

PRESIDENT'S MESSAGE:

The remaining issues for 2015 deal with the lower 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.

LOWER EXTREMITY — The Knee Joint



In this issue, we offer hints on how to add to your arsenal of radiographs of the knee joint.

These views can be done upright or on a radiographic table if one is available. If no table is available, the views can be taken on the floor provided your tube can rotate.

STANDARD VIEWS:

1. AP View



Fig.1

Knee—AP view—CR directed at the tibial tuberosity with a 5 degree cephalad tube tilt.

2. Lateral View



Fig. 2

Knee joint—lateral view. Central ray directed 1" below knee cap (patella) with 10 degrees cephalad tube tilt.

ADDITIONAL VIEWS

1. Tunnel View



Fig. 3

Knee joint—tunnel view. Central ray directed through the knee joint.

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

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LOWER EXTREMITY — The Knee Joint (cont.)

2. Tangential (skyline) view



Fig. 4 - Patient positioning for tangential view of the patella.



Fig. 5 - Patella - skyline view.

CASE PRESENTATION

Patient has a reconstructive repair of this right anterior cruciate ligament. Two bone plug/screws are seen on all views. Note: use of four views of the right knee – four standard views and two additional views.



Fig. 6 - Lateral view.



Fig. 7 - AP view.



Fig. 8 - Tunnel view.



Fig. 9 - Skyline view.

REFERENCES

1. *Merrill's Atlas of Radiographic Positioning 11th. Ed. Vol. 1, P. 324.*
2. eORIF.com/knee/leg/x-ray
3. www.boneschool.com
4. www.radiopaedia.org/cases/normal-knee-x-rays
5. www.radiographicpositioning.blogspot.com - *Comprehensive guide to positioning with images.*

THE DIGITAL CORNER

The MRI examination on the right provides more anatomic detail than the plain film (left), and is more expensive.



Fig. 10 - Left knee exam - lateral - normal.
www.xraytees.com

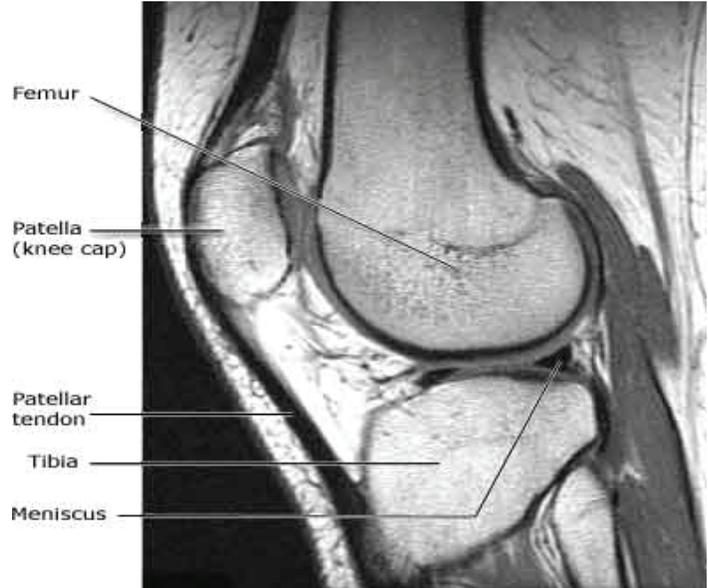


Fig. 11 - MRI image - lateral view of knee.
Need right & left markers? www.mriprotocol.blogspot.com

RECERTIFICATION PROGRAMS — 2015

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. 2015

Charlotte, NC

Contact: Heather Wrenn, Education Director

Phone 919 . 832 . 0611

www.ncchiropractic.com

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You will need to send a check for

Membership Dues

and continuing education certificate prior to

December 31, 2015.

Go to www.acrrt.com for further information.

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

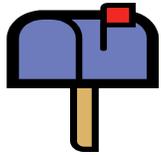
These are articles that you have 30 days to read, answer corresponding questions and return to our office for credit.

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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TO:

EXECUTIVE DIRECTOR'S MESSAGE ...

Dear members,

Continuing our quest from the last issue, to find what our members consider important regarding the new digital radiological technologies, we would like to hear from those of you that have switched over to either DR or CR units.

- What improvements would you make to the equipment?
- What improvements would you make to the software?
- Have your patients made remarks or comments about their comfort?
- Are there reliability issues?
- Excessive maintenance costs?
- Any safety concerns?

Once again, the benefit of pooling member information is that common experiences, whether good or bad, can influence manufacturers to improve their products. Feedback is important for change.

Also, your opinion could help others to make vital, costly decisions ... and your feedback will remain discrete.

Dr. L. Pyzik — ACRRT Executive Director