Lower Extremity

POST OPERATIVE FILMS ON ANY EXTREMITY MUST INCLUDE ALL OF THE PROSTHESIS REGARDLESS OF THE TYPE OR LENGTH OF THE DEVICE!! IF THE ENTIRE DEVICE WILL NOT FIT ON THE LARGEST SIZE RECEPTOR THEN YOU MUST TAKE 2 SETS OF IMAGES. ONE TO INCLUDE EACH JOINT, & BE SURE THERE IS SOME OVERLAP SO THAT THE ENTIRE BONE IS VISUALIZED!!

Ankle
AP
MORTISE
Lateral
** ER/Trauma the 5th metatarsal must be included on the oblique & lateral entire heel must also be included on the lateral

Femur
AP
Lateral
* Post operative x-rays must include all of the prosthesis, normally this will require 2 AP views, one to include the hip, one to include the knee; likewise for the lateral views
ALL images should include both joints on one film if possible, if not take 2 sets of films, one to include each joint, & be sure there is some overlap so that the entire bone is visualized **

Foot
AP
Oblique
Lateral
*Diabetic Foot Clinics films should be radiographed for soft tissue.

Standing Orders for Dr. Brit’s Ortho Patients

Pre-op Hip
AP Pelvis to be centered low on hip joints
Frogleg lateral of affected hip
AP of affected hip with the sphere at the level of the hip joint on the lateral side

Post-op Hip (no Sphere)
AP Pelvis to be centered low on hip joints
Cross table lateral (surgical lateral) of affected hip
AP hip to include all of hardware
Lateral femur to include all hardware if needed
Hip
AP Pelvis
Frogleg lateral *see note below or Surgical Lateral

*Frog leg laterals may be done on patients that are non-trauma weight bearing. This means the patient did not fall or injure their hip and are still able to bear weight on it and walk. You must use precaution, if the patient cannot obtain a frog leg position you must do a surgical lateral. You must do surgical laterals on patients that have had recent surgery.

Hips – Bilateral
AP Pelvis
AP of Rt. and Lt. Hip on separate films if there is a prosthesis
Lateral of Rt. and Lt. Hip

Standing Orders for Dr. Brit’s Ortho Patients

Pre-op Knees (with sphere)
Erect PA bilateral knees flexed 30 degrees with sphere between the knees at the level of the knee joint
Lateral of affected side with sphere at anterior surface and mid patella area
Bilateral sunrise view

Post Op Knees (without sphere)
Routine AP and lateral of knee focused on joint
Sunrise view

Knee (four view)
- AP
- Both Oblique’s
- Lateral - with knee in 15 degrees flexion
- For patients age 12 years and less Oblique views are not required per Pediatric Radiologist

Knee (three view)
AP
Lat
Sunrise

Knee (two views)
AP
Lat
Non Trauma Knee Series
Usually ordered on orthopedic patients (AP and lateral only)
Bilateral PA Weight Bearing @ 45 Knee Flexion - with weight equally distributed
(Rosenberg View). Femurs angled 25 and tibias 20. Patellae touching x-ray cassette. X-ray beam centered at the level of inferior pole of the patella and directed 10 caudal. Bilateral (Merchant) patellar View @ 45 Knee Flexion- Patient sits with knees over 45 sponge and feet hanging off the end of the table. Have patient hold cassette, resting on distal femurs. Angle tube 15 degrees cephalad from horizontal, directing central ray under patella’s keeping film and tube parallel.
Lateral of Affected Knee

Standing Knees
AP - if possible the AP Standing view of both knees should include both knees
On one imaging plate If both knees will not fit on one film, Take an erect AP of each knee on an imaging plate lengthwise.
Lateral - separate laterals of each knee taken in the recumbent position on a imaging plate lengthwise
** An erect or arrow marker must be used on all standing films, the correct side, R or L must also be indicated.
Merchant views

Os Calcis – Calcaneous - Heel
Planto - dorsal or AP-Tangential
Lateral

Patella
☐ PA
☐ Lateral - with leg extended not flexed
☐ Sunrise or Skyline view

Tibia - Fibula
AP
Lateral
* ER/Trauma include the entire tibia on one film if possible, if not take 2 sets of films, one to include each joint, & be sure there is some overlap so that the entire bone is visualized **

Toes
AP
Oblique
Lateral - if possible toes should not overlap the injured toe