

STATE OF OREGON



Board of Radiologic Technology

PHONE 971.673.0215 FAX 971.673.0218

www.oregon.gov/RadTech

**PRACTICAL EXPERIENCE EVALUATION REQUIREMENTS
Limited Scope Training Programs in
Diagnostic Radiologic Technology**

August 31, 2006

--This Form May Be Duplicated--

**To Qualify for a Limited Permit or to
Add Anatomic Areas to an Existing Limited Permit:**

1. Complete a Board-approved course of instruction.
2. Pass the American Registry of Radiologic Technology (ARRT) "Core Module" examination¹ covering Radiation Protection, Equipment Operation and Quality Control, Image Production and Evaluation, and Patient Care and Education AND at least one anatomic area Radiographic Procedure Module examination.
3. Satisfy the practical-experience requirements relevant to the anatomic areas passed.²
4. Apply for a limited permit prior to expiration of the course (see "ONE-YEAR TIME LIMIT" below).

¹The Core Module examination is not required of individuals adding to a current limited permit.

² Copies of the Practical-Experience Evaluation Forms and Practical Experience Completion Certificate may be obtained on-line at www.oregon.gov/RadTech

ONE YEAR TIME LIMIT

Upon Completion of the X-ray Course, *Students are Allowed **One Year** to Satisfy the Board Requirements and Apply for a Limited Permit or Add Anatomic Areas to an Existing Permit.*

Qualified Practical- Experience Evaluators

The Practical-Experience Evaluators must be:

OBRT licensed radiographers

American Registry of Radiologic Technologists (ARRT) credentialed

Both the license and the credentials must be current and in good standing

About Practical-Experience Evaluations

Practical-experience evaluations may be completed in one of the following ways:

ON-SITE – The evaluator is on-site, observes the student independently doing the actual radiographic exams, including setting radiographic factors, and completes an evaluation form for each procedure that is observed.

PEER POSITIONING – The evaluator is not present when the radiographic exams are performed. The student brings the radiographs to the evaluator along with a list of all pertinent technical factors and radiographic accessories used to obtain the radiographs. The student uses a peer as a substitute patient in order to demonstrate how the patient is positioned and what technical factors are used in order to make the radiographs.

The Practical-Experience Evaluator is responsible for completing one evaluation form for each of the anatomic areas evaluated.

At least 80 Points are required on each anatomic area for the fulfillment of the Practical-Experience Requirements.

Upon completing the Practical-Experience Evaluation, the evaluator will provide the student with copies of the evaluation forms. In addition, when the student has successfully passed the evaluation, the evaluator will provide a signed certificate of completion. The student will then forward a copy of the signed certificate or the evaluation forms to the Board.

NOTE: Practical-Experience Evaluators must retain the Evaluation Forms for two (2) years.

The "Minimum Practical Requirements" column on the following pages lists the minimum number of exams required for each anatomic area.

ANATOMIC CATEGORY	EXAM	MINIMUM	PRACTICAL	PROFICIENCIES	DIDACTIC REQUIREMENTS
		REQUIRED	RECOMMENDED	SUGGESTED	
CHEST	Chest	PA Upright; Lateral Upright	AP Supine AP Upright Lateral Decubitus	Posterior Oblique Anterior Oblique	PA Upright Lateral Upright AP Lordotic AP Supine AP Upright Lateral Decubitus Posterior Oblique Anterior Oblique
	Lordotic Chest	AP Lordotic			
	(as appropriate)	Any additional 3 chest views, at least 2 from the Recommended list.			
HEAD	Skull	PA Caldwell Lateral	PA AP Axial (Towne) Submentovertical	Verticosubmental	PA PA Caldwell Lateral AP Axial (Towne) Submentovertical Verticosubmental
	Facial Bones	Parietoacanthial (Waters) PA Caldwell Lateral		PA (modified Waters)	PA Caldwell Parietoacanthial (Waters) Lateral PA (modified Waters)
	Mandible	PA Caldwell	AP Axial (Towne) Semilateral		PA Caldwell AP Axial (Towne) Semilateral
	Zygomatic Arches	Parietoacanthial (Waters)	Submentovertical	Verticosubmental	Parietoacanthial (Waters) Submentovertical Verticosubmental

