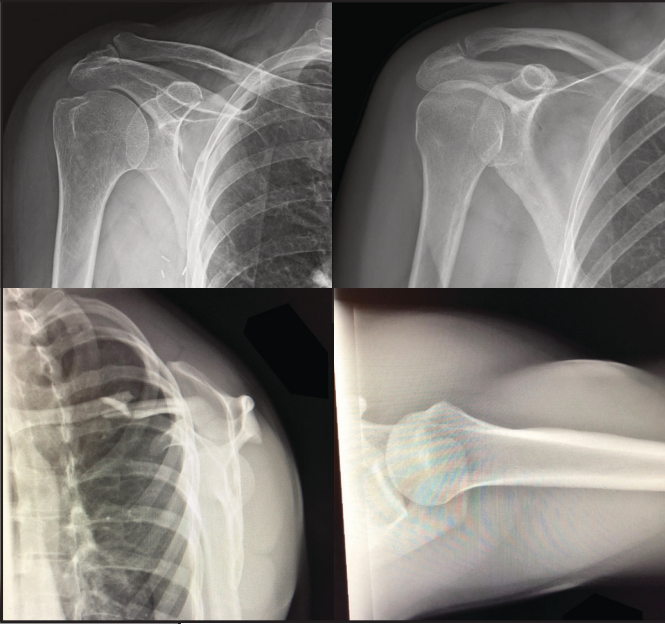


X-RAY GUIDELINES 1

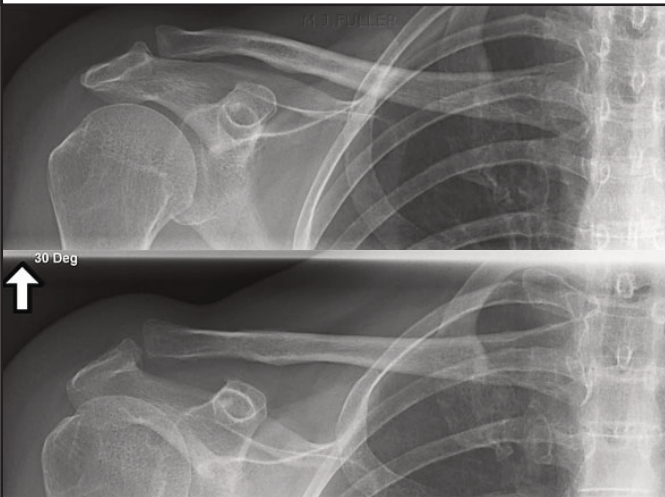
SHOULDER X-RAY VIEWS



SHOULDER X-RAYS

- for suspected acute dislocations, order a **scout (1-view)** of the shoulder to verify anterior dislocation and to assess for fractures before attempting reduction
- typical shoulder x-rays are 3-view: 1) **internal rotation**, 2) **external rotation**, and 3) either a **scapular Y** or an **axillary view** to assess for posterior dislocation. If the patient can tolerate it without too much discomfort, an **axillary view** is preferred
- if there is an obvious **proximal humerus fracture**, the third view should be a **scapular Y**, as an axillary view may lead to neurovascular compromise
- without the 3rd view, a **posterior dislocation** may easily be missed
- be on the lookout for a **non-displaced greater tuberosity fracture**, which may only be seen on the external rotation view
- on post-reduction films, look for **Hill-Sachs deformities** and **Bankart fractures**, both indicators of future shoulder instability

CLAVICLE X-RAY VIEWS

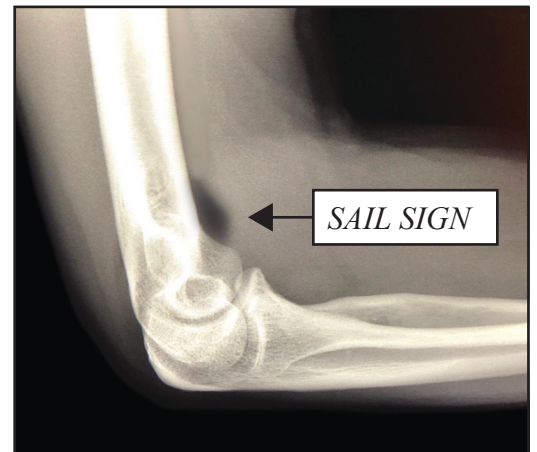


CLAVICLE X-RAYS

- Standard clavicle x-rays are 2-view: AP, and AP with cephalad angulation (15-30 degrees) to straighten out the clavicle
- clavicle x-rays are only ordered if there is **high clinical suspicion of a clavicle fracture and only a clavicle fracture**. Otherwise a 3-view shoulder diagnoses a clavicle fracture nearly as well but also yields far more information

ELBOW X-RAYS

- a **3-view x-ray** is standard (AP, lateral, and an oblique view to isolate the radial head)
- be on the lookout for a **sail sign** on the lateral view (triangular elevation of anterior fat pad), which indicates either an occult **supracondylar fracture** or **radial head fracture** that may not otherwise be seen



ELBOW X-RAY VIEWS