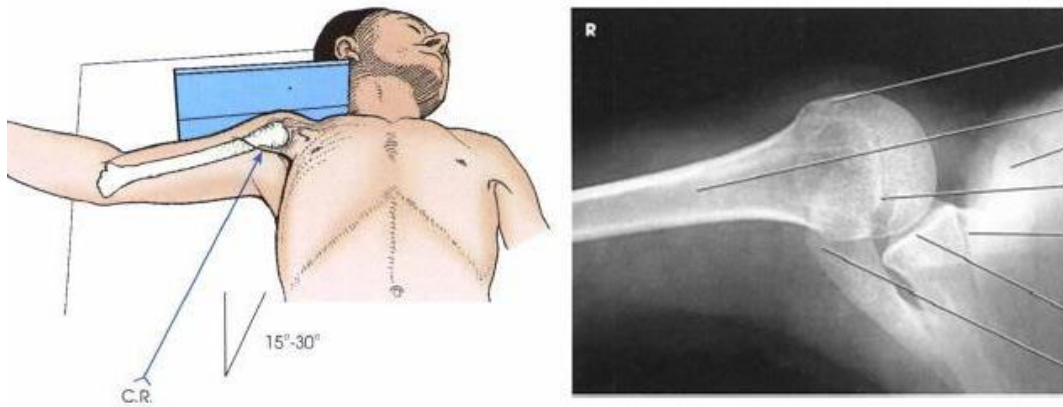


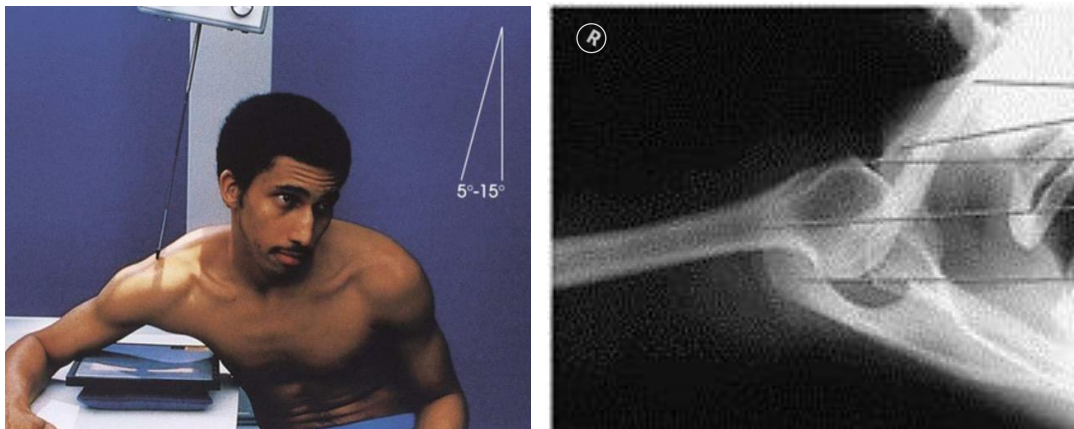
Inferosuperior Axial Projection Lawrence Method Projection

- With patient supine, build up head and affected shoulder with sponge and turn head away;
- Abduct arm as much as possible up to 90° and externally rotate;
- Place vertical image receptor against shoulder and as close to neck as possible; and
- Direct horizontal central ray angled 15°-30° to enter axilla and pass through AC joint.
 - Greater abduction, greater angle



Superoinferior Axial Projection Shoulder

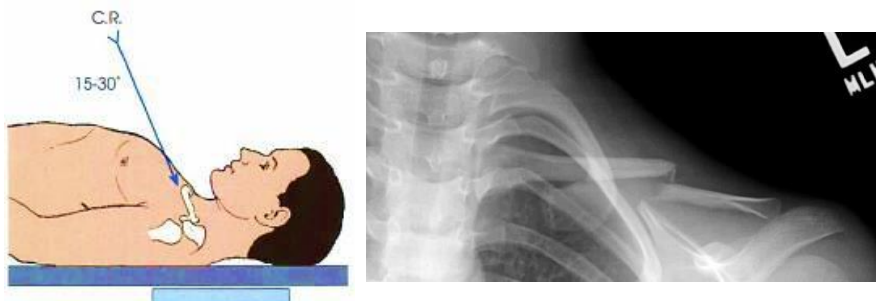
- Lean seated patient laterally with affected shoulder over image receptor and rest forearm on other side with pronated hand;
- Tilt patient head away; and
- Angle central ray 5°-15° towards elbow and direct through shoulder joint to exit axilla.
 - Less lateral lean, greater angle



CLAVICLE



Entire clavicle should be imaged on AP.



Angle central ray 15° (thick patient) to 30° (thin patient) for AP Axial Clavicle