

Shoulder x ray views

By

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Teaching assistant

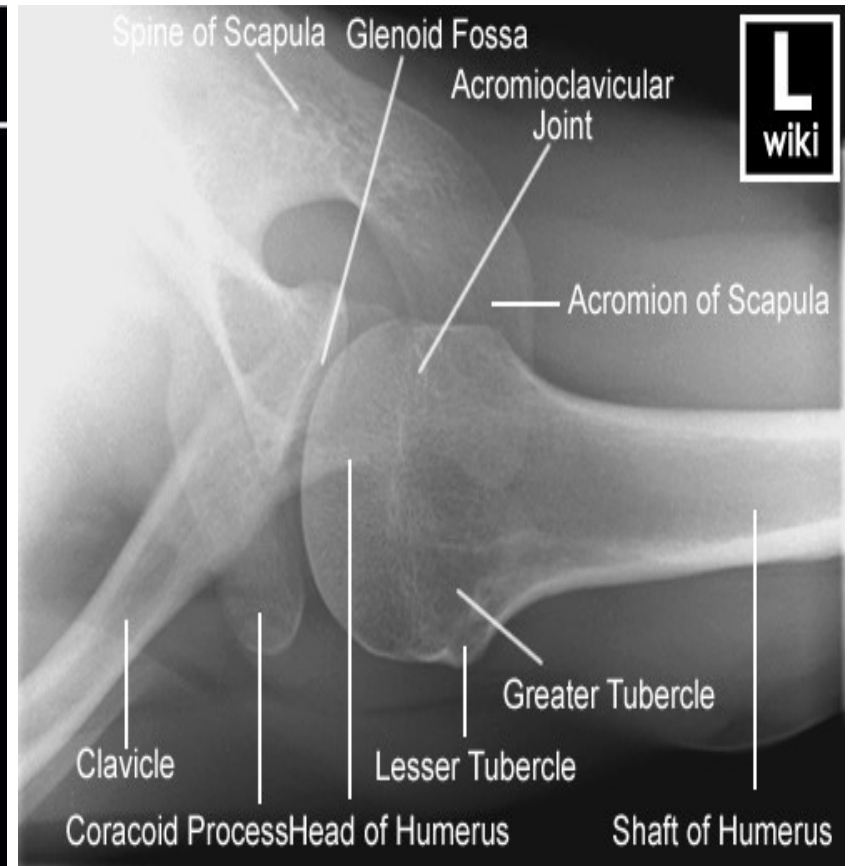
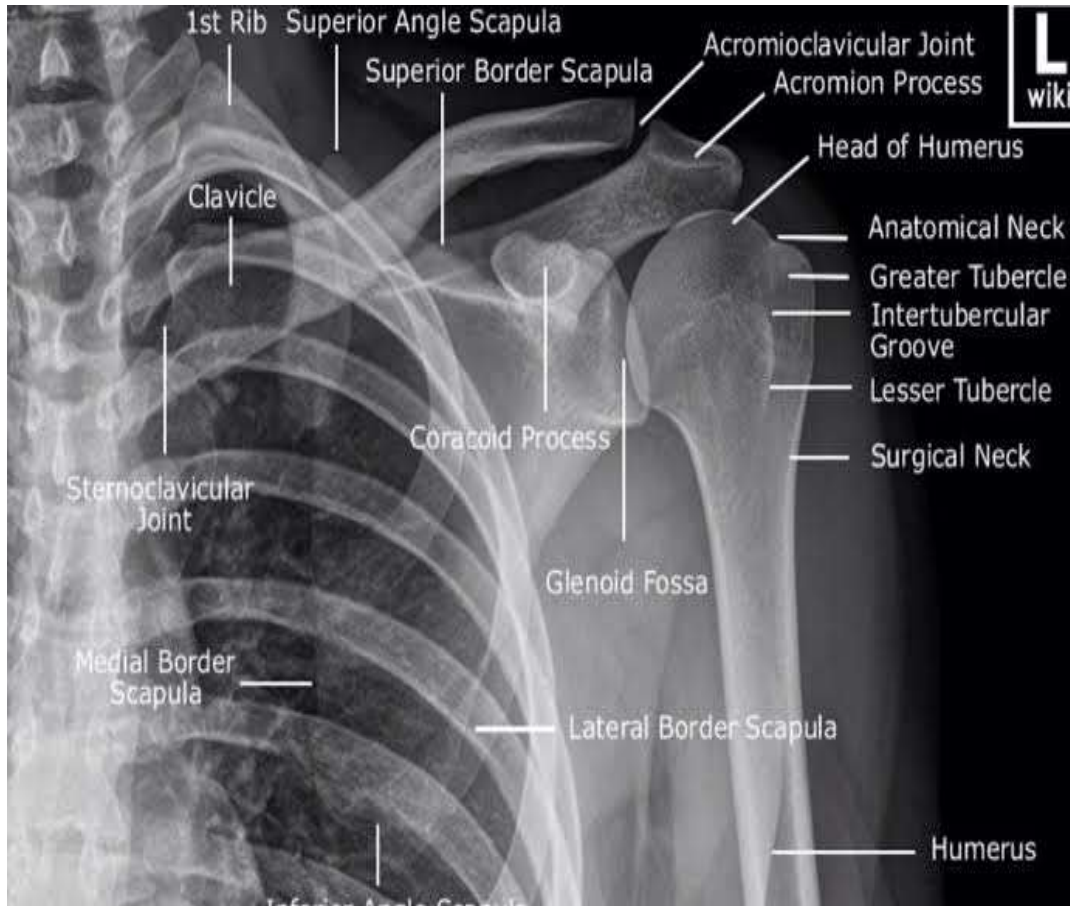
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Views

