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 CASSETTE THEN YOU MUST TAKE 2 SETS OF FILMS, ONE TO INCLUDE EACH JOINT, & BE SURE THERE IS SOME OVERLAP SO THAT THE ENTIRE BONE IS VISUALIZED!!

**Elbow**

AP, Lateral, and **both** Obliques

*for suspected radial head fractures take the following views, also known as around-the-clock views: All views must be collimated to the elbow.*

#1 AP with the palm up  #2 AP with the palm down
#3 Lateral with the thumb up #4 Lateral with the thumb down

**Fingers**

PA  
Oblique  
Lateral fanned

**Forearm**

AP true to include both joints  
Laterals  
  Full extension for lateral wrist  
  90 degrees flexion to for true lateral of elbow  
  include both joints

**Hand**

PA  
Oblique  
Lateral - fan fingers  

*Additional direction from Dr. A. Martin: Hand films: On the lateral view, the fingers MUST be fanned. If this cannot be accomplished, then a message should be placed in the RIS tech notes for the radiologist.*

**Humerus**

AP/ or neutral if trauma  
Transcapular Y Lateral  

** Do transcapular lateral if the upper 1/3 of the humerus is injured. **

*IF A HUMERAL HEAD FRACTURE IS INDICATED OR SUSPECTED YOU MUST DO A TRANSTHORACIC LATERAL. DO NOT MOVE THE ARM!!  
**Trauma patients include both joints**  
If may be necessary to do a separate lateral of elbow!!
Shoulder

AP Grasy
Scapular Y
All shoulders must include a transcapular Y or axillary lateral view. Trauma shoulders should include an axillary view.

IF A HUMERAL HEAD FRACTURE IS INDICATED OR SUSPECTED DO NOT MOVE THE ARM!!

additional or special SHOULDER views sometimes ordered:
Axillary
Transcapular
West Point

Shoulder Impingement Series

AP in External Rotation - Patient in AP upright position, elbow flexed & close to body. Hand turned externally as much as possible. Patient oblique until the scapula is parallel to the film to open the glenohumeral joint.

Outlet view - Patient in PA upright position. Oblique patient until scapula is in the lateral position (same position as lateral scapula view) so the spine scapula bisects the head of the humerus. Arm should be relaxed along the side of the body. Angle tube 10 to the feet.

Axillary View - With the patient in the supine position, elevate head and shoulders about three inches keeping the arm in external rotation. Abduct the arm of the affected side 90 from the body and place a sponge under the elbow to keep the humerus level. Have the patient turn head away from side being examined. Place grid cassette on edge over the shoulder and as close as possible to the neck. Support cassette with sandbags. CR should be perpendicular to the film entering the axilla and exiting the AC joint.

Shoulder Instability Series:

AP in Internal Rotation- Patient in AP upright position, elbow flexed and hand on stomach. Patient oblique until the scapula is parallel to the film to open the glenohumeral joint.

Stryker Notch View- Patient supine on table. Position hand of shoulder being examined up and under head or close to head. Elbow should be pointing straight up at the ceiling. Radius and Ulna must be perpendicular to the table. Angle tube 10 to the head with the CR directed through the armpit. Use the bucky.

Axillary View - Same as impingement series axillary view.
Wrist

PA
Oblique
Lateral

Additional or special WRIST views sometimes ordered:

Navicular

PA
Oblique
* Both views with ulnar deviation, using magnification tool on PACS enlarge images.

Carpal tunnel

Gaynor-Hart position as illustrated in the Merrill’s position book

Brewerton View

Tangential view of the metacarpal heads.
The hand should be supinated with the fingers flat. Metacarpophalangeal joints should be flexed 65 degrees, the beam is angled from a point 15 degrees to the ulnar side of the hand.