



WAVELENGTHS

American Chiropractic Registry of Radiologic Technologists

ACRRT

Summer 2009

PRESIDENT'S MESSAGE:

I would like to welcome all new members to the ACRRT.

I would encourage you to stay involved in chiropractic radiography education as it is an ever advancing field. Digital radiography is becoming the future but remember radiation safety always comes first.

The ACRRT website has a new and improved appearance, stop by and take a look. We do welcome feedback from our members.

Jan. M. Jacobs M. A. R.T. (R)

DIGITAL IMAGING-AN UPDATE -DR. N. DOMBROWSKY

The healthcare industry, including the chiropractic profession is under tremendous pressure to upgrade conventional x-ray film in order to:

- A. Increase patient care
- B. Reduce healthcare costs
- C. Improve radiology safety.

No harmful chemicals endangering the environment is an example of improved radiology safety.

Why consider digital technology?

One of the main tangible benefits of implementing digital technology is eliminating the ongoing costs associated with the darkroom.

These include film, film-processing chemicals, film processors and maintenance and maintaining a film archive.

Staff time that was used for handling film cassettes can be more effectively used.

This technology ultimately enhances the doctor's ability to treat their patients more effectively.

Because no darkroom is needed, this space can be used as a revenue generating space -e.g. exam room, treatment room or staff office.

What choices are available ?

+ DIGITAL RADIOLOGY

- selenium plate technology
- expensive

+ CCD (charged couple device)

- megapixel camera captures image - sends to computer



Fig. 1 - DR system showing CCD camera

+ CR (computed radiology)

- retrofitted to existing x-ray system
- special cassette - (PSP) phosphor storage plate
 - manual feed - user removes PSP plate which is inserted into reader.
 - automatic feed - no CA/DC interaction required.

What is new?

We hope you enjoy the revised ACRRT newsletter.

Please forward comments, suggestions to:

ndxray@bellsouth.net

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WWW.ACRRT.COM

DIGITAL UPDATE – continued



Remember these good old days?



Fig. 2 - An example of a cassette reader used in CR

If a DC is considering a digital system, a good plan for implementation is a must.

The entire process will be less aggravating, less costly, and a smooth transition if you have planned for at least the following:

- * network and its wiring
- * adequate connectivity
- * viewing stations
- * HIPPA compliance.

In summary:

Today's health care delivery system mandates improved efficiency.

Digital radiology allows the DC:

- to be more productive
- reduces radiology costs
- provides more time for quality patient care.

REFERENCES

1. Gater, Laura—Getting Digital Radiology on Track. *Radiology Today*. Vol. 7 No. 8 April 2006.
2. Orenstein, Beth CR vs. DR—The Digital X-ray Decision – *Radiology Today* Vol. 7 #12 p. 10 June 2006.
3. Keyes, Kris –The Digital Dilemma– *Orthopedic Technology Review* Jul-Aug, 2006.
4. Fischer, Fred Digital Imaging Gives High Tech Benefits *Chiropractic Economics* Vol 52. Issue 13, Aug. 30, 2006.
5. www.gehealthcare.com/usen/xr/radio/product.

Study Guides Available

Study guides can be purchased for \$50.00 (including shipping and handling) through the ACRRT office.

Please send a check or money order to:

52 Colfax Street
Palatine, IL 60067

Please call if you have any questions:

(847) 705. 1178.

CASE CHALLENGE:



Fig. 3 - Patient fell off of a trampoline.

What are the technical problems with these X-rays taken at the local hospital?
(Answers at end of issue.)



CASE CHALLENGE:



Fig. 4 - Mystery X-ray for Case Challenge

How could this x-ray be improved?

What joints are best seen on this examination?

(Answers at end of newsletter.)

RECERTIFICATION PROGRAMS—2009

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.

Programs can be approved within 3 days if all necessary documentation is included.

All dates of presentations are subject to change.

X-ray Recertification (6 hours) Oct. 2009

Instructor: Dr. N. Dombrowsky

Charlotte, NC

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ACRRT

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2009 MEMBERSHIP RENEWAL



You will need to send a check for membership dues and continuing education certificate prior to Dec. 31, 2009.

Go to www.acrrt.com for further information.

Self instructed Readings (SIRs) are 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 \$21.00 per hour or \$126.00 for the required six (6) hours. Please contact our office: (847) 705.1178 to order.



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TO:

EXECUTIVE DIRECTOR'S MESSAGE...

Thank you to Dr. Dombrowsky for the work performed to update the look of our **WAVELENGTHS** newsletter. Please contact him if you have any "copy" or subjects that you wish discussed in this newsletter. If you know of any state or local program that would qualify for CE credits, please contact me with as much information as you can. If the program is approved, I will list it on the web site or in the newsletter. Thank you for enduring with us as we have gone through our recent transition. Contact us with ideas—this is **YOUR** organization! Dr. Pyzik

ANSWER TO CASE CHALLENGES

Fig. 3 - It is a radiologic principle that x-rays show R/L markers. The proximal tibia shows a fracture that is not seen on the lateral view because the central ray has been changed. Knowing where the central ray should be aimed is one key to good radiographic quality.

Collimation is missing - which will always improve the quality of the film.

Fig. 4 - View: AP angulated lumbosacral view to demonstrate SI joints and pars regions.

The digits superimposed on the symphysis pubis is an example of extremely poor radiographic technique. Old fashioned cassettes with lead reference lines are outdated. Obviously R/L markers are lacking and gonadal shielding is warranted.