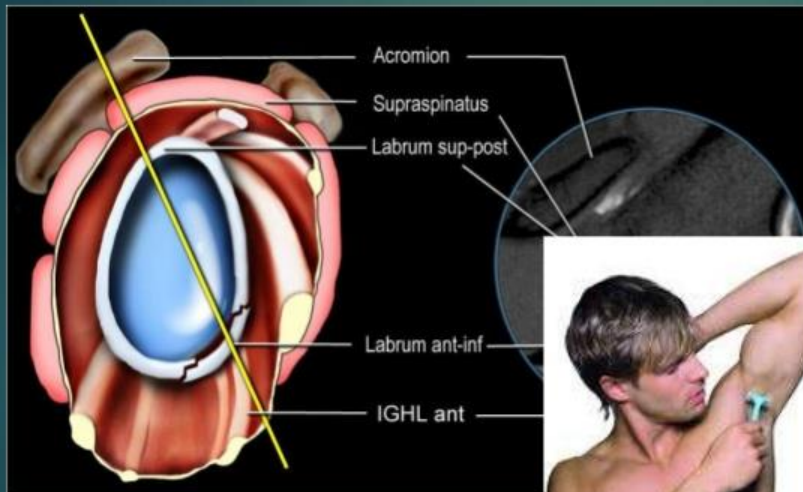


Aber View

- *Labral tears*
- The abduction external rotation (ABER) view is excellent for assessing the anteroinferior labrum at the 3-6 o'clock position, where most labral tears are located.
- In the ABER position the inferior glenohumeral ligament is stretched resulting in tension on the anteroinferior labrum, allowing intra-articular contrast to get between the labral tear and the glenoid.

