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
171 Lett Hand	Lett. merade mist, nand, imgers
Wrist (Routine)	
PA Wrist	
Oblique Wrist	
Lateral Wrist	
Carpal Series (Routine)	
PA	
Lateral	
PA Oblique	
AP Oblique Ulnar Flexion	
Ulliai Flexion	
Forearm (Routine)	
AP	
Lateral	
Elbow (Routine)	
AP	
External Oblique	
Lateral	
Humerus (Routine)	
AP Lateral	
Lateral	
Shoulder (Routine)	
AP Neutral	
Grashey	
Scapular Y	
AC Joint (Routine)	
AP without weights	
AP with weights	
Clavicle (Routine)	
Clavicie (Routine) AP	
AP Arial	
AI AAIdi	

Scapula (Routine)	
AP	
Scapular Y	
SC Joints (Routine)	
PA	
Both PA obliques	
T (D (L)	
Toe (Routine)	
AP of affected toe	
Oblique of affected toe Lateral 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	
Detalle (Dentine)	
Patella (Routine)	
Lateral	
Sunrise	
Sumise	
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)	
Pervis (Routine) AP	
Ar	
Hip (Routine)	
AP Pelvis	
Frog view of affected hip	
<u></u>	
Sternum (Routine)	
RAO	
Lateral	
l l	

Ribs (Unilateral)	
PA chest	
AP	Above diaphragm of affected side
AP	Below diaphragm of affected side
Oblique	Centered over affected area: posterior oblique
	<u> </u>
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 AP	Have patient rest shoulders on film/wall bucky, arch back and walk forward
Ar	have patient lest shoulders on min/ wan bucky, aich back and wark forward
KUB (Routine)	
AP	Must include bladder and diaphragm
At	Mast metade oradder and diapinagin
Acute Abdomen Series (Routine)	
PA chest	
AP upright abdomen or left lateral decubitus	
AP supine	Must include bladder and diaphragm
TH Supino	Trade metade emader and drapmagm
Cervical Spine (Routine)	
Lateral	
Swimmers	If unable to get down past C7 on lateral
AP	<u> </u>
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	
I work on Control (Donath on)	
Lumbar Spine (Routine)	
AP Lateral	
Lateral	
Spot	
Obliques	Complete obliques if ordered with obliques or if ordered as 5 view
Second Control	
Sacrum/ Coccyx (Routine)	
AP Cooper	
AP Coccyx Lat Sacrum/ Coccyx	
Lat Sacrum/ Coccyx	
Skull (Routine)	
AP	
Townes	
Both Laterals	
20m Zatoruis	
Orbits for Foreign Body (Routine)	
Lateral	Suspected eye should be closest to the bucky
Waters	•

O.L. MDI	
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
Kilese	Only affected side
Sinuses (Routine)	
PA	Do not angle tube
Open-Mouth Waters	
Lateral of affected side	
Basilar	
Facial Bones (Routine)	
PA PA	
Waters	
Lateral	
Basilar	
Nasal Bones (Routine)	
Waters	
Both laterals	
Both litterals	
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
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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	7 III Images taken in same plane
KUB AD Carried	
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	,
Thiolateral Ditail 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	
Right and Left Obliques 23-30 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	
Dedictoria I amon Fortmanito (indication II Camp Varrall)	
Pediatric Lower Extremity (indication "Genu Varus") AP Bilateral Leg	Weightbearing
Ai Bilateral Leg	Weightbeating
Foreign Body Ingested	
AP	Mouth to anus
Epidural Lumbar Puncture	
AP	
Lateral	
Delegge (L. C. L. O. L.)	
Babygram (Inpatient Use Only) Chest & Abdomen	On one film
Chest & Abdomen	On one min
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Notes	
Place BB markers on area of interest for all extremities	

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