

Optimizing Bone CT: General

Bones (S)(C)(H)

Radiographs

AP & Obl

Ax & WP

Y & ACJ

AC Injury

GH Dislocate

Anterior

Posterior

● CT

Final Case

Conclusion

There are always 3 things technologists can do to optimize Bone CT

1) Optimize Patient Positioning

- ✓ Try to center the bone
- ✓ Get other bones/metal out of scanning FOV

2) Optimize Scanning Technique

- ✓ Thin slices, 50% overlap
- ✓ Use small focal spot, small display FOV

3) Optimize Reformats

- ✓ 2D: Angle slices relative to ANATOMY
- ✓ 3D: Rotate & Segment

Optimizing Bone CT: Shoulder

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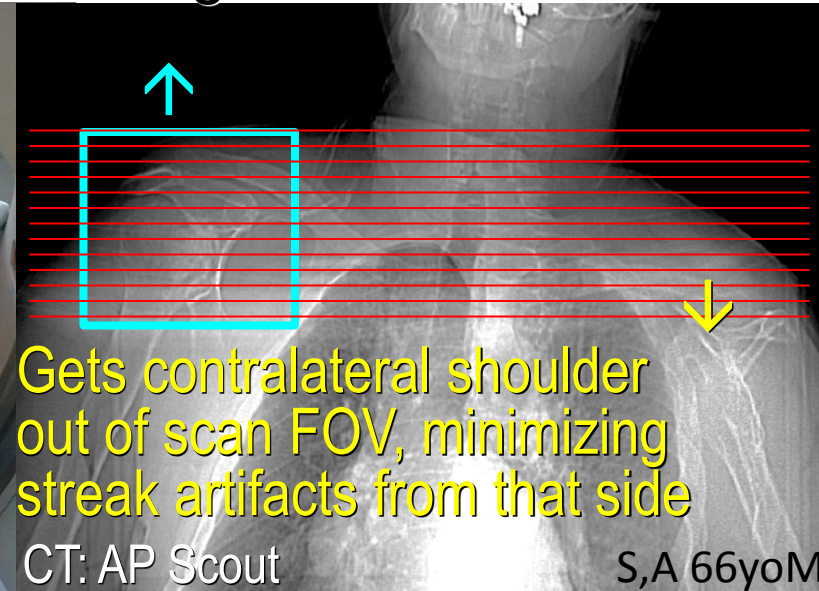
● CT

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1) Optimize Patient Positioning

- ✓ Try to center the bone ← *This depends on body habitus*
- ✓ Get other bones out of scanning FOV ← *This does not*



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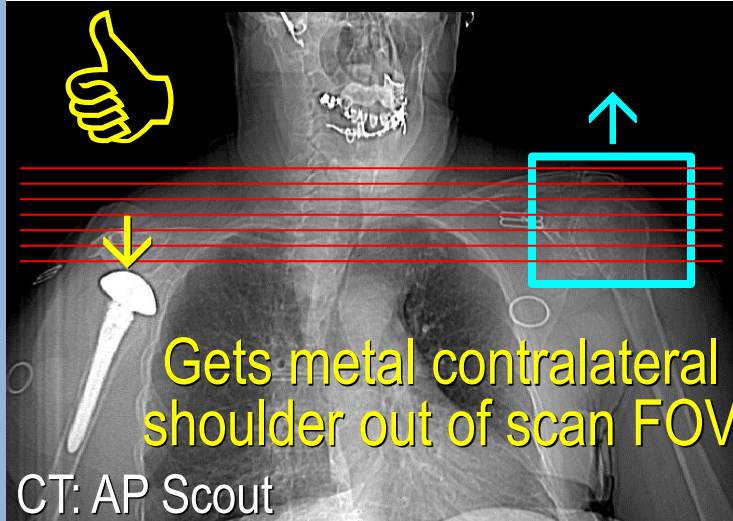
● CT

