CLINICAL DEMONSTRATION CHECKLIST

# LOWER EXTREMITY

Name_____
Instructor_____
Date_____

| | Patient Positioning | Film Position Orientation | CR Sign Off | |
|---|---|---|---|---|
| **Toe: (required)** | | | | |
| Toe: (recommended) | | | | |
| AP | _____ | _____ | _____ | _____ |
| Oblique | _____ | _____ | _____ | _____ |
| Lateral | _____ | _____ | _____ | _____ |
| Toe: (suggested) _____ | | | | |
| **Foot: (required)** | | | | |
| AP w/Angle toward Heel | _____ | _____ | _____ | _____ |
| AP Weight Bearing | _____ | _____ | _____ | _____ |
| Medial Oblique | _____ | _____ | _____ | _____ |
| Mediolateral | _____ | _____ | _____ | _____ |
| Foot: (recommended) | | | | |
| Lateral Weight Bearing | _____ | _____ | _____ | _____ |
| Sesamoids, Tangential | _____ | _____ | _____ | _____ |
| Foot: (suggested) | | | | |
| Lateral Oblique | _____ | _____ | _____ | _____ |
| Lateromedial | _____ | _____ | _____ | _____ |
| _____ | | | | |
| **Calcaneus (os calcis): (required)** | | | | |
| Calcaneus (os calcis): (recommended) | | | | |
| Lateral | _____ | _____ | _____ | _____ |
| Plantodorsal, Axial | _____ | _____ | _____ | _____ |

Calcaneus (os calcis):
(suggested)

| | | | | |
|---|---|---|---|---|
| Dorsoplantar, Axial | _____ | _____ | _____ | _____ |

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**Ankle: (required)**

| | | | | |
|---|---|---|---|---|
| AP | _____ | _____ | _____ | _____ |
| Oblique 45$^0$ Internal | _____ | _____ | _____ | _____ |
| Mediolateral | _____ | _____ | _____ | _____ |

Ankle: (recommended)

| | | | | |
|---|---|---|---|---|
| AP Mortise | _____ | _____ | _____ | _____ |

Ankle: (suggested)

| | | | | |
|---|---|---|---|---|
| AP Stress Views | _____ | _____ | _____ | _____ |

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**Lower Leg: (required)**

| | | | | |
|---|---|---|---|---|
| AP | _____ | _____ | _____ | _____ |
| Lateral | _____ | _____ | _____ | _____ |

Lower Leg: (recommended)

Lower Leg: (suggested)

| | | | | |
|---|---|---|---|---|
| Oblique | _____ | _____ | _____ | _____ |

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**Knee: (required)**

| | | | | |
|---|---|---|---|---|
| AP | _____ | _____ | _____ | _____ |
| Mediolateral | _____ | _____ | _____ | _____ |
| One “Sunrise” view (specify) | _____ | _____ | _____ | _____ |

Knee: (recommended)

| | | | | |
|---|---|---|---|---|
| PA Axial (Tunnel) | _____ | _____ | _____ | _____ |
| AP Weight Bearing | _____ | _____ | _____ | _____ |
| Prone Flexion 90$^0$ Settegast) | _____ | _____ | _____ | _____ |
| Prone Flexion 55$^0$ (Hughston) | _____ | _____ | _____ | _____ |

Knee: (suggested)

| | | | | |
|---|---|---|---|---|
| PA | _____ | _____ | _____ | _____ |
| Lateromedial | _____ | _____ | _____ | _____ |
| Lateral Oblique $45^0$ | _____ | _____ | _____ | _____ |
| Medial Oblique $45^0$ | _____ | _____ | _____ | _____ |
| Supine Flexion $45^0$ (Merchant) | _____ | _____ | _____ | _____ |

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**Patella: (required)**

Patella: (recommended)

| | | | | |
|---|---|---|---|---|
| Lateral | _____ | _____ | _____ | _____ |
| PA | _____ | _____ | _____ | _____ |
| Prone Flexion $90^0$ (Settegast) | _____ | _____ | _____ | _____ |
| Prone Flexion $55^0$ (Hughston) | _____ | _____ | _____ | _____ |

Patella: (suggested)

| | | | | |
|---|---|---|---|---|
| Supine Flexion $45^0$ (Merchant) | _____ | _____ | _____ | _____ |

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**Femur (distal): (required)**

| | | | | |
|---|---|---|---|---|
| AP | _____ | _____ | _____ | _____ |
| Mediolateral | _____ | _____ | _____ | _____ |

Femur (distal): (recommended)

Femur (distal): (suggested)

| | | | | |
|---|---|---|---|---|
| Lateromedial | _____ | _____ | _____ | _____ |

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REQUIRED = 14 ELECTIVE = 4 TOTAL = 18 views