

## Spine & Pelvis

### **Cervical Spine (2158 minimum 4 views)**

AP

AP Odontoid

Both Obliques - 72" FFD, patient erect, 15 degree caudal angle

Lateral - 72" FFD, to visualize C1 - C6

Swimmers - to visualize C7 - T1

**\*\* Cervical Spine for ER/Trauma patients:\*\***

**do the films in this order:**

**#1 Cross-table lateral & swimmers view (with the collar on)**

**The staff physician in charge of the patient is to check the film for fx., etc. If a Radiologist is available he/she may clear the film.**

**Make a notation in PACS who cleared the film for you to proceed with the examination.**

**#2 AP & Odontoid films (with the collar on)**

**These films must also be checked by the staff physician.**

**#3 Obliques (only after laterals, AP, & odontoid films have been cleared)**

**- erect @ & 72" distance if possible**

**IF FLEXION & EXTENSION VIEWS are ordered a staff physician must remove collar and assist if needed with the patient positioning, ie. patient can not or will not flex or extend neck without assistance**

**\*Make a notation on the request the name of the physician that positioned the patient for these views.**

***Additional direction from Dr. A. Martin: C-Spine: When a patient enters the code room, the most appropriate initial images to be obtained include a chest, pelvis and lateral c-spine. However, when deemed necessary by the referring clinical service a c-spine study may be ordered. A complete c-spine exam includes the following films: an AP, lateral (if not already performed), swimmer's view, odontoid (which should include the lateral masses of C1-2 and the entire dens) and BOTH OBLIQUES!!!! Ideally, this exam should be performed in the radiology suite. However, if the patient cannot come to the radiology suite the exam is to be performed portably at the bedside. 6/12/00***

### **Coccyx 4080**

AP - use 10 degree caudal tube angle

Lateral

### **Lumbar Spine (4058 minimum 4 views)**

AP

Both Obliques

Lateral

L5-S1 - visible collimation to the area of interest is required

### **Pelvis (4074 1 or 2 views)**

AP - unless contraindicated due to trauma, pain, or pathology internally rotate feet & lower extremities approximately 15 degrees

entire pelvis should be visualized, including the head, neck, trochanters of the hips and the proximal portion of the femoral shaft

### **Sacrum (4080)**

AP - use 15 degree cephalad tube angle

Lateral

### **SI Joints (sacro-iliac joints) (4351- 3 or more views)**

AP - no tube angle

LSUHSC-Shreveport  
Radiology Department  
Proc 12.7.9  
AP Upshot - use 30 degree cephalad tube angle  
Both obliques - do RPO & LPO

**Thoracic/Dorsal Spine (4346 - 3 views)**

AP

Lateral - use breathing technique

Swimmer's lateral – C1 thru the upper thoracic spine

The 2 lateral views are to be performed to visualize the entire Thoracic Spine in the lateral projection!

***Additional direction from Dr. A. Martin: Thoracic spine: a T-spine exam includes T1 to T12 on BOTH the lateral and AP views!!! The T-L junction***

***MUST be visualized in order to obtain an accurate count of the vertebral body levels. In order to accomplish these goals, it may be necessary to include a swimmer's view and a T-L junction view with the study. 06/12/00***

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