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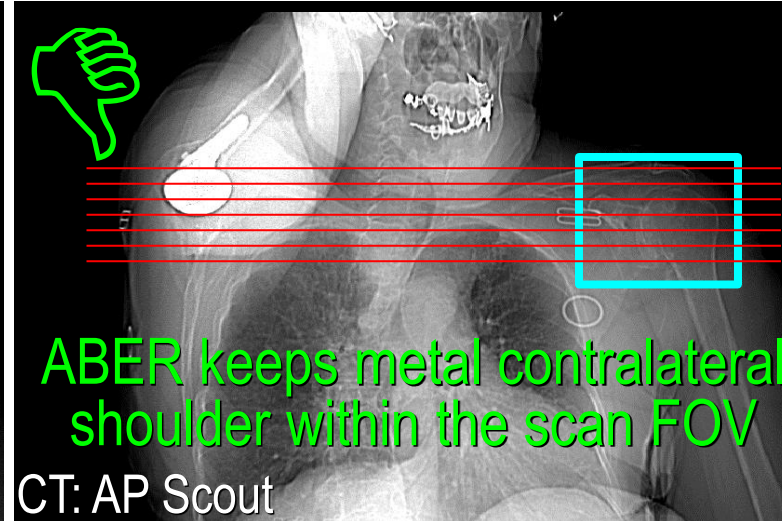
Conclusion

1) Optimize Patient Positioning

- ✓ Try to center the bone ← *This depends on body habitus*
- ✓ Get other bones out of scanning FOV ← *This does not*
- ✓ **GET METAL OUT OF SCANNING FOV!**



“Schreibman Shrug”



C,B 83yoF

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2) Optimize Scanning Technique

(This is what my physicist tells me..)

a) Use Small Focal Spot

- Cannot manually select small focal spot
- Small focal spot comes on automatically if the mA < particular value, based upon the kV
 - ✓ Ask your Application person for your CT scanner
- Can use Automatic Exposure Control (AEC)
 - ✓ Set the Max mA value to be less than the maximum allowed mA for the small focal spot

GE CT Scanner mA Limits

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Scanner Name	Scan FOV	140 kV	120 kV	100 kV	80 kV
Discovery CT750HD	Normal mode: Large Focal Spot	715	835	800	700
	Hi Res mode: Large Focal Spot	540	625	750	700
	Normal mode: Small Focal Spot	10 - 490	10 - 570	10 - 680	10 - 620
	Hi Res mode: Small Focal Spot	10 - 360	10 - 420	10 - 500	10 - 620
LightSpeed VCT 64, LightSpeed 16 Pro, & Optima CT 580	Large Focal Spot	715	800	770	675
	Small Focal Spot	10 - 335	10 - 335	10 - 310	10 - 300
Revolution Evo & Optima CT660	Large Focal Spot	515	560	480	400
	Small Focal Spot	10 - 170	10 - 200	10 - 240	10 - 300
LightSpeed 16, & LightSpeed 8	Large Focal Spot	380	440	420	400
	Small Focal Spot	10 - 170	10 - 200	10 - 240	10 - 300

What kV to use?

- Adults:
✓ **At least 120**
- Large Adults:
✓ **Use 140**
- Small child:
✓ **Use 100**

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2) Optimize Scanning Technique

(This is what my physicist tells me..)

b) Thin slices with 50% overlap

- Shoulder: Thin but not too thin (1-1.5mm)
 - ✓ <1mm slices may be too noisy (We use 1.25mm)
- 50% overlap yields better reformats
 - ✓ Adds information to the stack of axial images
- Pitch close to 0.5
 - ✓ Reduces helical artifacts
 - ✓ Uses less mA, hence use small focal spot

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c) Use smallest possible display FOV to maximize resolution

- Display FOV always = 512 pixels
- ↓ Display FOV → smaller pixel size
- Smaller pixel size → higher resolution

Just a little math...

50cm display FOV / 512 pixels → pixel size \approx 1 mm

25cm display FOV / 512 pixels → pixel size \approx 1/2 mm

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(This is what my physicist tells me..)

d) Use “Ultra High Resolution” (UHR)...

...if available on your CT scanner

- On any CT scanner, resolution degrades dramatically as you move away from center
 - ✓ ***This will always be an issue with shoulders***
- Hi Res uses fluctuating focal spot position
 - ✓ Minimizes off-center sharpness degradation
 - ✓ ***Particularly useful for shoulders***

