



# 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
<b>Calcaneus (Os Calcis) (Elective)</b>				
Lateral	_____	_____	_____	_____
Plantodorsal, Axial	_____	_____	_____	_____
Dorsoplantar, Axial	_____	_____	_____	_____
<b>Ankle (Required)</b>				
AP	_____	_____	_____	_____
Oblique 45° Internal	_____	_____	_____	_____
Mediolateral	_____	_____	_____	_____
<b>Ankle (Elective)</b>				
AP Mortise	_____	_____	_____	_____
AP Stress Views	_____	_____	_____	_____

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<b>Tibia, Fibula (Required)</b>				
AP	_____	_____	_____	_____
Lateral	_____	_____	_____	_____
<b>Tibia, Fibula (Elective)</b>				
Oblique	_____	_____	_____	_____
<b>Knee (Required)</b>				
AP	_____	_____	_____	_____
Mediolateral	_____	_____	_____	_____

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



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<b>Hand (Required)</b>				
PA	_____	_____	_____	_____
Oblique	_____	_____	_____	_____
Lateral	_____	_____	_____	_____
<b>Wrist (Required)</b>				
PA	_____	_____	_____	_____
Oblique 45°	_____	_____	_____	_____
Lateral	_____	_____	_____	_____
<b>Wrist (Elective)</b>				
PA for Scaphoid	_____	_____	_____	_____
Scaphoid (Stecher)	_____	_____	_____	_____
Carpal Canal	_____	_____	_____	_____
<b>Forearm (Required)</b>				
AP	_____	_____	_____	_____
Lateral	_____	_____	_____	_____





