Standardized Medical Imaging Orders		
Mandatory **X-Ray Series – Acute/Trauma**		**Positioning Instructions (for CR & DR Programming)**
Clavicle	AP, AP cephalad of the clavicle	
Acute Shoulder Injury and postop shoulder	True AP Glenohumeral (Grashey View), lateral, axillary views of the shoulder	Consider Velpeau for painful axillary: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5290079/ https://radiopaedia.org/articles/shoulder-ap-glenoid-view?lang=us
Humerus	AP and lateral	
Elbow	AP, lateral	https://radiologyassistant.nl/musculoskeletal/elbow-fractures-in-children
Forearm	AP and lateral	https://radiopaedia.org/articles/forearm-lateral-view-2?lang=us https://radiopaedia.org/articles/forearm-ap-view-2?lang=us
Wrist	PA and Lateral anatomic tilt of distal radius	https://www.jhandsurg.org/article/S0363-5023(03)00494-5/pdf
Hand	PA, lateral and oblique	
Pelvis	AP	https://radiopaedia.org/articles/pelvis-ap-view-1?lang=us
Pediatric Pelvis	AP Pelvis and AP pelvis with bilateral frog leg	https://radiopaedia.org/articles/paediatric-hip-frog-leg-lateral-view?lang=us
Pelvic Inlet/Outlet	inlet/outlet	https://radiopaedia.org/articles/pelvis-outlet-view-1?lang=us https://radiopaedia.org/articles/pelvis-inlet-view-1?lang=us
Acetabulum	AP pelvis, Judet views of pelvis.	Don't do judets of the hip, always of the whole pelvis https://radiopaedia.org/articles/pelvis-judet-view-2?lang=us
Femur	AP and lateral	
Hip	AP pelvis, AP hip and shoot through lateral of the hip with templating when feasable.	In the case of suspected bilateral hip or femur fractures, substitute Clements-nakayama view for shoot through lateral of the hip. https://radiopaedia.org/articles/hip-clements-nakayama-view Do not try to internally rotate hips. Non weight bearing. https://radiopaedia.org/articles/hip-horizontal-beam-lateral-view-1?lang=us
Acute Knee Injury	Unilateral non weight bearing AP, lateral, skyline and tunnel views Do degenerative views if over 50 and can stand.	Always aim for AP of the tibial plateau if patient cannot fully extend knee. May do AP standing if patient can stand.
Tibia/Fibula	AP and lateral	
Trauma of the Ankle	Unilateral non-weight bearing AP, Lateral and oblique views	May do AP standing if patient can stand.
Trauma foot	Unilateral non-weight bearing AP, Lateral and Oblique views	May do AP and lateral standing if patient can stand.
Scaphoid	Wrist views as above with: PA wrist in ulna deviation and extension, 45 degree pronated oblique wrist.	https://radiopaedia.org/articles/scaphoid-pa-axial-view-1?lang=us https://radiopaedia.org/articles/scaphoid-oblique-view-1?lang=us

Mandatory **X-Ray Series – Chronic/Degenerative**		**Positioning Instructions (for CR & DR Programming)**
Shoulder	True AP Glenohumeral in neutral, and in internal rotation, lateral, axillary	https://radiopaedia.org/articles/shoulder-ap-glenoid-view?lang=us
Elbow	AP and lateral	
Wrist	PA and Lateral anatomic tilt of distal radius	https://www.jhandsurg.org/article/S0363-5023(03)00494-5/pdf
Hand	PA & lateral, oblique	
Hip	Low AP pelvis, AP of Hip, shoot through lateral hip	See Trauma CAD Brainlab training for technique Internally rotate hips 15 degrees https://radiopaedia.org/articles/hip-horizontal-beam-lateral-view-1?lang=us
Follow-up hip arthroplasty	AP and shoot through lateral of hip	
Hip for templating	Low AP Pelvis, AP Hip, shoot through lateral hip	https://www.brainlab.com/wp-content/uploads/2016/05/TraumaCad-Joints-Brochure.pdf https://radiopaedia.org/articles/hip-horizontal-beam-lateral-view-1?lang=us
Knee	Unilateral standing AP, non-weight bearing lateral and skyline and standing 30-degree PA view (notch)	https://www.isu.edu/media/libraries/radiographic-science/pdf/rosenberg.pdf
Knee for templating	Unilateral standing AP and non-weight bearing lateral. Templating ball on both AP and Lateral views	https://www.brainlab.com/wp-content/uploads/2016/05/TraumaCad-Joints-Brochure.pdf
Postop and follow up knee arthroplasty	Non-weight AP and lateral of the effected knee	
Ankle	Unilateral weight bearing AP, lateral and oblique	
Feet	Bilateral weight bearing AP, lateral and oblique	Oblique is not weight bearing.

General Notes:

1. Joint views should position joint in middle of image and have minimal overlap of the bones on either side of the joint.
2. Pediatric imaging is not mandatory for all pediatric orthopedic referrals and clinical judgement needs to be exercised before choosing to acquire x-rays of children. If x-rays needed, default to the trauma series.
3. If no history from ordering physician, then default to trauma views.
4. Weight bearing views may be performed when the patient can weight bear as noted in green.