## B – Superior Shoulder

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AI) Position

Patient Position

-Seat your patient with the shoulder adducted and elbow flexed to approximately 90°.

- Supinate the forearm and rest it on the thigh.

Transducer Position

-Directly on the apex of shoulder

AII) Pathology

• Os Acromiale (where the acromion fails to fuse)

• AC Joint Osteoarthritis and cysts

• AC Joint infection

AIII) Assess

•The bony cortices of both the proximal acromion and the distal clavicle

• Evaluate for capsular dilatation

• Look for the “geyser sign” (pathognomonic for complete rupture of the supraspinatus)

C – Antero-Lateral Shoulder. Supraspinatus Tendon

cI) Position

Patient Position

-Crass Manoeuvre - The shoulder is adducted, in extension, and internally rotated (reaching towards the contralateral scapula).

Transducer Position

-Start in the long axis with the transducer placed in a vertical position just medial to the humeral head.

- To obtain a short axis view, turn the transducer 90°.

Transducer Tips

Transducer position may seem counterintuitive at first. Be mindful of the position of the humeral head (internal rotation in the Crass position vs. external rotation in the Modified Crass)

cII) Pathology

- Supraspinatus Tear (partial vs. full-thickness)

- Supraspinatus Tendinosis

cIII) Assess:

Cortex of the greater tuberosity

• Thickness and echogenicity of the tendon in long and short-axis

• Assess for a tear:

• If complete, note the distance the tendon has retracted

• If partial, note whether there is a bursal vs. articular tear

• Dynamic Manoeuvre: Abduction of the shoulder to 90° to assess for bursal ± tendinous impingement beneath the acromion.