## EXTREMITIES



## CLINICAL

## CHECKLIST

Instructions: Must complete at least 29 views, which must include the eleven required exams ( 25 views), plus an additional four views (minimum) which may be selected from either the required or elective list.

Student Name

|  |  |  |  |
| :--- | :--- | :--- | :--- | :--- |
| Patient <br> Positioning | Image <br> Receptor <br> Orientation | Central <br> Ray | Sign <br> Off |

Toes (Elective)
AP
Oblique

Lateral
Foot (Required)
AP w/Angle
Toward Heel

Medial Oblique
Mediolateral
Foot (Elective)
Lateral Weight
Bearing
Sesamoids, Tangential
Lateral Oblique
Lateromedial

AP Weight Bearing

## EXTREMITIES



## CLINICAL

## CHECKLIST

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| Student Name | Instructor | OBMI No. | Date |
| :---: | :---: | :---: | :---: |
| Patient Positioning | Image Receptor Orientation | Central Ray | Sign Off |
| Calcaneus <br> (Os Calcis) (Elective) |  |  |  |
| Lateral |  |  |  |
| Plantodorsal, Axial |  |  |  |
| Dorsoplantar, Axial |  |  |  |
| Ankle (Required) |  |  |  |
| AP |  |  |  |
| Oblique $45^{\circ}$ Internal |  |  |  |
| Mediolateral |  |  |  |
| Ankle (Elective) |  |  |  |
| AP Mortise |  |  |  |
| AP Stress Views |  |  |  |

## EXTREMITIES



## CLINICAL

## DEMONSTRATION

## CHECKLIST

Instructions: Must complete at least 29 views, which must include the eleven required exams ( 25 views), plus an additional four views (minimum) which may be selected from either the required or elective list.

| Student Name | Instructor | OBMI No. | Date |
| :---: | :---: | :---: | :---: |
| Patient Positioning | Image Receptor Orientation | Central Ray | $\begin{gathered} \text { Sign } \\ \text { Off } \end{gathered}$ |

Tibia, Fibula
(Required)
$\qquad$

Tibia, Fibula
(Elective)
Oblique $\qquad$
$\qquad$
$\qquad$
$\qquad$

Knee (Required)

$\qquad$
$\qquad$
$\qquad$
$\qquad$
Mediolateral $\qquad$
$\qquad$
$\qquad$
$\qquad$

## EXTREMITIES



## CLINICAL

## CHECKLIST

Instructions: Must complete at least 29 views, which must include the eleven required exams ( 25 views), plus an additional four views (minimum) which may be selected from either the required or elective list.

| Student Name | Instructor | OBMI No. | Date |
| :---: | :---: | :---: | :---: |
| Patient Positioning | Image Receptor Orientation | Central Ray | Sign Off |
| Knee (Elective) |  |  |  |
| PA Axial (Tunnel) |  |  |  |
| AP Weight Bearing |  |  |  |
| PA |  |  |  |
| Lateromedial |  |  |  |
| Lateral Oblique $45^{\circ}$ |  |  |  |
| Medial Oblique $45^{\circ}$ |  |  |  |
| Patella (One Required; others are Elective) |  |  |  |
| Lateral | - |  |  |
| Supine Flexion $45^{\circ}$ (Merchant) |  | , |  |
| PA | - | - |  |
| One "Sunrise" <br> View Method |  |  |  |
| Prone Flexion $90^{\circ}$ (Settegast) |  |  |  |

## EXTREMITIES



## CLINICAL

## CHECKLIST

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Student Name
$\qquad$
Patient Positioning

Instructor

| Image <br> Receptor <br> Orientation | Central |  |
| :---: | :---: | :---: |

Prone Flexion $55^{\circ}$
(Hughston)
Femur (Distal)
(Required)

AP
Mediolateral

Femur (Distal)
(Elective)
Lateromedial

Fingers (Elective)
PA Finger
$\qquad$
$\qquad$
$\qquad$
$\qquad$
Oblique Finger $\qquad$
$\qquad$
$\qquad$
$\qquad$
Lateral Finger $\qquad$
$\qquad$
$\qquad$
$\qquad$
AP Thumb $\qquad$
$\qquad$
$\qquad$
$\qquad$
Oblique Thumb $\qquad$
$\qquad$
$\qquad$
$\qquad$

[^0]$\qquad$
$\qquad$
$\qquad$
$\qquad$

## EXTREMITIES



## CLINICAL

## DEMONSTRATION

## CHECKLIST

Instructions: Must complete at least 29 views, which must include the eleven required exams ( 25 views), plus an additional four views (minimum) which may be selected from either the required or elective list.

