

## University of Washington Shoulder X-Rays

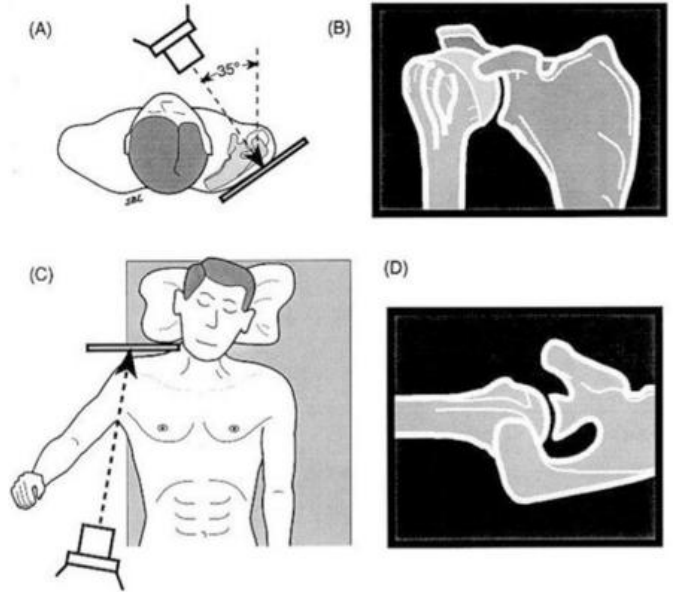
\*\*\*The University of Washington Department of Radiology can digitize outside films and CDs into our system. If your health care provider places the images onto a CD, please note that CD films must be in the DICOM format in order to be scanned into our system\*\*\*

Please send the images to: Frederick A. Matsen III, M.D.  
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In order to adequately evaluate the shoulder, it is important that we have proper radiological images of your shoulder. Please have the Radiologist perform the following three views when you have films taken of your shoulder:

1. Grashey AP of the shoulder
2. AP of the humerus
3. True Axillary

The following images show how a Grashey AP (A & B) and True Axillary (C & D) should be taken.



### Grashey AP of Shoulder

This view is taken in the plane of the scapula and allows us to assess glenohumeral joint space. The following image illustrates a good Grashey AP view, which shows the space between the glenoid and humerus.



### True Axillary View

The True Axillary View allows us to measure the glenohumeral joint space in a different plane. When properly done, we are able to assess the anterior and posterior glenoid rim. This allows us to identify glenoid rim lesions as well as wear patterns on the glenoid. A proper True Axillary View should have an “eye” created by the acromion and posterior glenoid. Absence of this “eye” indicates that we are not viewing the true anterior and posterior edges of the glenoid.