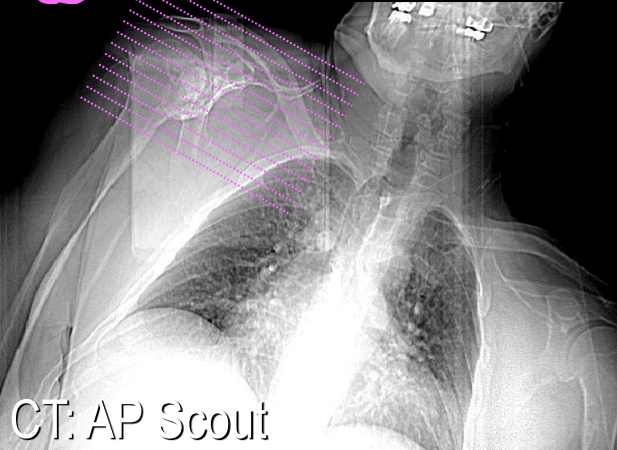
Optimizing Bone CT: Shoulder

Bones (S)(C)(H)
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3) Optimize Reformats

➤ Angle slices relative to ANATOMY *Not relative to table*

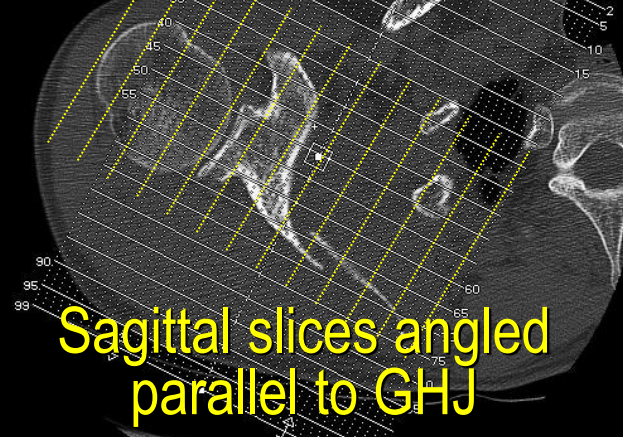
Overly aggressive shrugs:
Angle axial reformats



CT: AP Scout

www.schreibman.info

Coronal slices angled perpendicular to GHJ



CT: Axial image through GHJ

Sagittal slices angled parallel to GHJ



Slices should not be coronal to the table

Also, all these annotations should be turned off

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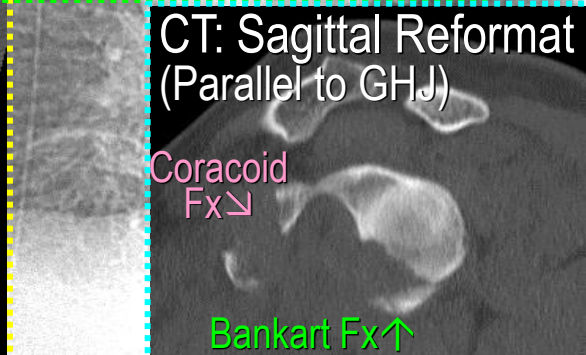
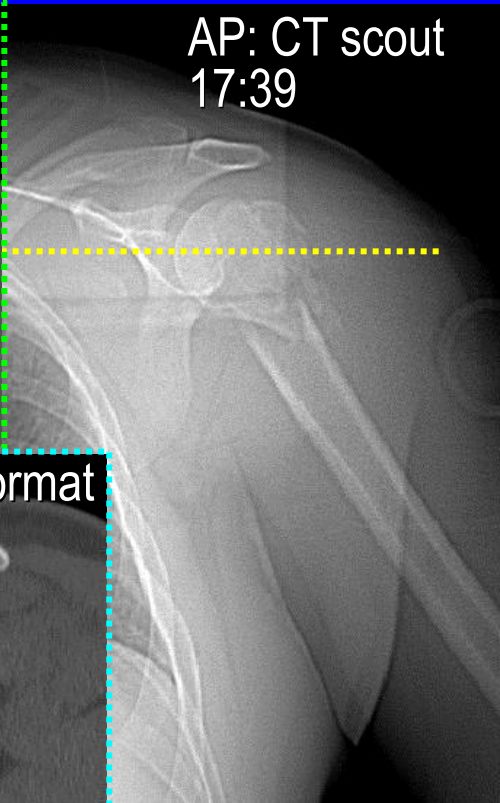
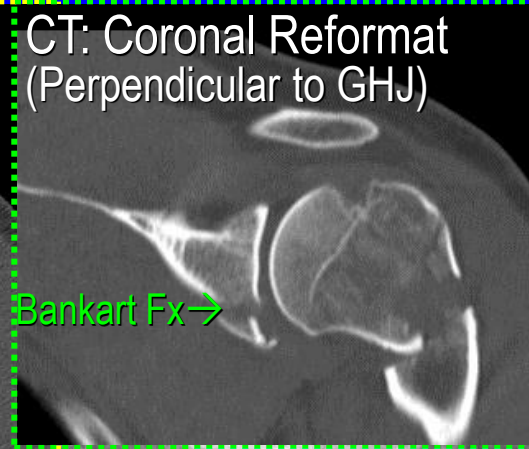
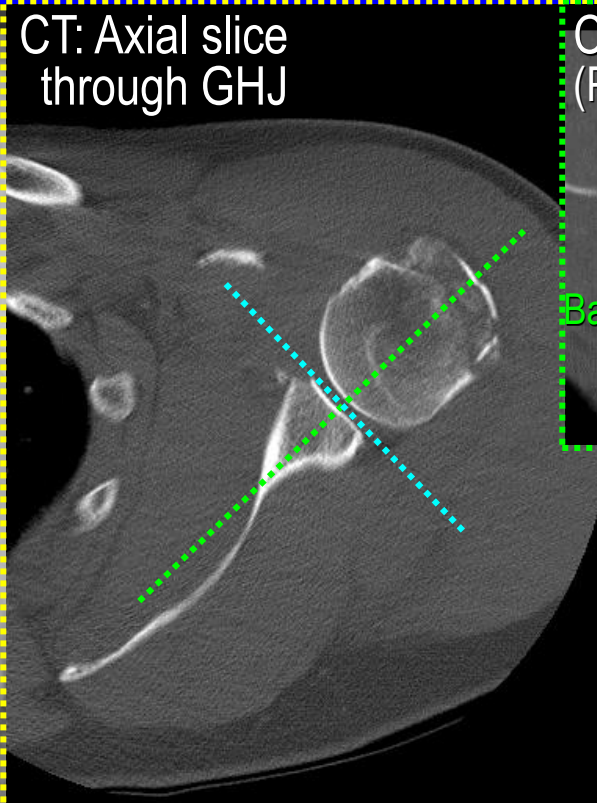
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3b) Optimize 3-D Reformats

