



GPS Shoulder

CT Scan Acquisition Protocol

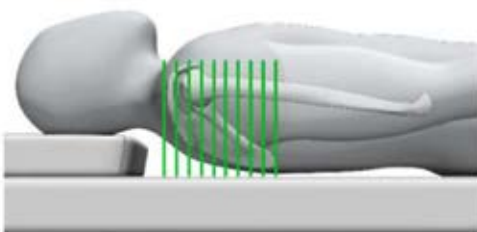
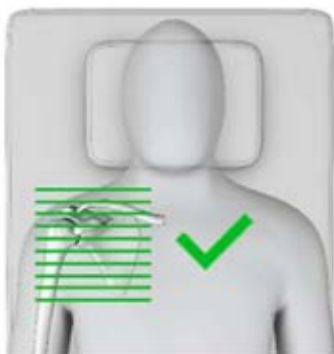
This document details the radiology instructions for a CT scan for use with the GPS Shoulder Application.

Date

CT exam should be performed **less than 6 months** prior to the surgery and must be representative of the patient's anatomy (ex: no fracture, no surgery between the CT examination and the GPS surgery).

Patient Preparation

- Do **NOT** use injectable contrast, as it can occlude visualization of the bony anatomy.
- The patient must not move during the exam.
- Lay the patient supine on the scanner table with his/her head orientated towards the scanning tube. Place the patient's indicated arm neutral to his/her side with 0 degrees of internal/external humeral rotation.



CT Scanner Settings

- Images **must** be acquired in **axial** format with no rotation (gantry tilt = 0°)
- Set modality = **CT**
- Use **Hounsfield encoding**
- Recommended peak kilovoltage: **120kVp or higher**
- Recommended mA: **240mA or higher**
- Set pitch ≤ 1
- Reconstruction Kernel/Window/Algorithm: Bone, with an HD Acquisition setting if available
Recommended manufacturer settings:

• GE: BONE	• Toshiba: FC30
• Siemens: B41	• Philips: L

- The slice thickness (collimator/detector width) and slice spacing (slice increment or recon interval) **MUST be $\leq 1.25\text{mm}$** .
- Keep both the slice thickness and spacing equal and constant for the entire exam, with no overlap.
- *Please note that this section must be followed when scans are originally taken and not in reconstruction of the images post scan.*
 - Minimum distance: 0.3mm
 - **Maximum distance: 1.25mm**
 - **Recommended distance: 0.625mm**
- Keep pixels square and constant for all images.

Resolution

The display field of view (DFOV) should contain the **entire indicated scapula**, including the medial border and distal tip of the bone.

It should also contain at least the proximal portion of the **humerus** - humeral head and half the shaft. Do NOT scan bilateral shoulders in one scan as the field of view will be too large.



The DFOV should be approximately 25 to 30cm i.e. 10 to 12 inches for a matrix size 512x512.

- The **minimum** resolution for an image is 0.3 x 0.3mm/pixel (i.e. 512 pixels represent at least 15cm/6")
- The **maximum** resolution for an image is 1.0 x 1.0mm/pixel (i.e. 512 pixels represent no more than 51cm/20")

DICOM Tag	Name	Accepted Values
(0002,0010)	Transfer Syntax	1.2.840.10008.1.2 (Implicit VR Endian) 1.2.840.10008.1.2.1 (Explicit VR Little Endian) 1.2.840.10008.1.2.2 (Explicit VR Big Endian)
(0008,0018)	SOP Instance UID	1.2.840.10008.5.1.4.1.1.2 (CT Image Storage) 1.2.840.10008.5.1.4.1.1.2.1 (Enhanced Image Storage)
(0020,0052)	Reference UID	Frame of Not empty
(0028,0030)	Pixel Spacing	Only one value for all images
(0028,1054)	Rescale Type Attribute	HU

Metal Artifact Reduction

The recommendations in the section below should be followed **ONLY** if a patient contains existing metal shoulder hardware. All preventative measures to both reduce metal artifact in the scapula and keep the dose low for the patient should be taken.

- Single energy CT is recommended.
- Recommended peak kilovoltage: 140kVp
- Recommended mA: 330mA (do not use auto-mA or dose reduction)



Contact Information

Please email ct.protocol@exac.com with any questions.

Images Format

- Images must be exported in uncompressed, non-encrypted DICOM Format
- The exported images should contain only the **axial** series
Do **NOT** include any additional series (sagittal or coronal)
Do **NOT** include 3D reconstructions.
Do **NOT** include scout images or duplicate images.
- Images must be exported and named in sequential numerical order, with no gaps or duplicates in the DICOM file names.
- The CT-scan will typically contain between 200 and 450 images. The followings tags and included values must be present in the exported CT images in order to be used with the ExactechGPS Shoulder Application:

- Apply available iterative metal artifact reduction algorithms to the scan.
 - GE: SmartMAR
 - Siemens: IMAR
 - Toshiba: SEMAR
 - Philips: OMAR

Exam can be rejected if images quality is altered. This can be caused by:

- Patient motion during examination
- Metallic artifacts
- Poor images quality

For additional product information, please contact:

Manufacturer:
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