ANATOMIC CATEGORY	EXAM	MINIMUM	PRACTICAL	PROFICIENCIES	DIDACTIC REQUIREMENTS
		REQUIRED	RECOMMENDED	SUGGESTED	
HEAD	Nasal Bones	PA Caldwell Parietoacanthial (Waters) Laterals			PA Caldwell Parietoacanthial (Waters) Laterals
	Orbits	PA Caldwell Parietoacanthial (Waters) Lateral		Rheese (oblique)	PA Caldwell Parietoacanthial (Waters) Lateral Rheese (oblique)
	Paranasal Sinuses	PA Caldwell Parietoacanthial (Waters) Lateral	Submentovertical	Open Mouth Waters	PA Caldwell Parietoacanthial (Waters) Submentovertical Lateral Open Mouth Waters
	(as appropriate)	Any additional 3 head views, at least 2 from the Recommended list.			
EXTREMITIES	Toes		AP Oblique Lateral		AP Oblique Lateral
	Foot	AP w/Angle toward Heel AP Weight Bearing Medial Oblique Mediolateral	Lateral Weight Bearing Sesamoids, Tangential	Lateral Oblique Lateromedial	AP w/Angle toward Heel AP Weight Bearing Medial Oblique Lateral Oblique Mediolateral Lateromedial Lateral Weight Bearing Sesamoids, Tangential
	Calcaneus (Os Calcis)		Lateral Plantodorsal, Axial	Dorsoplantar, Axial	Lateral Plantodorsal, Axial Dorsoplantar, Axial

ANATOMIC CATEGORY	EXAM	MINIMUM	PRACTICAL	PROFICIENCIES	DIDACTIC REQUIREMENTS
		REQUIRED	RECOMMENDED	SUGGESTED	
EXTREMITIES	Ankle	AP Oblique, 45° Internal Mediolateral	AP Mortise	AP Stress Views	AP AP Mortise Mediolateral Lateromedial Oblique, 45° Internal
	Tibia, Fibula	AP Lateral		Oblique	AP Lateral Oblique
	Knee	AP Mediolateral One "Sunrise" view method	PA Axial (Tunnel) AP Weight Bearing Prone Flexion 90° (Settegast) Prone Flexion 55° (Hughston)	PA Lateromedial Lateral Oblique 45° Medial Oblique 45° Supine Flexion 45° (Merchant)	AP PA Mediolateral Lateromedial PA Axial (Tunnel) AP Weight Bearing Lateral Oblique 45° Medial Oblique 45° Supine Flexion 45° (Merchant) Prone Flexion 90° (Settegast) Prone Flexion 55° (Hughston)
	Patella		Lateral PA One "Sunrise" view method Prone Flexion 90° (Settegast) Prone Flexion 55° (Hughston)	Supine Flexion 45° (Merchant)	Lateral PA Supine Flexion 45° (Merchant) Prone Flexion 90° (Settegast) Prone Flexion 55° (Hughston)
	Femur (Distal)	AP Mediolateral		Lateromedial	AP Mediolateral Lateromedial
	(as appropriate)	Any additional 4 Lower Extremities views, at least 2 from the Recommended list.			

ANATOMIC CATEGORY	EXAM	MINIMUM	PRACTICAL	PROFICIENCIES	DIDACTIC REQUIREMENTS
		REQUIRED	RECOMMENDED	SUGGESTED	
EXTREMITIES	Fingers		PA Finger Oblique Finger Lateral Finger AP Thumb Oblique Thumb Lateral Thumb		PA Finger Oblique Finger Lateral Finger AP Thumb Oblique Thumb Lateral Thumb
	Hand	PA Oblique Lateral			PA Oblique Lateral
	Wrist	PA Oblique 45° Lateral	PA for Scaphoid	Scaphoid (Stecher) Carpal Canal	PA Oblique 45° Lateral PA for Scaphoid Scaphoid (Stecher) Carpal Canal
	Forearm	AP Lateral			AP Lateral
	Elbow	AP Lateral	External Oblique Internal Oblique	AP Partial Flexion Axial Trauma (Coyle)	AP Lateral External Oblique Internal Oblique AP Partial Flexion Axial Trauma (Coyle)
	Humerus		AP Lateral Scapular Y	AP Neutral Transthoracic Lateral	AP Lateral AP Neutral Scapular Y Transthoracic Lateral

