

## Radiology of Indiana

X-ray Protocols	Special Instructions
<b>Finger (Routine)</b>	
PA of affected finger	
Oblique of affected finger	
Lateral of affected finger	
<b>Hand (Routine)</b>	
PA Hand	
Oblique Hand	
Lateral Hand	
<b>Hand (Arthritis)</b>	
PA Hand	
Oblique Hand	
Lateral Hand	
Ball-Catcher's view	Complete if ordered by referring physician for rheumatoid arthritis
<b>Bone Age</b>	
PA Left Hand	Left: Include wrist, hand, fingers
<b>Wrist (Routine)</b>	
PA Wrist	
Oblique Wrist	
Lateral Wrist	
<b>Carpal Series (Routine)</b>	
PA	
Lateral	
PA Oblique	
AP Oblique	
Ulnar Flexion	
<b>Forearm (Routine)</b>	
AP	
Lateral	
<b>Elbow (Routine)</b>	
AP	
External Oblique	
Lateral	
<b>Humerus (Routine)</b>	
AP	
Lateral	
<b>Shoulder (Routine)</b>	
AP Neutral	
Grashey	
Scapular Y	
<b>AC Joint (Routine)</b>	
AP without weights	
AP with weights	
<b>Clavicle (Routine)</b>	
AP	
AP Axial	

<b>Scapula (Routine)</b>		
	AP	
	Scapular Y	
<b>SC Joints (Routine)</b>		
	PA	
	Both PA obliques	
<b>Toe (Routine)</b>		
	AP of affected toe	
	Oblique of affected toe	
	Lateral of affected toe	
<b>Foot (Routine)</b>		
	AP 10* cephalic angle	Routine is weight bearing when possible: Trauma non-weight bearing
	30*medial oblique	
	Lateral	
<b>Ankle (Routine)</b>		
	AP	Routine is weight bearing when possible: Trauma non-weight bearing
	Mortise view Oblique	
	Lateral	
	30* medial Oblique foot	
<b>Calcaneus (Routine)</b>		
	Plantodorsal	
	Lateral	
<b>Tibia/Fibula (Routine)</b>		
	AP	
	Lateral	
<b>Patella (Routine)</b>		
	PA	
	Lateral	
	Sunrise	
<b>Knee (Routine)</b>		
	Standing AP of both knees	Weight bearing when possible
	Sunrise of both knees	
	Lateral	Affected knee
<b>Knee (Trauma)</b>		
	AP	Non-weight bearing
	Oblique	Internal rotation
	Lateral	
<b>Femur (Routine)</b>		
	AP	
	Lateral	
<b>Pelvis (Routine)</b>		
	AP	
<b>Hip (Routine)</b>		
	AP Pelvis	
	Frog view of affected hip	
<b>Sternum (Routine)</b>		
	RAO	
	Lateral	

<b>Ribs (Unilateral)</b>	
	PA chest
	AP
	Above diaphragm of affected side
	AP
	Below diaphragm of affected side
	Oblique
	Centered over affected area: posterior oblique
<b>Ribs (Bilateral)</b>	
	PA chest
	AP above diaphragm
	AP below diaphragm
	RPO
	Centered over affected area
	LPO
	Centered over affected area
<b>Chest (Routine)</b>	
	PA
	Lateral
<b>Lordotic Chest</b>	
	AP
	Have patient rest shoulders on film/wall bucky, arch back and walk forward
<b>KUB (Routine)</b>	
	AP
	Must include bladder and diaphragm
<b>Acute Abdomen Series (Routine)</b>	
	PA chest
	AP upright abdomen or left lateral decubitus
	AP supine
	Must include bladder and diaphragm
<b>Cervical Spine (Routine)</b>	
	Lateral
	Swimmers
	If unable to get down past C7 on lateral
	AP
	Open Mouth
	Must include all of odontoid)
	Fuch's
	If unable to get all of odontoid on Open Mouth
	Obliques
	Complete obliques if ordered with obliques or if ordered as 5 view
<b>Thoracic Spine (Routine)</b>	
	AP
	Lateral
	Swimmers
<b>Lumbar Spine (Routine)</b>	
	AP
	Lateral
	Spot
	Obliques
	Complete obliques if ordered with obliques or if ordered as 5 view
<b>Sacrum/ Coccyx (Routine)</b>	
	AP Sacrum
	AP Coccyx
	Lat Sacrum/ Coccyx
<b>Thoracolumbar Junction</b>	
	AP
	Center at thoracolumbar junction
	Lateral
	Center at thoracolumbar junction
<b>Skull (Routine)</b>	
	AP
	Townes
	Both Laterals
<b>Orbits for Foreign Body (Routine)</b>	
	Lateral
	Suspected eye should be closest to the bucky
	Waters

