements

(Procedures continues on the following page.)



Procedures (continued)

TYPE OF EXAM

4. Extracranial Cerebral Vasculature and Other Sonographic Procedures

- A. Carotid Artery
 - 1. CCA
 - 2. ICA
 - 3. ECA
- B. Vertebral Artery
- C. Other Sonographic Procedures
 - 1. bypass grafts
 - 2. endografts
 - 3. dialysis access grafts/fistulae
 - 4. stents
 - 5. post-catheterization complications
 - 6. IVC filters
 - 7. TIPS
 - 8. post endarterectomy
 - pseudoaneurysm treatment (compression or guided thrombin injection)

FOCUS OF QUESTIONS

Practice Parameters (e.g., AIUM, ACR, IAC)

- · clinical indications
- patient preparation
- patient positioning
- instrumentation (e.g., transducer, stand-off pads)
- · technical factors
- evaluation and documentation of visualized anatomy
- · optimizing image quality
- · image annotation

Anatomy and Physiology

- normal
- normal variant
- abnormal
- measurements

Abnormalities

- pathology
- · congenital anomalies
- lab values
- · differential diagnosis
- · incidental abnormal findings

Doppler Applications and Blood Flow Characteristics

- normal
- normal variant
- abnormal
- measurements