ANATOMIC CATEGORY	EXAM	MINIMUM	PRACTICAL	PROFICIENCIES	DIDACTIC REQUIREMENTS
		REQUIRED	RECOMMENDED	SUGGESTED	
EXTREMITIES	Shoulder	AP Internal Rotation AP External Rotation	AP Neutral Transthoracic Lateral Scapular Y One Axial view method	Inferosuperior Axial Superoinferior Axial Posterior Obl. (Grashey) Tangential	AP Internal Rotation AP External Rotation Inferosuperior Axial Superoinferior Axial Posterior Obl. (Grashey) Tangential AP Neutral Transthoracic Lateral Scapular
	Scapula		AP Lateral, Anterior Oblique Lateral, Posterior Oblique		AP Lateral, Anterior Oblique Lateral, Posterior Oblique
	Clavicle		AP AP Angle 15-30° Cephalad	PA Angle 15-30° Caudad	AP AP Angle 15-30° Cephalad PA Angle 15-30° Caudad
	Acromioclavicular Joints		AP Bilateral With and Without Weights		AP Bilateral With and Without Weights
	(as appropriate)	Any additional 4 Upper Extremities views, at least 2 from the Recommended list			
SPINE	Cervical Spine	AP Angle Cephalad AP Open Mouth Lateral	Anterior Obliques Posterior Obliques Lateral Swimmers	Lateral Flexion Lateral Extension	AP Angle Cephalad AP Open Mouth Lateral Anterior Oblique Posterior Oblique Lateral Swimmers Lateral Flexion Lateral Extension

ANATOMIC CATEGORY	EXAM	MINIMUM	PRACTICAL	PROFICIENCIES	DIDACTIC REQUIREMENTS
		REQUIRED	RECOMMENDED	SUGGESTED	
SPINE	Thoracic Spine	AP Lateral Exhalation	Lateral Swimmers Lateral Breathing	Posterior Oblique 70° Anterior Oblique 70°	AP Lateral Swimmers Lateral Breathing Lateral Exhalation Posterior Oblique 70° Anterior Oblique 70°
	Lumbar Spine	AP Lateral	L5-S1 Lateral Spot Posterior Oblique 45° Anterior Oblique 45° Lateral Flexion Lateral Extension	PA AP L5-S1, 30-35° Cephalad AP Right and Left Bending	AP PA Lateral L5-S1 Lateral Spot Posterior Oblique 45° Anterior Oblique 45° AP L5-S1, 30-35° Cephalad AP Right and Left Bending Lateral Flexion Lateral Extension
	Sacrum and Coccyx		AP Sacrum, 15-25° Cephalad AP Coccyx 10-20° Caudad Lateral Sacrum and Coccyx (combined)	Lateral Sacrum and Coccyx (separate)	AP Sacrum, 15-25° Cephalad AP Coccyx 10-20° Caudad Lateral Sacrum and Coccyx (combined) Lateral Sacrum and Coccyx (separate)
	Sacroiliac Joints		AP Posterior Oblique	Anterior Oblique	AP Posterior Oblique Anterior Oblique
	Scoliosis Series		AP/PA Scoliosis Series (Ferguson)		AP/PA Scoliosis Series (Ferguson)
SPINE	(as appropriate)	Any additional 4 Spine views, at least 2 from the Recommended list			

ANATOMIC CATEGORY	EXAM	MINIMUM	PRACTICAL	PROFICENCIES	DIDACTIC REQUIREMTNTS
		REQUIRED	RECOMMENDED	SUGGESTED	
PODIATRIC	Toes		AP Oblique Lateral	Lateral Hallux	AP Oblique Lateral Lateral Hallux
	Foot	Dorsal Plantar (DP) Medial Oblique Mediolateral Lateral Weight Bearing	Sesamoids, Tangential AP Weight Bearing Planter Axial Stress Lateral	DP with Lesion Markers Lateral Oblique Lateromedial Isherwood Coalition	Dorsal Plantar (DP) DP with Lesion Markers Medial Oblique Lateral Oblique Mediolateral Lateromedial Sesamoids, Tangential AP Weight Bearing Lateral Weight Bearing Planter Axial Stress Lateral Isherwood Coalition
	Ankle	AP AP Medial Oblique Mediolateral Lateral Weight Bearing	AP Mortise Inversion Stress Views	Lateromedial AP Lateral Oblique Push/Pull Stress	AP AP Mortise Mediolateral Lateromedial Lateral Weight Bearing AP Medial Oblique AP Lateral Oblique Inversion Stress Views Push/Pull Stress
	Calcaneus (Os Calcis)		Lateral Plantodorsal, Axial	Harris and Beath (ski-jump)	Lateral Plantodorsal, Axial Harris and Beath (ski-jump)
		Any additional 4 Podiatric views at least 2 from the Recommended list			