<b>Orbits MRI</b>		
	Lateral Waters	Suspected eye should be closest to the bucky
<b>Orbits Trauma (r/o Fracture)</b>		
	Waters	
	Caldwell	
	Lateral	Only affected side
	Rhese	Only affected side
<b>Sinuses (Routine)</b>		
	PA	Do not angle tube
	Open-Mouth Waters	
	Lateral of affected side	
	Basilar	
<b>Facial Bones (Routine)</b>		
	PA	
	Waters	
	Lateral	
	Basilar	
<b>Nasal Bones (Routine)</b>		
	Waters	
	Both laterals	
<b>Mandible (Routine)</b>		
	PA	
	PA Axial	AP Axial acceptable instead of PA if needed
	Both axiolateral obliques	
<b>Temporomandibular Joints (Routine)</b>		
	PA Axial	AP Axial acceptable instead of PA if needed
	2 Axiolateral obliques of each side	1 with open mouth, 1 with closed mouth
<b>Mastoids</b>		
	Towne	
	Schullers - Bilateral	
	Stenvers - Bilateral	
<b>Pediatric Upper and Lower extremity</b>		
	AP	
	Lateral	
<b>Metastatic bone survey</b>		
	AP Bilateral Ribs	
	Pelvis	
	AP Bilateral Femurs	
	AP Bilateral Tib/Fib	
	AP Bilateral Humerus	
	AP Bilateral Forearm	
	Lateral Cervical/Thoracic/Lumbar Spine	
	AP and Lateral Skull	
<b>Shunt Survey</b>		
	AP and Lateral Skull	All Images taken in same plane
	AP Chest	
	KUB	
	AP Cervical	
<b>Shunt Dial</b>		
	PA Skull	AP if patient unable to do PA
	Lateral Skull	Refer to Shunt Dial X-ray document for positioning
	Axiolateral Skull to show dial face	

<b>Pediatric Sinus</b>		
	Waters	
	Lateral	
<b>Scoliosis</b>		
	PA	* Images to include femoral heads
	Lateral	Only if ordering physician requests laterals
<b>Pediatric Trauma (Abuse) Survey</b>		
	AP and Lateral Skull	
	Lateral C-Spine	
	AP, Lateral, R + L Oblique Thorax	
	Lateral Lumbar	
	AP Pelvis	
	AP Bilateral Humerus	
	AP Bilateral Forearm	
	PA Bilateral Hands	
	AP Bilateral Femurs	
	AP Bilateral Tib/Fib	
	AP Bilateral Feet	
<b>Soft Tissue Neck</b>		
	AP	
	Lateral	
<b>SI Joints</b>		
	AP 30-35 degrees Cephalic angle	
	Right and Left Obliques 25-30 degrees	
<b>Long Leg Study (i.e. Leg Length)</b>		
	AP Bilateral Leg	Hip to Ankle
		Perform Weight Bearing; ruler is optional, not required
<b>Pediatric Chest to r/o Epiglottitis</b>		
	Lateral Soft Tissue Neck	
<b>Pediatric Lower Extremity (indication "Genu Varus")</b>		
	AP Bilateral Leg	Weightbearing
<b>Foreign Body Ingested</b>		
	AP	Mouth to anus
<b>Epidural Lumbar Puncture</b>		
	AP	
	Lateral	
<b>Babygram (Inpatient Use Only)</b>		
	Chest & Abdomen	On one film
<b>Notes</b>		
Place BB markers on area of interest for all extremities		