



## 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

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2. Wise JN, Daffner RH, Weissman BN, et al. ACR Appropriateness Criteria® Acute Shoulder Pain. Available at <https://acsearch.acr.org/docs/69433/Narrative/>. American College of Radiology. Accessed 2017 April 6.
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