

## Selected Conventional Radiology Exams

<b>SPINE</b>	
C-spine: Basic study	AP, lat, open mouth (include oblique views for imaging the neural foramen, i.e., radicular symptoms)
Lower C-spine	Swimmer's view
L-spine: Basic study	AP, lateral, coned view (include oblique views for suspected pars injury)
Multiple trauma	Lat C-spine, chest film, AP pelvis

<b>SHOULDER</b>	
Basic study	AP IR/ER
Subacromial View	Scapular outlet view (impingement syndrome)
Basic study (ortho)	True AP, scapular outlet, axillary
Scapula fx	Transscapular Y
AC joint	AP stress view (bilateral comparison)
Shoulder dislocation	AP IR/ER, plus axillary or transscapular Y
Hill Sachs	AP with IR
Bankart	Axillary

<b>ELBOW</b>	
Basic Study	AP, lat
Radial head	External oblique, radial head projection (for fx)

<b>WRIST/HAND</b>	
Basic Study	PA, lat, oblique
Scaphoid fx	Scaphoid view in addition to above

<b>PELVIS/HIPS</b>	
Basic study (hips)	AP, lateral frogleg (may get AP of pelvis for bilateral comparison)
Pelvic/hip trauma	AP, cross table lateral, inlet/outlet Judet
Hip dislocation	AP pelvis, AP and lat hip, post reduction AP and lat hip
Femur fx	AP pelvis, AP and cross lateral femur

<b>KNEE</b>	
Basic study	AP, lateral
Trauma	AP, lateral, 2 obliques, tunnel
Patella sublux	Sunrise (or Merchant)
Patellar articular facets	Merchant (or sunrise)
Tibial plateau fx	CT

<b>ANKLE/FOOT</b>	
Basic study (ankle)	AP, lateral, mortise
Joint instability (ankle)	AP, lateral, mortise, stress views
Basic study (foot)	AP, lateral

## General Indications for Advanced Diagnostic Imaging

Note: MRI = magnetic resonance imaging, CT = computed tomography, NM = nuclear medicine (bone scan); ++ = first choice; + = second choice (must be determined on a case-by case basis); (adapted from Bussi eres et al, 2007)

<b>Indications</b>	<b>MRI</b>	<b>CT</b>	<b>NM</b>
Evaluation of frank neurological signs – central and peripheral nervous system	++	+	
Evaluation of spinal pathology	++	+	
Internal joint derangements (ligaments, meniscii, articular cartilage, labral pathology)	++		
Inflammatory arthritis	+	+	+
Evaluation of soft tissue injury (including muscle injuries), tendon pathology, calcified bursitis	++		
Osteomyelitis	++	+	++
Fluid collections or infections in joints or extraarticular soft tissues; unexplained soft tissue mass	++		
Osteonecrosis	++	+	+
Complicated fractures	+	++	
Suspected stress, occult fracture	+	+	++
Complicated disease processes or findings unexplained by more conservative tests	+	+	
Evaluation of possible neoplasm detected on conventional radiographs	++	+	
Determining skeletal distribution of neoplasms or other multifocal skeletal disease			++