	ACUTE/TRAUMA STANDARDIZED IMAG	ING ORDERS
	VIEWS	POSITIONING INSTRUCTIONS
SHOULDER	True AP Glenohumeral (Grashey)	*Attempt axillary view first; Velpeau view only if
	Trans-scapular Y lateral	unable to complete axillary view
	Axillary view (or Velpeau) *	
CLAVICLE	• AP	
	AP cephalad of clavicle	
AC JOINT	Bilateral AC with and without weights	
HUMERUS	• AP	
	Lateral	
	1	T
ELBOW	• AP	Angle view if unable to unable to straighten
	Lateral Obligate (radial band)	arm for oblique view
50054014	Oblique (radial head) AP	
FOREARM	AP Lateral	
MADICT	PA (neutral if possible)	Add scaphoid view only if indicated on
WRIST	Lateral anatomic tilt of distal radius (neutral if	requisition
	possible)	. cquistion
	Oblique	
	+/- Scaphoid view	
HAND	• PA	Try to have fingers well separated on lateral
	Lateral	,
	Oblique	
SCAPHOID	PA wrist in ulnar deviation (coned on scaphoid)	
	+/- Wrist views	
DIGITS 2-5	• AP	
	Lateral	
	Oblique	
THUMB	• AP	
	Lateral	
	Oblique	
PELVIS	• AP	
		Congrathy only completed for "polyic
PELVIC INLET/OUTLET	Inlet/Outlet	Generally, only completed for "pelvic fractures" and some "acetabular fractures"
ACETABULUM	AP pelvis	Generally, only completed for "acetabular
ACETABOLOW	Judet views of pelvis	fractures"
HIP	AP pelvis	
	AP hip	
	Shoot through lateral of hip	
FEMUR	• AP	
	Lateral	
KNEE	AP (non-WB)	Aim for AP tibial plateau if patient cannot
	Cross-table lateral	fully extend
	Oblique (non-WB)	 May do AP standing if patient can weight
		bear
TIBIA/FIBULA	• AP	
	• Lateral	
ANKLE	AP (non-WB) AP (non-WB)	May do AP standing if patient can weight
	Lateral (non-WB) Obligue (mortice view)	bear
	Oblique (mortise view)	Adams de AD and late the Proof of the
FOOT	AP (non-WB) Leteral (non-WB)	May do AP and lateral standing if patient can weight bear
	Lateral (non-WB) Oblique	weight bear
CALCANELIC	Oblique Avial of calcanous	Tunically done as add as to foot fould:
CALCANEUS	Axial of calcaneus Prodon's view	Typically done as add-on to foot/ankle
	Broden's view Schould position joint in contar of image.	if no history from ordering physician

General notes: Joint series should position joint in center of image; if no history from ordering physician, default to trauma views; if able to weight bear comfortably, complete chronic views.

CHRONIC/DEGENERTIVE STANDARDIZED IMAGING ORDERS			
	VIEWS	POSITIONING INSTRUCTIONS	
SHOULDER	 True AP glenohumeral in neutral True AP in internal rotation Lateral (trans scapular-y) Axillary 	SHOULDER CONSULT (from orthopedic surgeons only):	
ELBOW	AP Lateral		
FOREARM	AP Lateral		
WRIST	PA (neutral rotation) Lateral anatomic tilt of distal radius (neutral rotation) +/- scaphoid	No oblique	
HAND	PALateralOblique		
SCAPHOID	PA wrist in ulnar deviation +/- scaphoid wrist views as above		
HANDS/WRISTS (for ? erosive arthropathy)	PALateralBall catcher	Single cassette for both hands/wrists for ball catcher's view, with separate views for PA and lateral for each hand/wrist	
HIP	AP pelvisAP hipShoot through lateral hip		
KNEE	 Standing AP Standing or non-WB lateral Skyline Standing Rosenberg 	 UNILATERAL IMAGING ONLY; DO NOT COMPLETE BILATERAL KNEES ON THE SAME CASSETTE Rosenberg must be shot down the joint line; tibial plateau free of superimposition; femoral condyles free of superimposition, with the intercondylar fossa in profile 	
ANKLE	AP (WB) Lateral (WB) Oblique (WB)		
FOOT	AP (WB) Lateral (WB) Oblique (non-WB)		

PRE-OP TEMPLATING AND POST-OP ARTHROPLASTY F/U STANDARDIZED IMAGING ORDERS			
	VIEWS	POSITIONING INSTRUCTIONS	
PRE-OP SHOULDER ARTHRO. (FOR TEMPLATING)	 All images with ball Glenoid to include 1/3 of humerus Axillary place ball on anterior surface of humeral head 		
POST-OP/ Follow-up SHOULDER ARTHRO.	APLateral Trans-scapular YAxillary		
PRE-OP HIP ARTHRO. (FOR TEMPLATING)	Standing AP pelvis ASIS down to include proximal 1/3 of femur with ball Cross-table lateral hip with ball	 Ensure entire ball on image Ensure that osseous portion of hip joint and proximal 1/3 of femur is adequately visualized If visualization is not ideal due to patient body habitus, complete additional view of unilateral hip including proximal 1/3 of femur with entire ball visible on image 	
POST-OP/Follow-up HIP ARTHRO.	AP pelvis (ASIS down)Shoot through lateral	Include all hardware Same for immediate post op and follow-up	
PRE-OP KNEE ARTHRO. (FOR TEMPLATING)	All images with ball Lateral knee	Ensure entire ball on image Ensure true lateral	
POST-OP/Follow-Up KNEE ARTHRO.	AP (non-WB)Lateral (non-WB)		