- ✓ Series of 36 rotating images, 10° intervals
 - ❖ Rotate around both vertical and horizontal axes
- ✓ Disarticulate humerus/scapula



Case CT: 2D Reformats



CT: 3D Reformats

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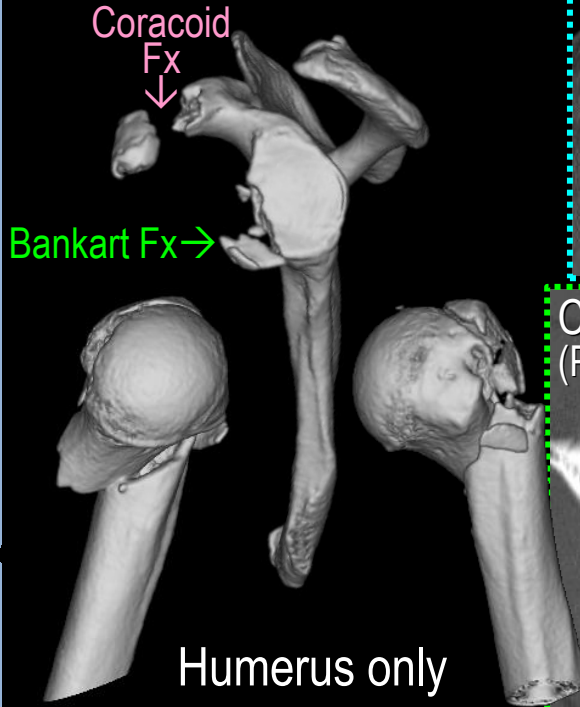
Posterior

CT

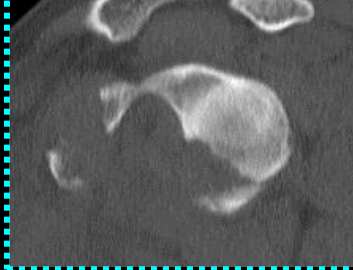
● Final Case

Conclusion

Scapula only



Sagittal Reformat
(Parallel to GHJ)



Coronal Reformat
(Perpendicular to GHJ)

