

An Interactive Learning Experience: Emerging Skills for AT Professionals & AT Educators

#### Plain Film Diagnostics: Views for Common U/E Orthopedic Injuries Jeffrey R. Brown, MD

Director of Primary Care Sports Medicine, CT Sports Medicine Institute St. Francis Hospital - Trinity Health Of New England Asst. Fellowship Dir., UCONN Primary Care Sports Medicine Fellowship Team Physician, Central CT State University

#### **Disclosure Slide**

- No conflicts of interest
- No relevant financial relationships



#### Learning Objectives

- Recognize basic terminology used by health professionals when discussing plain film radiology imaging.
- Discuss common x-ray views for identifying specific orthopedic pathology.
- Demonstrate diagnostic accuracy by correctly interpreting common x-ray images in the upper extremity.

- Verify name
- Verify DOB
- Verify date of study
- Identify type of study & specific views
- Is quality of x-ray adequate?

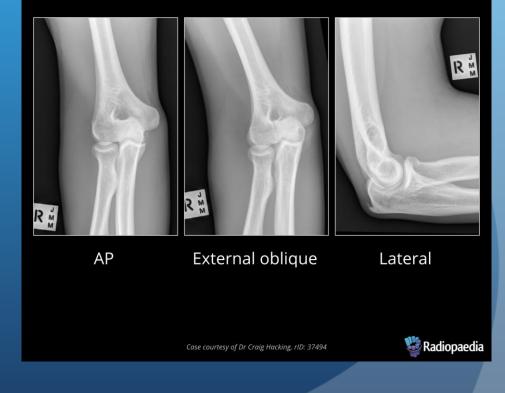


- Identify Specific Views
- Humerus
  - AP
  - Lateral



- Identify Specific Views
- Elbow
  - AP
  - Lateral
  - External oblique





- Identify Specific Views
- Wrist
  - AP
  - Lateral
  - Oblique
  - Scaphoid

#### Scaphoid view



#### Wrist series



PA





Oblique

Lateral



- Identify Specific Views
- Hand
  - AP
  - Lateral
  - Oblique

#### Hand series



- Identify Specific Views
- Clavicle
  - AP
  - AP cephalad 20 deg

#### **Clavicle series**



AP



Axial

Case courtesy of Dr Craig Hacking, rID: 36886



- Identify Specific Views
- Shoulder
  - AP (ER and IR)
  - AP Grashey GH joint
  - Scapular outlet view (SOV)
  - Axillary
  - Zanca
    - AP 10-15 deg angulated



**AP IR** 

**AP ER** 



#### Reading a "plain film" x-ray: The basics - Shoulder x-rays AP Grashey or Glenoid view - Scapular outlet view (SOV) GH joint



## Reading a "plain film" x-ray: The basics - Shoulder x-rays

Axillary view - articular surfaces glenoid & humerus Zanca view - 10-15 deg cephalad - AC joint





- Is quality of x-ray adequate?
  - Correct views?
  - Are Structures in view?
  - X-ray penetration/brightness OK?
  - Artifact obstructing?



#### Reading a "plain film" x-ray: The basics - to this point

- Verified patient's name, DOB, Date of study
- Identified the specific views of study
- Assessed the quality of the images
- $\rightarrow$  we are ready to interpret the images

- Assess the bones
  - Alignment
  - Bone density
  - Cortical outline
    - Fracture
    - Bony lesions
    - Foreign bodies





SUPINE ALERT

- Assess the joint spaces
  - Widened?
    - Ligament injury
    - Dislocation
    - Distracted fracture
  - Narrowed?
    - Degenerative process
    - Ulnar positive variance
  - Growth plates
    - Compare other side



- Assess the soft tissue
  - Swelling
  - Joint effusion
  - Bursitis
  - Sail/fat pad sign elbow
    - Elevation of anterior fat pad from joint effusion
    - Intra-articular injury
  - Foreign body





- Assess the surrounding organs/structures
  - Shoulder x-rays
    - Lungs
    - Heart
  - Identify abnormalities



• Come up with an Interpretation:

- 3 view x-ray series of the right elbow from 3/7/2023 demonstrates an anterior fat pad sign, consistent with the visible non-displaced radial head fracture.
- 4 view x-ray series of the left wrist from 3/7/2023 demonstrates a non-displaced, scaphoid waist/middle third fracture.

