WAVELENGTHS
American Chiropractic Registry of Radiologic Technologists

ACRRT

Fall 2013

PRESIDENT'S MESSAGE:

The remaining issues for 2013 deal with the upper extremity. You should be familiar with the standard views, however additional views are presented. These may help with your imaging, when a patient presents with pain and standard views are inadequate.

UPPER EXTREMITY - The Shoulder Girdle

In this issue, we offer hints on how to add to your arsenal of radiographs of the shoulder. The x-rays of the shoulder girdle can be done upright or on a radiographic table.

The routine views of the shoulder require that the patient be able to rotate the humerus. If the patient's symptoms are mild, this is usually possible. The image receptor (IR) or cassette is placed crosswise to be able to visualize the entire clavicle.

STANDARD VIEWS:

1. AP view with external rotation *
2. AP view with internal rotation *
3. Baby Arm View *
4. AP Oblique

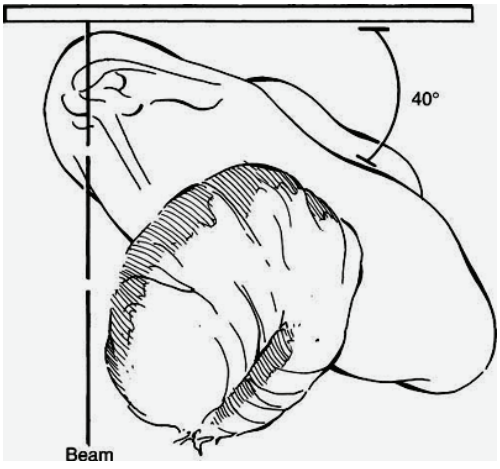

Fig.1

Patient orientation for Grashey position.

AP Oblique - Grashey Position

If an acute injury of the shoulder is suspected, and the patient cannot be positioned for a standard AP View because of guarding or anterior "rolling" or "rounding" of the shoulders, use this technique.

It will be easier and less painful to perform this in the upright position. See Fig.1

Rotate (elevate) the non-involved shoulder is rotated about 40 degrees (depending on the amount of rounding) with the CR aimed at the coracoid process.

Fig. 2 shows a true glenohumeral joint.

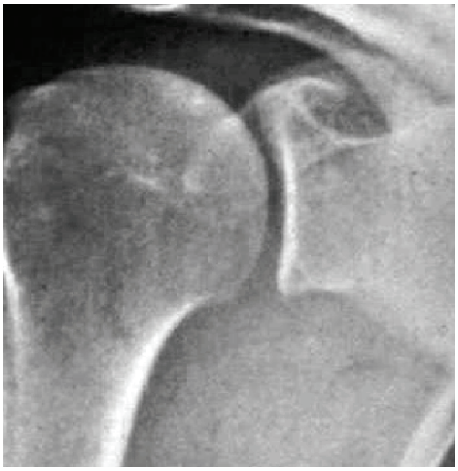

Fig. 2

X-ray obtained using Grashey position.

What is new?

We hope you continue to enjoy the ACRRT newsletter.

Please forward comments and suggestions to:

fldacbr@gmail.com.

Study Guides Available

Study guides can be purchased for $75.00 (including shipping and handling) through the ACRRT office.

Please send a check or money order to:

ACRRT
52 Colfax Street
Palatine, Il. 60067

You can order your Study Guide online using Paypal.
(service fee applies)

Go to www.acrrt.com and click on the Study Guide.

Any questions?
Call (847) 705.1178

Inside this issue:

UPPER EXTREMITY - The Shoulder Girdle (cont.)

CLAVICLE VIEWS

1. PA AXIAL - central ray is angled 15-30 degrees caudad to midclavicle.
2. AP AXIAL - central ray is angled 15-30 degrees cephalad to mid clavicle.

SCAPULA

1. BABY ARM VIEW
2. TRANSLATERAL THORACIC - use this position when an acute injury is suspected and the patient cannot abduct their arm. Place the painful arm against the Bucky. Elevate the non-painful side. The central ray enters at the level of the surgical neck of the humerus. (mid-axilla).

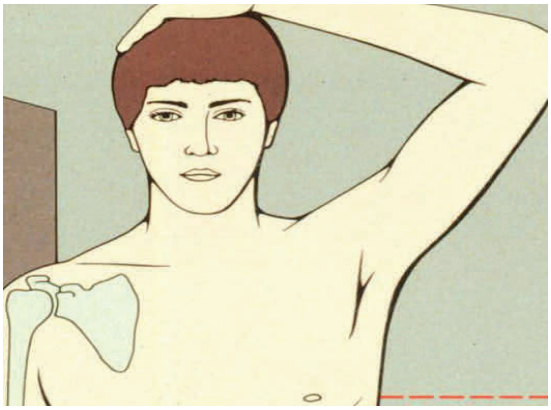

Fig.3
Patient positioning for transthoracic lateral view

ACROMIO-CLAVICULAR JOINTS

This technique is used to test the ligamentous integrity of the acromio-clavicular (AC) joint.

Each AC joint can be done separately on a 10x12 cassette or bilaterally using a 14x17 cassette.

