Non-traumatic shoulder pain

Clinical evaluation

Plain radiograph

Impingement or rotator cuff pathology suspected

US / MRI

Glenohumeral instability suspected

MR arthrography

Other diagnosis

Treatment or further investigation accordingly
REMARKS

1 General
   1.1 Pain referred to shoulder should always be borne in mind in evaluating shoulder pain. Imaging examinations should be tailored to this regard.

2 Plain radiograph
   2.1 Plain radiographs are useful for excluding skeletal abnormalities and calcific tendinitis.
   2.2 Depending on site and type of lesion, additional special projections may be required.

3 US
   3.1 It is operator-dependent and expertise is required for diagnosing tendinosis, partial or complete tear in cases of rotator cuff injury due to irritation or overuse of those tendons.
   3.2 It is also useful for US guided aspiration and injection.
   3.3 Bone changes or labral lesions cannot be detected.

4 MRI
   4.1 Conventional MRI
      4.1.1 MRI is accurate in evaluating rotator cuff pathology.
      4.1.2 It also aids in detecting other soft tissue or osseous abnormality.
   4.2 MR arthrography
      4.2.1 Direct arthrography technique has the benefit of intraarticular distention by contrast with excellent anatomical details of glenoid labrum and biceps anchoring site.

5 CT arthrography
   5.1 It may be considered if the patient is contraindicated for MRI arthrography.

REFERENCES