#### A Case example

- 18 y.o. football player
- Tackled, landed top of shoulder, adducted pos
- Inspection clavicle deviated superiorly
- Palpation Tender over AC joint
- Team physician orders shoulder x-rays



#### 18 yo Football player w/Rt. Shoulder Injury

- Comes to the TR in a sling
- CD-ROM w/x-rays from urgent care
- Verify
  - Patient's name
  - DOB
  - Study date



# Identify the specific views of study - AP IR Assess the quality of the images

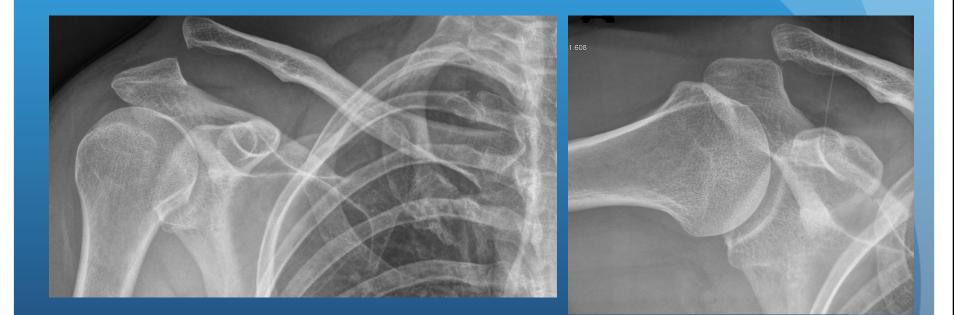


Identify the specific views of study - ?Axial
Assess the quality of the images

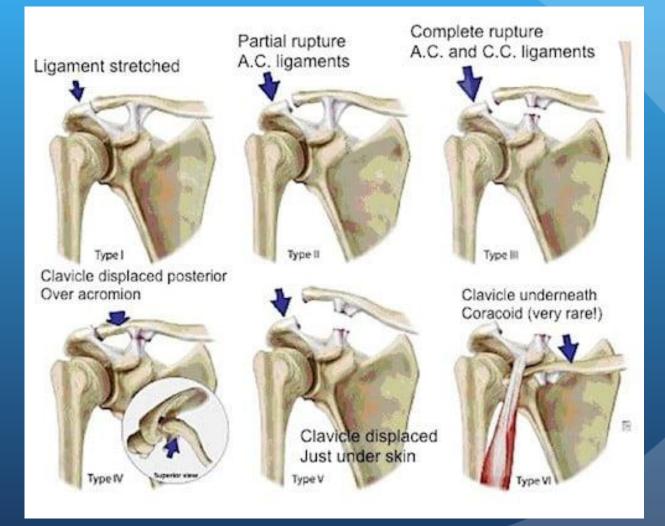


# -Assess the bones

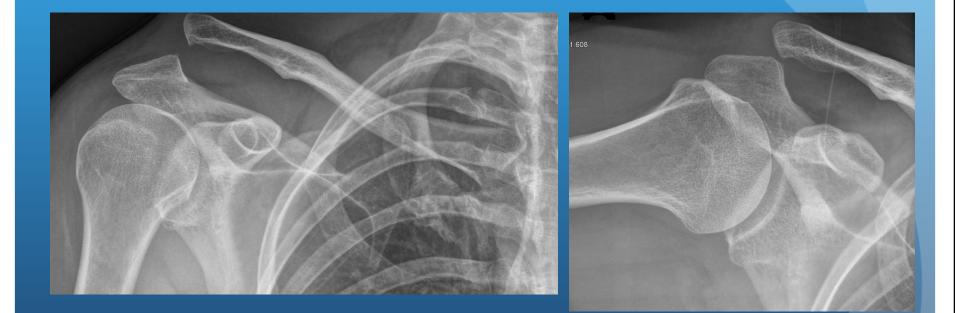
- -Assess the joint spaces
- Assess the soft tissue
- Assess surrounding organs & structures



#### **Types of ACJ Separation**



-Come up with an Interpretation: 2-view x-ray series of the right shoulder from 3/7/2023 demonstrates a Type 3 ACJ separation and no fracture.



# Off to the small groups...



#### References

- The ABC's of Extremity X-ray Interpretation for NP's. Thrive AP. <u>www.thriveap.com</u>. Accessed Feb 16, 2023.
- Botz, Balint. Rockwood Classification of Acromioclavicular Injury. Radiopaedia.org. March 16, 2021.
- Hartnett, DA, etal. The Weekend Warrior: Common Shoulder and Elbow Injuries in the Revreational Athlete. *The American Journal of Medicine*. March 2022;135(3):297-301.
- Knipe, Henry. Shoulder Series. Radiology Reference Article. Radiopaedia.org. Sept 27, 2021.
- Monica, J. Acute Shoulder Injuries in Adults. *American Family Physician*. 2016; 94(2): 119-127.

#### References

- Patel, DS. Common Fractures of the Radius and Ulna. *American Family Physician*. 2021; 103(6):345-354.
- Patel, H, et al. "Tennis overuse injuries in the upper extremity." *Skeletal Radiology*. 50 (2021): 629-644.
- Scheir, E., et al. "The child with a painful arm: a POCUS screening protocol to identify fracture in children with upper extremity injury." *The Journal of Emergency Medicine*. 2021. 60(2):202-209.
- Suraj A, et al. Apophysitis and Osteochondrosis -Common causes of pain in growing bones. American Family Physician. 2019.99(10):610-618.