MRI: ABER view

- ▶ Axial way 45 degrees off the coronal plane

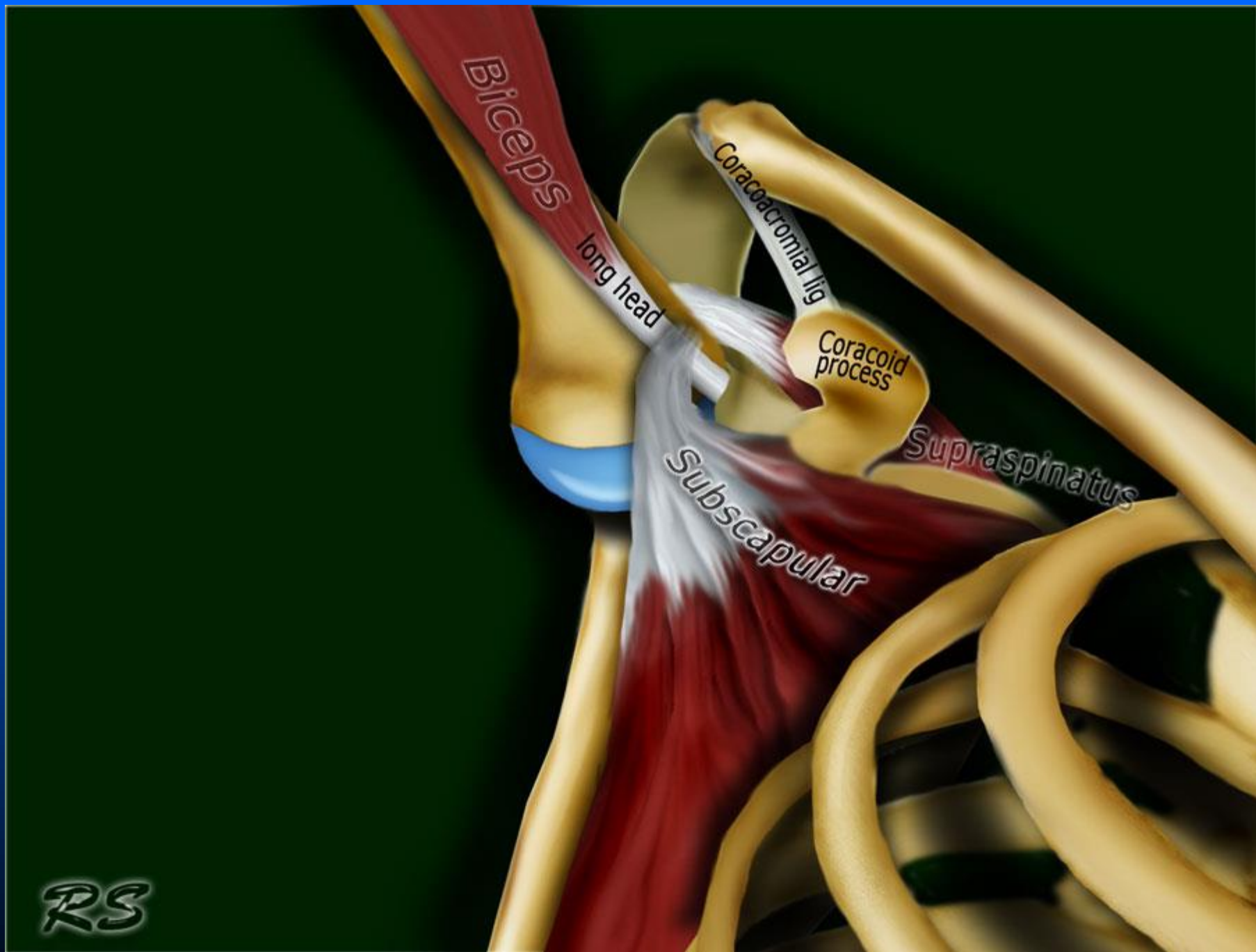


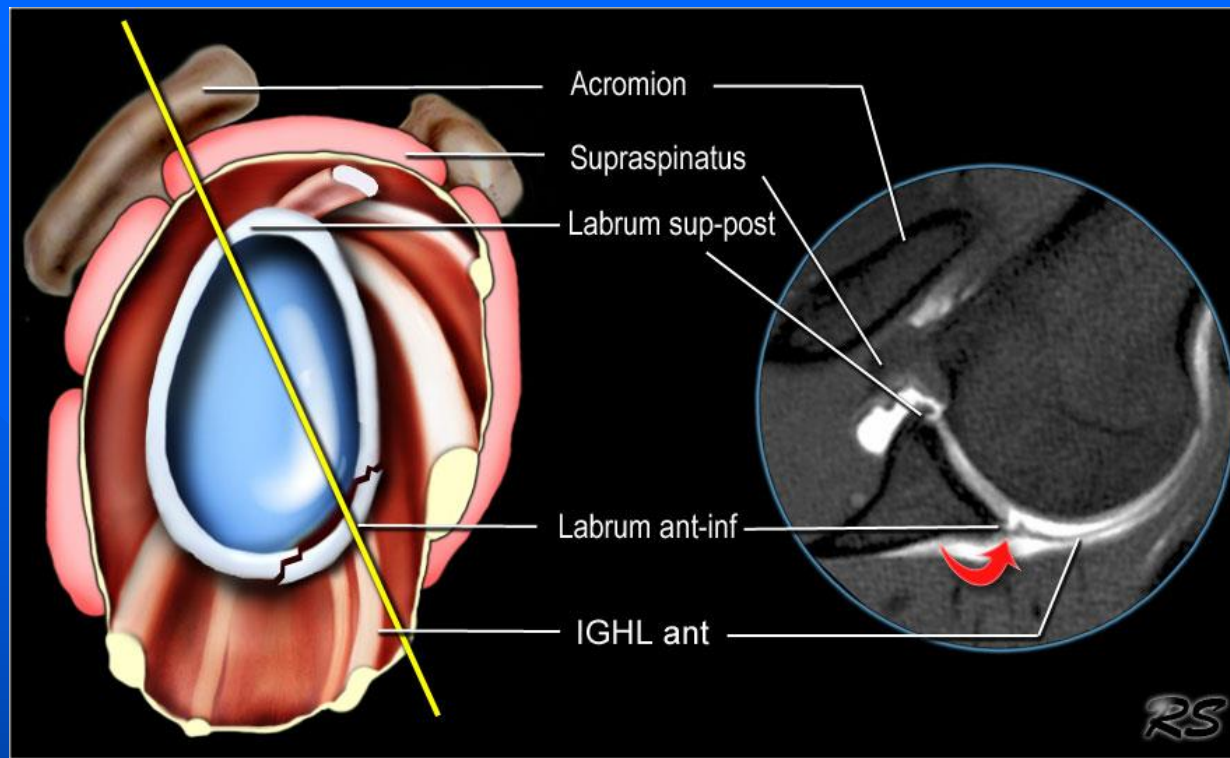
Rotator Cuff

- Very useful for both partial- and full-thickness tears of the rotator cuff.

