The Need for Guidelines for Medical Thermology

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EDITORIAL

The American Academy of Thermology publishes internationally peer reviewed Guidelines for Neuro-musculoskeletal, Breast, Veterinary and Oral-Systemic medical thermology studies. These Guidelines are updated each three years to reflect updates in current literature, expert opinion, and changes in technology.

While no Guideline is perfect, they do serve a purpose and are clearly needed. One need only look to other medical specialty societies or regulatory agencies to see that their use has become an important part of the practice of medicine. With the 2021 release of the AAT Neuro-musculoskeletal and Breast Guideline revisions the AAT has made significant strides toward the use of uniform nomenclature and technical requirements that will be carried forward in the 2022 revisions of the Veterinary and Dental-Oral Systemic Health Guidelines.

With more and more physicians of different medical specialties embracing medical thermology it should be expected that for the foreseeable future each new Guideline revision will be even more robust than the previous. But what will drive this going forward is the adoption of artificial intelligence into the field.

The American Academy of Thermology, in Cooperation with the Brazilian Association of Medical Thermology (ABRATERM), The Korean Society of Thermology and the Data Center for Korean Body Temperature, has created the Artificial Intelligence Infrared (AIIR) Alliance. The AIIR alliance is charged with creating standardized protocols of medical thermology studies so that Digital Imaging and Communications in Medicine (DICOM) formatting can finally be applied to the field.

With the introduction of DICOM into medical thermology imaging studies the door will be opened for artificial intelligence and machine learning enhancements. It is anticipated that this will have a major positive impact on the field. In association with the same, the AAT has also created a new Infrared Imaging Report Resource (IIRR) that will allow members to extract studies into a DICOM enabled reader and viewer, connect technicians and interpreting thermologists, allow for the safe and private exchange of information, and help to assure that reports follow a similar format.

All of this will enlarge the data base of studies available for analysis of thermal findings, identification of thermal signatures, and integration of medical thermology into prime-time medicine. No doubt, future revisions of the AAT Guidelines will be robust. It is an exciting time in the field of Medical thermology and the AAT Guidelines will surely continue to play an important role in the field going forward.