The first exposure: The patient is standing with arms at their side, the central ray is at the acromion process, if doing one AC joint, or central to the 14x17 cassette if doing both.

AC JOINTS (cont.)

The second exposure: The patient is asked to hold 10 lbs. of weight on the injured side to demonstrate any instability at the AC joint. The arms are extended along the side of the body.

If the patient is large, a 14x17 cassette placed sideways, allows both AC joints to be imaged. Again, one exam is done without weights, one with weights.

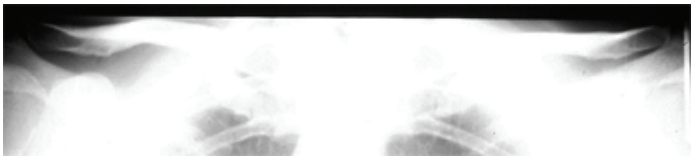

Fig.4
X-ray of AC joints—bilateral comparison.
http://radtext.blogspots.com

SHOULDER GIRDLE VIEWS - Summary

1. AP view
   an oblique presentation of the gleno-humeral joint.
2. AP view - internal and external rotation views
   used to demonstrate any humeral head pathology.
3. AP view - Grashey position (elevate non-involved side) allows accurate gleno-humer joint measurement.
4. Scapular (anterior oblique) Y view - affected shoulder against plate. Rotate opposite shoulder out of way with the central ray aimed parallel to the scapula.
5. Superior - inferior axial view
   patient is seated with the arm abducted. The cassette is under the axilla. The central ray is angled 5 to 15 degrees toward the elbow and aimed through the shoulder joint.

* Views marked with asterisk - commonly used in clinical practice.

REFERENCES:

1. Radiographic Essentials for Limited Practice B. Long Saunders, Elsevier 3rd Edition 2010
2. eORIF.com/shoulder/x-ray
3. www.boneschool.com
4. www.radiopaedia.org/cases/normal-shoulder-x-rays
5. emedx.com…./shoulder
6. www.radiographicpositioning.blogspot.com, Comprehensive guide to positioning with images.

THE DIGITAL CORNER

"WET READ" (preliminary opinion)

If your chiropractic physician needs an opinion on a radiographic study quickly, he can:

- **place the x-ray on the view box.**
- **take a digital picture of area in question using digital camera in high resolution mode.**
- **email this image as an attachment.**
- **the reading chiropractic radiologist (DACBR) can render a preliminary opinion.**
- **for medical - legal purposes, a written report needs to be created and forwarded to the referring DC using the original radiographs.**

Beware of your doctor uttering these phrases during surgery:

1. **Damn! Page 47 of the manual is missing!**
2. **Better save that we'll need it for the autopsy.**
3. **Wait a minute … if this is his spleen then what's that?**
4. **Oh no! I just lost my Rolex.**
5. **Anyone seen where I left the scalpel?**
6. **Fire! Fire! Everyone get out!**

www. Guy-sports.com/virtual/medical.html

RECERTIFICATION PROGRAMS — 2013

While prior approval of all programs is required, it is impossible for us to maintain all dates, places and faculty of all program presentations.

It is suggested that you contact your state chiropractic association or nearest chiropractic college for information on programs available in your area.

Applications for program approval are being received on nearly daily basis.

All dates of presentations are subject to change:

FLORIDA CHIROPRACTIC ASSOCIATION
Contact: FCA
Phone: 407 . 290 . 5883
www.fcachiro.org

NCCA
X-ray Recertification (6 hours) Dec. 2013
Charlotte, NC
Contact: Heather Wrenn, Education Director
Phone 919 . 832 . 0611
www.ncchiropractic.com

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EXECUTIVE HEADQUARTERS
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You will need to send a check for
Membership Dues
and continuing education certificate prior to
December 31, 2013.
Go to www.acrrt.com for further information.

Self Instructed Readings (SIRs) - Available now for those needing six (6) hours of continuing education.

These are articles that you have 30 days to read, answer corresponding questions and return to our office for credit.

SIRs are available for $25.00 per hour or $150.00 for the required six (6) hours.

Please contact our office: 847 . 705 . 1178 to order.

ACRRT

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52 West Colfax
Palatine, IL. 60067

TO:

EXECUTVE DIRECTOR'S MESSAGE ...

Dear members,

While a certificate of attendance for a course that you attended for CE's is necessary, please include an outline of the subject matter and topics that were presented. The subject matter for the courses that you attend has to directly deal with your position and function as an X-ray technologist. Without an outline or syllabus of the course material, your CE's will be pended until additional information is received. I recommend that you submit the course outline PRIOR to attending the program for ACRRT approval.

Note: The advent of this year brought prolonged extreme cold temperatures and moisture in contrast to last year. Let me remind you that X-ray film and electronic equipment can be damaged by excess moisture caused by the condensation of humid air entering your facility. A small and effective dehumidifier set to extract the excess moisture, yet not to create an overly dry, electrostatic atmosphere, is advised.

Enjoy the festivities of Thanksgiving and Christmas season.

Dr. L. Pyzik

ACRRT Executive Director