Student Name
$\qquad$
Patient Positioning

Instructor
$\qquad$
Image
Receptor
Orientation

OBMI No.

|  |  |
| :--- | :--- |
|  |  |
| Central |  |
| Ray |  |
|  | Sign |
|  |  |
|  |  |

## Hand (Required)


$\qquad$
$\qquad$
$\qquad$
$\qquad$
Oblique $\qquad$
$\qquad$
$\qquad$
$\qquad$
Lateral $\qquad$
$\qquad$
$\qquad$
$\qquad$
Wrist (Required)

$\qquad$
$\qquad$
$\qquad$
$\qquad$
Oblique $45^{\circ}$ $\qquad$
$\qquad$
$\qquad$
$\qquad$
Lateral $\qquad$
$\qquad$
$\qquad$
$\qquad$
Wrist (Elective)
PA for Scaphoid $\qquad$
$\qquad$
$\qquad$
$\qquad$
Scaphoid (Stecher) $\qquad$
$\qquad$
$\qquad$
$\qquad$
Carpal Canal $\qquad$
$\qquad$
$\qquad$
$\qquad$

## Forearm (Required)

$\qquad$
$\qquad$
$\qquad$
$\qquad$
Lateral $\qquad$
$\qquad$
$\qquad$

## EXTREMITIES



## CLINICAL

## DEMONSTRATION

## CHECKLIST

Instructions: Must complete at least 29 views, which must include the eleven required exams ( 25 views), plus an additional four views (minimum) which may be selected from either the required or elective list.

| Student Name | Instructor | OBMI No. | Date |
| :---: | :---: | :---: | :---: |
| Patient Positioning | Image Receptor Orientation | Central Ray | Sign Off |

Elbow (Required)
$\qquad$
$\qquad$
$\qquad$
$\qquad$
Lateral $\qquad$
$\qquad$
$\qquad$
$\qquad$

Elbow (Elective)
External Oblique $\qquad$
$\qquad$
$\qquad$
$\qquad$
Internal Oblique $\qquad$
$\qquad$
$\qquad$
$\qquad$
AP Partial Flexion $\qquad$
$\qquad$
$\qquad$
$\qquad$
Axial Trauma (Coyle) $\qquad$
$\qquad$
$\qquad$
$\qquad$

Humerus (Elective)

| AP | $\square$ |
| :---: | :---: |
| Lateral | $\square$ |

$\qquad$
$\qquad$
$\qquad$

Scapular Y $\qquad$
$\qquad$
$\qquad$
$\qquad$
AP Neutral $\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

## EXTREMITIES



## CLINICAL

## CHECKLIST

Instructions: Must complete at least 29 views, which must include the eleven required exams ( 25 views), plus an additional four views (minimum) which may be selected from either the required or elective list.

Student Name

|  |  |  |  |
| :--- | :--- | :--- | :--- | :--- |
| Patient <br> Positioning | Image <br> Receptor <br> Orientation | Central <br> Ray | Sign <br> Off |

Shoulder (Required)
AP Internal Rotation
AP External Rotation
Shoulder (Elective)
AP Neutral
Transthoracic Lateral
Scapular Y
One Axial
View Method

Inferosuperior Axial

Superoinferior Axial
Posterior Oblique
(Grashey)
Tangential

## EXTREMITIES



## CLINICAL

## CHECKLIST

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| Student Name | Instructor | OBMI No. | Date |
| :---: | :---: | :---: | :---: |
| Patient Positioning | Image Receptor Orientation | Central Ray | Sign Off |
| Scapula (Elective) |  |  |  |
| AP |  |  |  |
| Lateral, Anterior Oblique |  |  |  |
| Lateral, Posterior Oblique |  |  |  |
| Clavicle (Elective) |  |  |  |
| AP |  |  |  |
| AP Angle 15-30 Cephalad |  |  |  |
| PA Angle $15-30^{\circ}$ Caudad |  |  |  |
| Acromioclavicular Joints - (Elective) |  |  |  |
| AP Bilateral With and Without Weights |  |  |  |


[^0]:    Lateral Thumb

