

## 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/ CALCANEUS	AP AXIAL / TANGENTIAL	CR 40° cephalad
	LATERAL	
FOOT	AP	CR 10° Posterior angle entering base of 3rd metatarsal
	OBLIQUE	Medial foot rotation, plantar surface 30° to IR
	LATERAL	Dorsiflex foot to 90° angle with leg
ANKLE	AP	
	INTERNAL/ MORTISE	15° - 20° Medial rotation of ankle joint to demonstrate the joint space
	LATERAL	
TIB/FIB	AP	Use 2 films per projection if necessary and include both joints on the
	LATERAL	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	Need both on 1 film
	LATERAL	
FEMUR	AP	Use 2 films per projection if necessary and include both joints on the images. Use large/long FOV to ensure long bone is included on both projections.
	LATERAL	Need to see both joints
HIP	AP	Affected lower extremity rotated internally 15-20° unless obvious deformity
	LATERAL (FROG LEG)	
PELVIS	AP	Lower extremities rotated internally 15-20°
SACRUM/ COCCYX	AP	Sacrum: CR angled 15° cephalad; Coccyx: CR angled 10° caudad

Pediatrics- Patients age 14 and younger

- Comparison views on all extremities: **AP & LAT only**
- Shield gonads except when shield covers specific part to be examined radiographically