SHOULDER MRI
for
THE NON-RADIOLOGIST
2013 Alaska American College of Physicians and Alaska Osteopathic Medical Association Joint Scientific Meeting
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Disclosure
I have no actual or potential conflict of interest in relation to this program/presentation.

SHOULD I BELIEVE THE RADIOLOGY REPORT?

• Yes, but only to a point.
• First, do you trust your radiologist? Is he/she a local physician or are they reading your scan in Timbuktu??
• Just as all medical care is not equal, neither is the accuracy or the quality of the reports you are receiving!
• Just because the report is long and complicated doesn’t mean it is complete or accurate!!
SO WHAT SHOULD I DO?

1. Look at the scan yourself.
2. Have a cursory knowledge of the anatomy around the shoulder.
3. Be aware of the proper way the scan should be set up (this will give you confidence that the images you are seeing reflect the real anatomy).
4. Have you ordered a E scan with a 0.5 Tesla Magnet or is it a 1.5 Tesla scan with the latest software?
5. Do I want a MR-Arthrogram?

MR-ARTHROGRAM

- Pros and Cons
  a. Pros
     1. The dye outlines the joint and flows into the small nooks and crannies of the soft tissue and makes them easier to see.
     2. Makes it easier to evaluate the articular surface.
     3. Makes it easier to diagnose a SLAP lesion (maybe).
  b. Cons
     1. Makes it harder (for me) to make the diagnosis of a SLAP lesion.
     2. Costs more.

GANTRY ANGLE
WHAT SHOULD I LOOK FOR AND WHAT PULSE SEQUENCES SHOULD I USE?

• The simple answer is whatever works for you.
• For me, the grayer the image, the better I like it. Most radiologists will tell you they use them all because each gives them a different hint about what is going on within the shoulder.
• I personally do not like MR-Arthrograms.

WHAT DO I LOOK FOR??

1. Is there acromial or coraco-acromial ligament impinging on the rotator cuff.
2. What does the Supraspinatus look like.
   a. Superior leaf
   b. Inferior leaf
   c. Is there delimitation within the tendon itself
3. Is there a halo around the long head of the biceps?
4. Is there a para-labral cyst?
5. What does the subscapularis look like?

WHAT DOES THIS ALL MEAN?

• Is your patient reliable and has no secondary gain?
• Has conservative treatment failed including PT and/or rest?
• If so then you may need to look at the MRI so you are sure nothing major has been missed.
• There are a lot of people running around with significant shoulder pain with MRIs read as normal, but they are not normal.