

RADIOGRAPHY PROTOCOLS

LOWER EXTREMITY

- NO Digital markers are to be used; lead markers only - out of the area of interest
- All external metal/radiopaque objects must be removed from the area of interest

ANATOMY	VIEWS	POSITIONING / Notes
Toes	AP	CR 15° Posterior angle if joint space is concerned, affected digit only
	Oblique	Medial foot rotation, plantar surface 30° - 45° to IR, affected digit only
	Lateral	Affected Digit Only
Heel / Calcaneous	AP Axial / Tangential	CR 40° cephalad
	Lateral	
Foot	AP	CR 10° Posterior angle entering base of 3rd metatarsal
	Lateral	Dorsiflex foot to 90° angle with leg
	Oblique	Medial foot rotation, plantar surface 30° to IR
Ankle	AP Lateral Internal/Mortise Oblique	15° - 20° Medial rotation of ankle joint to demonstrate the joint space
Tib/Fib	AP Lateral	Use 2 films per projection if necessary and include both joints on the images. Use large/long FOV to ensure entire long bone is included on both projections
Knee	AP	
	Lateral	CR 5° to 7° Cephalad
	Oblique	Internal rotation
	***Opt.- Sunrise	When ordered as a three view
	***Opt. - Tunnel	As requested
Weight Bearing Knee	AP Lateral	
Femur	AP Lateral	Use 2 films per projection if necessary and include both joints on the images. Use large/long FOV to ensure entire long bone is included on both projections
Hip	AP Pelvis Lateral - "Frog Leg"	Full pelvis
Pelvis	AP	Lower extremities rotated internally 15-20°
Sacrum/Coccyx	AP Lateral	Sacrum: CR angled 15° cephalad Coccyx: CR angled 10° caudad

Pediatrics - Patients age 14 and younger

- Comparison views on all extremities
- Shield gonads in all cases, except when shield covers specific part to be examined radiographically