The abduction and external rotation of the arm releases tension on the cuff relative to the normal coronal view obtained with the arm in adduction.

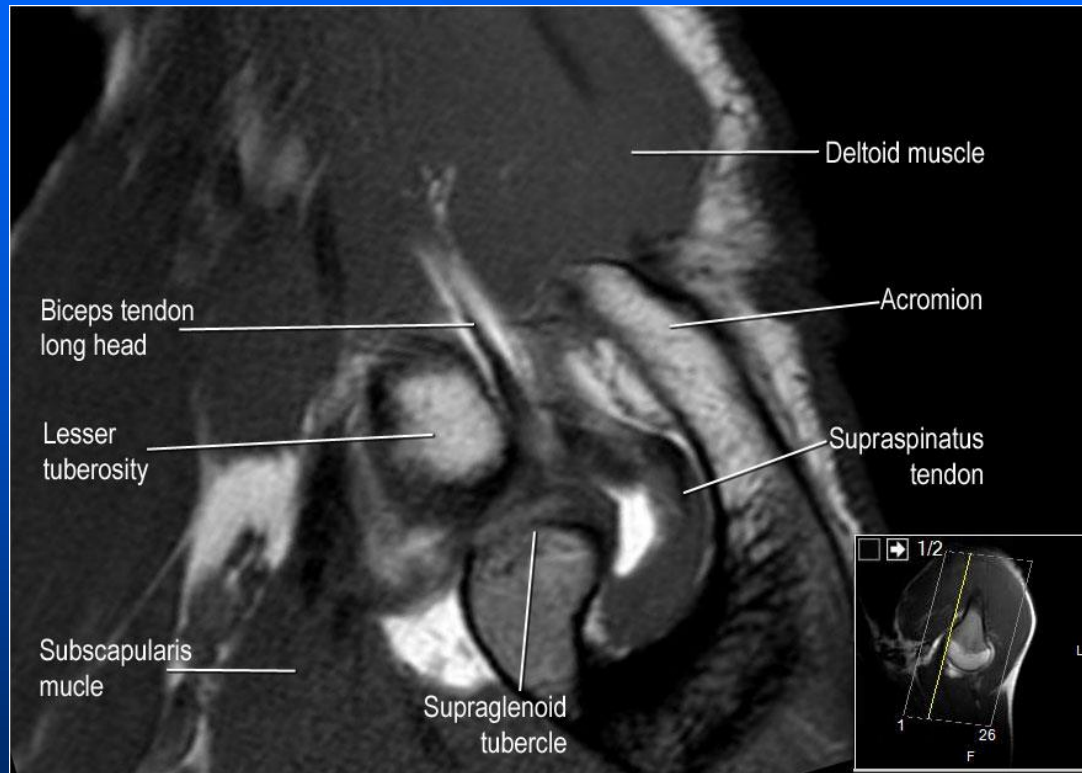
- As a result, subtle articular-sided partial thickness tears will not lie apposed to the adjacent intact fibers of the remaining rotator cuff nor be effaced against the humeral head, and intra-articular contrast can enhance visualization of the tear.





Images in the ABER position are obtained in an axial way 45 degrees off the coronal plane (figure). In that position the 3-6 o'clock region is imaged perpendicular.

Notice red arrow indicating a small Perthes-lesion, which was not seen on the standard axial views.



1. Notice the biceps anchor. The undersurface of the supraspinatus tendon should be smooth.

2. Look for supraspinatus irregularities.

3. Study the labrum in the 3-6 o'clock position. Due to the tension by the anterior band of the inferior GHJ labral tears will be easier to detect.

4. Notice smooth undersurface of infraspinatus tendon and normal anterior labrum.

5. Notice smooth undersurface of infraspinatus tendon and normal anterior labrum.

