IMAGEN

MSK Shoulder

Ultrasound Protocol Cheat Sheet

Indications on when to perform an MSK Shoulder

A diagnostic US (ultrasound) may be appropriate to perform on patients whose clinical profile is consistent with one of the following areas:

- **Pain** (chronic or acute, localized or diffuse)
- **Swelling or Effusion** (joint or soft tissue swelling, suspected bursitis)
- **Tenderness** (localized pain with palpation, suspected soft tissue abnormalities)
- **Trauma or Injury** (suspected ligament, tendon, or muscle tears, contusions)
- **Restricted Range of Motion** (joint stiffness or mechanical locking)
- **Weakness** (loss of strength due to potential muscle or tendon injury)
- **Clicking, Popping, or Snapping Sensation** (indicative of structural abnormalities)
- **Instability or Giving Way** (suggesting ligamentous or tendon involvement)
- **Numbness, Tingling, or Radiating Pain** (possible nerve entrapment)
- **Deformity or Mass** (suspected cysts, lipomas, ganglion cysts, or tumors)
- **Redness or Heat** (suggesting inflammatory arthritis, infection, or bursitis)

Imaging Protocol

The following steps outline the protocol to complete this exam Prior to Patient Arrival: Review the patient chart to obtain history and reason for the exam.

- Image Acquisition: Exam will include a targeted area exam as dictated by the patient's symptom and the order.The necessary views listed below:
    - **Targeted Area:** Area of concern is evaluated in transverse and sagittal planes. Document adequately by labeling in as much detail the area of concern as well as timeline of presence. Pathological findings must be documented in two planes. Below are the images that need to be acquired.
        - B-mode transverse and sagittal planes
        - Color Doppler analysis in transverse and sagittal planes
        - Measurement of any cyst, mass, foreign body, or lesion seen in length, height, and width
        - If pathology is present, document in sagittal and transverse with cine clip labeling superior to inferior or medial to lateral.

-Diagnostic MSK Shoulder Ultrasound Protocol Cheat Sheet End-

Version 1.0, Last Update on 01/30/2025

IMAGEN

Images 1-2 Arm is bent at 90 degrees, palm up, arm slightly away from body

Image 1: Transverse Biceps Tendon in bicipital groove

Image 2: Long Biceps Tendon distal insertion

Image 3: Long Biceps Tendon Muscle/Tendon

Images 4-5 Arm in modified crass position

Image 4-5: Long Supraspinatus to obtain entirety

Image 6: Transverse Supraspinatus

Cine: Motion of supraspinatus and humerus

For images 7 Arm is bent at 90 degrees, palm up, arm towards body

Cine Clip/Image 7: Assess for sub coracoid impingement. Have the patient SLOWLY move the arm away and towards the body for cine

For images 8-9 Arm is bent at 90 degrees, palm up, arm slightly away from body

Image 8: Subscapularis Long

Image 9: Subscapularis Transverse

Cine: Motion of subscapularis and humerus

Move to the posterior shoulder. Arm is in "pledge of allegiance"

Image 10 : Long Infraspinatous

Cine: Motion of infraspinatus and teres minor

Image 11: Long Teres Minor

Image 12: Posterior Transverse

Image 15: AC Joint

Version 1.0, Last Update on 01/30/2025