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
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				

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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
Calcaneus (Os Calcis) (Elective)				
Lateral				
Plantodorsal, Axial				
Dorsoplantar, Axial				
Ankle (Required)				
AP				
Oblique 45° Internal				
Mediolateral				
Ankle (Elective)				
AP Mortise				
AP Stress Views				

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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
Tibia, Fibula (Required)				
AP				
Lateral				
Tibia, Fibula (Elective)				
Oblique				
Knee (Required)				
АР				
Mediolateral				

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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
Knee (Elective)				
PA Axial (Tunnel)				
AP Weight Bearing				
PA				
Lateromedial				
Lateral Oblique 45°				
Medial Oblique 45°				
Patella (One Required; others are Elective)				
Lateral				
Supine Flexion 45° (Merchant)				
PA				
One "Sunrise" View Method				
Prone Flexion 90° (Settegast)				

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CLINICAL DEMONSTRATION CHECKLIST

EXTREMITIES

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
Prone Flexion 55° (Hughston)				
Femur (Distal) (Required)				
AP				
Mediolateral				
Femur (Distal) (Elective)				
Lateromedial				
Fingers (Elective)				
PA Finger				
Oblique Finger				
Lateral Finger				
AP Thumb				
Oblique Thumb			·	
Lateral Thumb				

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CLINICAL DEMONSTRATION CHECKLIST

EXTREMITIES

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
Hand (Required)				
PA				
Oblique				
Lateral				
Wrist (Required)				
PA		·		
Oblique 45°				
Lateral				
Wrist (Elective)				
PA for Scaphoid				
Scaphoid (Stecher)				
Carpal Canal				
Forearm (Required)				
AP				
Lateral				
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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)				
AP				
Lateral				
Elbow (Elective)				
External Oblique		·		
Internal Oblique				
AP Partial Flexion				
Axial Trauma (Coyle)				
Humerus (Elective)				
АР				
Lateral		·		
Scapular Y				
AP Neutral				
Transthoracic Lateral				
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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
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				

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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
Scapula (Elective)				
АР				
Lateral, Anterior Oblique				
Lateral, Posterior Oblique				
Clavicle (Elective)				
АР				
AP Angle 15-30° Cephalad				
PA Angle 15-30° Caudad				
Acromioclavicular Joints - (Elective)				
AP Bilateral With and Without Weights				

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