



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 benefits 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

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3. Resnick D et al. Internal derangements of Joints. 2nd edition. Saunders Elsevier; 2007. p. 739-747.