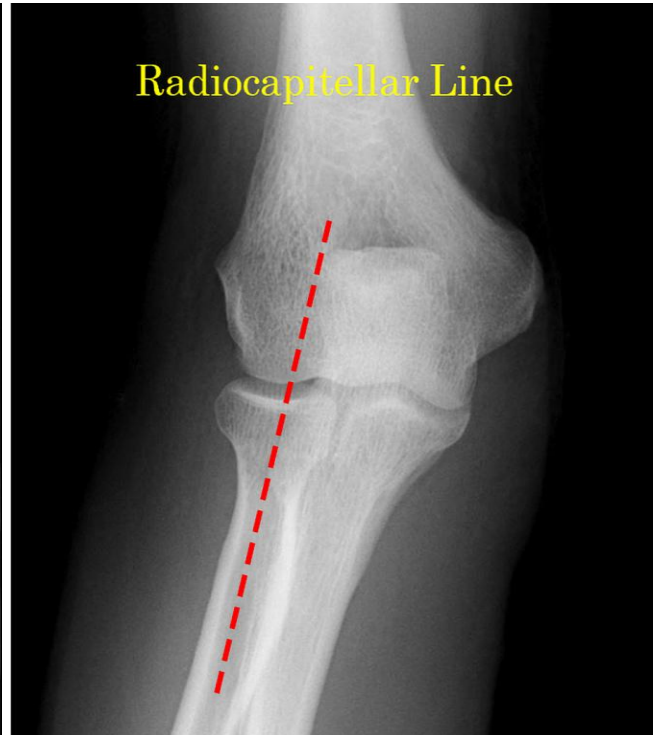
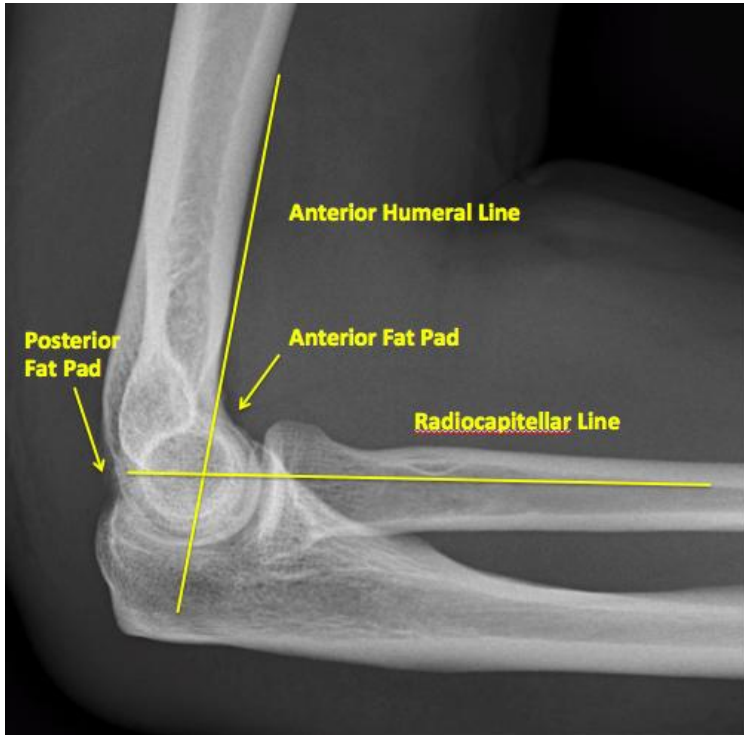
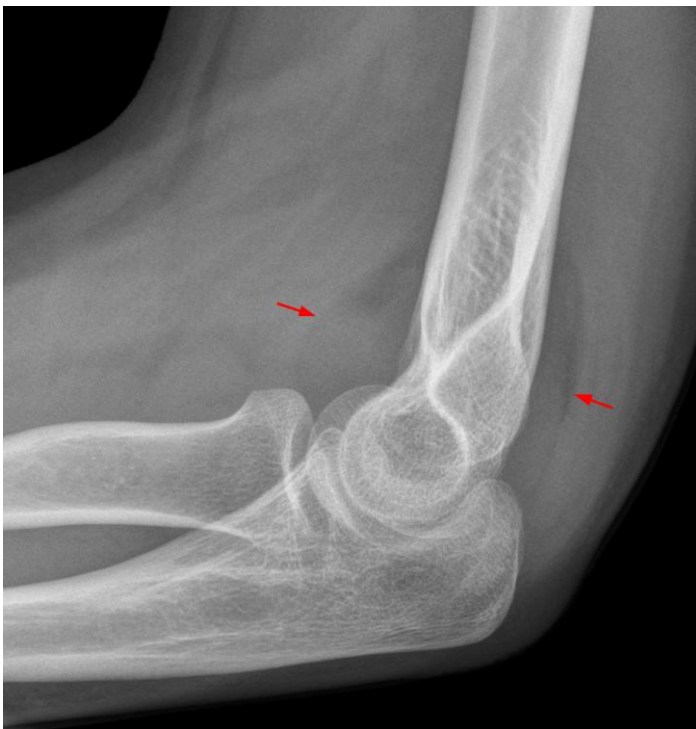


MUSCULOSKELETAL ELBOW XR INTERPRETATION



Radiocapitellar line: a line drawn through the longitudinal axis of the radius should pass through the capitellum. If it does not then there is a dislocation of the radial head.

Anterior Humeral Line: a line traced along the anterior cortex of the humerus will have at least 1/3 of the capitellum anterior to it. Less than 1/3 there is likely supracondylar fracture with posterior displacement of the distal fragment.



Fat Pads

- Elevated fat pads indicate an effusion.
- In the setting of trauma there may be an obvious fracture.
- If there is no obvious fracture but elevated fat pads are present suspect an occult radial head (adult) or supracondylar (child) fracture.
- The anterior fat pad is usually visible but not elevated.
- The posterior fat pad is usually not visible and is abnormal if seen.



CRITOL

6 months -> 12 years

Capitellum

Radial Head

Internal epicondyle

Trochlea

Olecranon

Lateral epicondyle

CRITOL

- 6 ossification centres appear between in 6 months and 12 years.
- The order in which these form is relatively consistent.
- The trochlear centre always forms after the internal epicondylar centre.
- If the trochlear centre is seen there must be a visible epicondylar centre – check its position. If the internal epicondylar centre is not seen it may be grossly avulsed, displaced and trapped in the elbow joint masquerading as the trochlear centre.

