Training phantom for ultrasonic observation of tissue damage DTI Training Set

- Main body unit weight: 1.7 kg
- Main unit parts

[Sacral blocks] Qty.: 5 pcs./set Weight: 6.5kg Size: W180×D160×H55

[Greater trochanter blocks] Qty.: 5 pcs./set Weight: 4.2kg Size: W160×D150×H55

- Accessories: Baby powder
- Approved by: Prof Hiromi Sanada, Graduate School of Medicine, University of Tokyo

Training to understand a variety of different bed sore types at two points where DTI can easily occur



M193-2

Training phantom for ultrasonic observation of tissue damage Basic Set

- ●Main body unit weight: 1.7 kg
- Main unit parts:

Qty.: Sacral block (normal) $\times 1$, greater trochanter block (normal) $\times 1$, Total weight: 2.2kg

• Accessories: Baby powder



Practice

Checking the area

Lateral position for the greater trochanter region, and prone position for the sacral region. It is possible to carry out confirmation training for areas where bed sores can easily occur.

Greater trochanter region



Sacral region

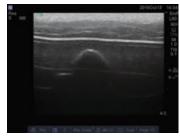


Extraction of minor axis and major axis

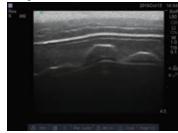
It is possible to project the optimum images from the minor axis and major axis and all other directions.



Minor axis



Major axis

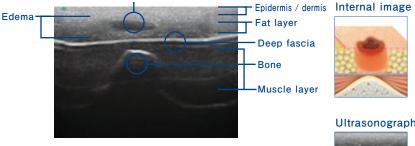


Training for observation of symptoms for the following four typical patters at the sacral region and greater trochanter region can be carried out.

Mild bed sore: edema and hypoechoic areas



Bed sore



Observing features such as loss of superficial fascia, localized areas of low brightness, and the location and depth of abnormal findings make it possible to confirm mild bed sore at category/stage I to II.

Moderate bed sore

At category/stage II. but doubtful if the DTI is severe

dema and cobblestone-type Injury is difficult to identify from the

Severe bed sore

skin surface, but symptoms are of severe DTI. Category/stage III

Bed sore forming a pocket

Category/stage IV type, and pocket can be observed expanding all the way around.

Normal

Normal fat layer, deep fascia and muscle layer with no observable loss of superficial fascia or rupturing

OBed sore

















Ultrasonographic image ----