1. Shoulder AP view.

2. Shoulder axial view(Superoinferior view).



Indications

- ◆ shoulder trauma
- ◆ bony tenderness at the glenohumeral joint/region
- ◆ restriction of rotation
- ◆ instability
- ◆ suspected dislocation
- ◆ AC joint injury
- ◆ scapula trauma
- ◆ suspected arthritis
- ◆ non-traumatic shoulder pain
- ◆ Post op cases.

Contraindications

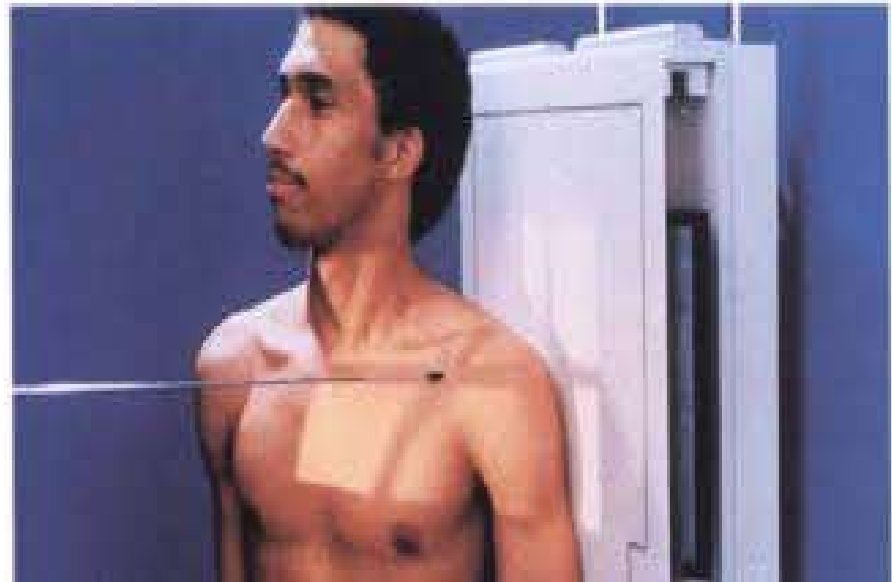
Pregnancy

Preparation

- ① **Collect History from patient.**
- ② **Patient is asked to remove all radiopaque materials.**
- ③ **Wear hospital gown.**
- ④ **If female patient come to x ray , chaperone is necessary.**
- ⑤ **Shielding is provided to patient.**

Shoulder AP view Positioning

- The patient is lying supine on x ray table or stand in front of chest stand.
- Trunk is rotated 30 degrees affected side until the scapula is parallel to cassette .
- The arm placed in anatomical position and shoulder is rested on the cassette.
- Shoulder is immobilised, side is marked and beam is collimated



Shoulder axial view Positioning

It is an appropriate projection to assess suspected dislocations, proximal humerus pathology, and glenohumeral articular surface

- Patient is seated on a stool on the side of x ray table , leaning Slightly towards the table.
- The arm is abducted and elbow is flexed 90 degrees , resting forearm and hand on table.
- Shoulder is positioned over the cassette to include gleno humeral joint .
- Side is marked and beam is collimated.



Centering

Shoulder x ray AP view: It is done on anterior aspect of shoulder over the coracoid process of scapula .

Shoulder x ray lateral view: It is done over head of humerus. Tube is tilted to 10 degrees laterlly.

Technique

- i. Kvp : 65**
- ii. Mas : 15**
- iii. Fss : large**
- iv. Ffd : 100 cms.**
- v. With or without grid.**
- vi. Casette size : 14" x 14"**

✘ **The secret of change is to focus all of your energy, not on fighting the old, but on building the new.”**
-Socrates

