# Spine & Pelvis

## Cervical Spine
- **AP**
- **AP Odontoid**
- Both Obliques - 72” FFD, patient erect, 15 degree caudal angle
- Lateral - 72” FFD, to visualize C1 - C6
- Swimmers @40” FFD to visualize C7 - T1

**Cervical Spine for ER/Trauma patients:**

COMPLETE THE IMAGES IN THIS ORDER:

1. **Cross-table lateral & swimmers view (with the collar on)**
   - The staff physician in charge of the patient is to check the image for fx.
   - etc. If a Radiologist is available he/she may clear the image.
   - Make a notation in RIS in tech notes who cleared the image for you to proceed with the examination. If no one is available to clear images, you may proceed leaving the patient on the board and in the c-collar.

2. **AP & Odontoid films (with the collar on)**
   - These films must also be checked by the staff physician.

3. **Obliques (only after laterals, AP, & odontoid images have been cleared)**
   - and erect @ 72” distance if possible. Oblique and arrow markers must be used if done erect.

If flexion & extension views are ordered, a staff physician must remove collar and assist if needed with the patient positioning, ie. patient cannot or will not flex or extend neck without assistance.

*Make a notation in the RIS tech notes the name of the physician that positioned the patient for these views. A left and arrow marker must be used if done erect.*

## Coccyx and Sacrum
- **AP** - use 10 degree caudal tube angle for coccyx
- **AP** – 15 degree cephalad tube angle for sacrum
- Lateral to include both joints

## Lumbar Spine
- **AP**
- Both Obliques (RPO/LPO) – oblique markers must be used.
- Lateral
- L5-S1 - visible collimation to the area of interest is required

## Pelvis
- **AP** - unless contraindicated due to trauma, pain, or pathology internally rotate feet & lower extremities approximately 15 degrees.
- Entire pelvis should be visualized, including the head, neck, trochanters of the hips and the proximal portion of the femoral shaft

## Pelvis Judet Views (Judet views)
- Two posterior obliques, each to include entire pelvis
Pelvis Inlet/outlet views (1 OR 2 VIEWS IN COMMENTS SPECIFY INLET AND OUTLET)
30 degree upshot and down shot
If patient has not had a pelvis ordered it must be changed to a 3-view pelvis and a straight AP pelvis must be completed.

Sacrum and coccyx
AP - use 10 degree caudal tube angle for coccyx
AP – use 15 degree cephalad tube angle for sacrum
Lateral to include both joints

SI Joints
AP - no tube angle to include both
AP Upshot - use 30 degree cephalad tube angle to include both joints
Both obliques RPO/LPO. Please mark with oblique markers.

If unilateral is ordered do affected side oblique only
If both are ordered Rt side should contain AP, and Rt oblique, Lt side should contain Upshot and L oblique

Thoracic/Dorsal Spine
AP
Lateral - use breathing technique
Swimmer’s lateral – C1 thru the upper thoracic spine
The 2 lateral views are to be performed to visualize the entire thoracic spine in the lateral projection.
Additional direction from Dr. A. Martin: Thoracic spine: a T-spine exam includes T1 to T12 on BOTH the lateral and AP views which is the T-L junction

MUST be visualized in order to obtain an accurate count of the vertebral body levels. In order to accomplish these goals, it may be necessary to include a swimmers view and a T-L junction view with the study.