

Radiology of Indiana

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

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

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

Orbits MRI	
Lateral	Suspected eye should be closest to the bucky
Waters	
Orbits Trauma (r/o Fracture)	
Waters	
Caldwell	
Lateral	Only affected side
Rhese	Only affected side
Sinuses (Routine)	
PA	Do not angle tube
Open-Mouth Waters	
Lateral of affected side	
Basilar	
Facial Bones (Routine)	
PA	
Waters	
Lateral	
Basilar	
Nasal Bones (Routine)	
Waters	
Both laterals	
Mandible (Routine)	
PA	
PA Axial	AP Axial acceptable instead of PA if needed
Both axiolateral obliques	
Temporomandibular Joints (Routine)	
PA Axial	AP Axial acceptable instead of PA if needed
2 Axiolateral obliques of each side	1 with open mouth, 1 with closed mouth
Mastoids	
Towne	
Schullers - Bilateral	
Stenvers - Bilateral	
Pediatric Upper and Lower extremity	
AP	
Lateral	
Metastatic bone survey	
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	
Shunt Survey	
AP and Lateral Skull	All Images taken in same plane
AP Chest	
KUB	
AP Cervical	

Shunt Dial	
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	
Pediatric Sinus	
Waters	
Lateral	
Scoliosis	
PA	* Images to include femoral heads
Lateral	Only if ordering physician requests laterals
Pediatric Trauma (Abuse) Survey	
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	
Soft Tissue Neck	
AP	
Lateral	
SI Joints	
AP 30-35 degrees Cephalic angle	
Right and Left Obliques 25-30 degrees	
Long Leg Study (i.e. Leg Length)	
AP Bilateral Leg	Hip to Ankle
	Perform Weight Bearing; ruler is optional, not required
Pediatric Chest to r/o Epiglottitis	
Lateral Soft Tissue Neck	
Pediatric Lower Extremity (indication "Genu Varus")	
AP Bilateral Leg	Weightbearing
Foreign Body Ingested	
AP	Mouth to anus
Epidural Lumbar Puncture	
AP	
Lateral	
Notes	
Place BB markers on area of interest for all extremities	