

PRESIDENT'S MESSAGE:

The 2015 issues deal with the lower extremity. You should be familiar with the standard views, however additional views are presented. These views may help with your imaging, when a patient presents with pain and standard views are inadequate.

LOWER EXTREMITY — Pelvis & Hip Joint

In this issue, we offer hints on how to improve your images of the pelvis and hip joint.

These x-rays can done in the standing position or on a radiographic table, if one is available.

AP PELVIS EXAM

An excellent radiographic examination for evaluating the:

- lumbosacral junction
- SI joints.
- hip joints
- symphysis pubis



Fig.1

AP Pelvis exam: radiograph.
No gonadal shielding required.

The view is helpful for:

- degenerative change of the hip joints
- pelvic fractures
- femoral neck fractures

Cassette:

Placed one inch above iliac crests.

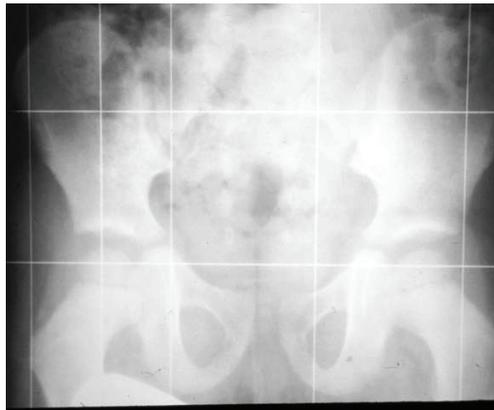


Fig.2

Pelvis Exam—Immature Patient
Gonad shield used but improperly positioned.



Fig. 3

Internal rotation (pigeon toes)
5-10 degrees presents both
the greater & lesser trochanters
optimally in AP hip exam.

eORIF.com image.

INDICATIONS:

- degenerative joint disease of hips
- osteonecrosis of femoral head.

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— Pelvis & Hip Joint (cont.)

HIP JOINT EXAMS : AP & LATERAL VIEWS

HIP JOINT—AP VIEW *

CR is directed at inguinal crease.

1. Greater trochanter
2. Femur—intertrochanteric line
3. Lesser trochanter
4. Femoral neck
5. Femoral head
6. Acetabulum
7. Superior pubic ramus
8. Obturator foramen
9. Inferior pubic ramus
10. Ischial tuberosity



Fig.4
AP view of hip.

INDICATIONS:

Helpful for:

- degenerative joint disease
- fracture
- osteonecrosis.

REFERENCES

1. wikiradiography.com/page/Hip+Radiographic-Anatomy
2. radiopaedia.com/articles/hip

HIP JOINT—LATERAL VIEW *

CR is directed at inguinal crease with patient creating a figure 4 with the leg (frog-leg position).

If possible, have the patient place one foot over the opposite knee from the hip joint.

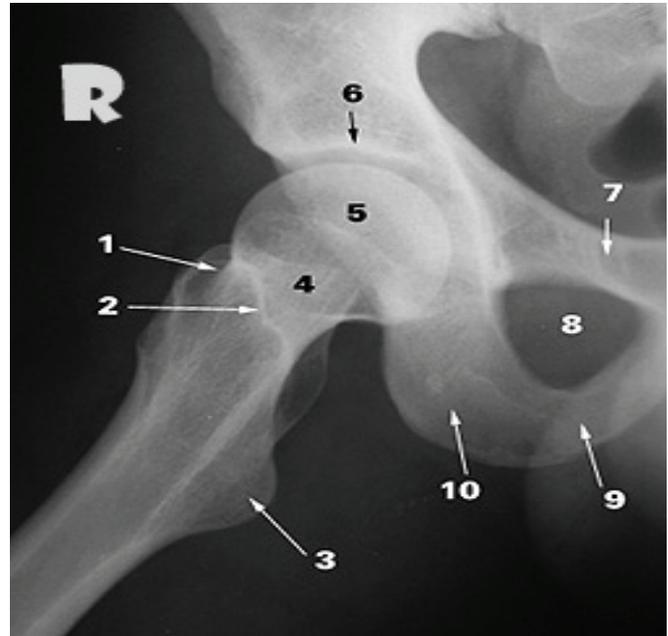


Fig.5
Lateral hip radiograph.
lateral view—with legend.

* Views marked with asterisk – commonly used.

Beware of Your Doctor Uttering These Phrases During Surgery

1. Don't tell me you forgot the anatomy book!
2. Hand me that ... uh ... that uh ... thingie.
3. Oh no! I just lost my contact!
4. What do you mean you want a divorce?
5. What's this doing here?
6. I hate it when they're missing stuff in here.
7. You fool! You got the arms and legs switched.
8. Anyone see where I left that scalpel?
9. Don't worry. I think it's sharp enough.
10. FIRE! FIRE! Everyone get out!

www.GuySports.com/virtual/medical.html

THE DIGITAL CORNER

HEALTH INFORMATION SYSTEMS—2015

In spite of great technological advances in electronic record keeping, integration between the systems seen in the diagram is NOT seamless.

- EMR** Electronic Medical Record. A digital version of the paper charts in the clinician’s office. An EMR contains the medical and treatment history of the patient in one practice. Note: difficult to transfer.
 - EHR** Electronic Health Record: Digital patient information shared by health providers, laboratories and specialists, containing informa-
 - PACS** Picture Archiving & Communications System.
 - RIS** Radiology Information System. Patient exam ordering is done in this system.
 - MWL** Modality Work List: used by interpreting providers and technologists to display exams that are either scheduled to be performed or are in progress at a specified performing resource.
 - DICOM** Digital Imaging and Communications in Medicine: A specialized language/file format that allows the transmission of images into a patient’s Electronic Health Record or to a PACS system.
- NOTE:** Not all EHRs can receive a DICOM image (file too large), or it may be incompatible with the software. If a DICOM image is converted to JPEG format, it cannot be converted back to the DICOM standard without great difficulty!

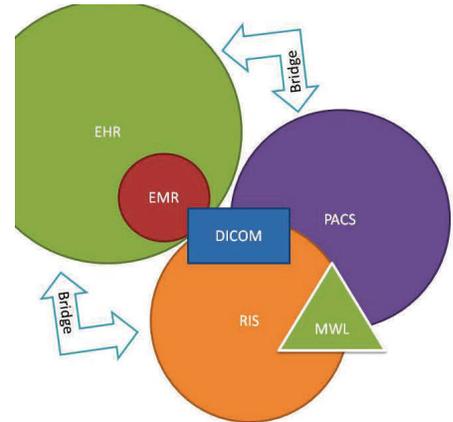


Diagram adapted from jayxray.com/blog/2014/x-rays/software/emr-and-pacs-and-dicom

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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



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.

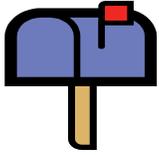
Self Instructed Readings (SIRs) - Available now for those needing six (6) hours of continuing education.

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,

We would like to hear from those of you that have switched over to either DR or CR units.

- What influenced your decision to implement either DR or CR?
- What do you like best about your equipment?
- What tips or tricks have you learned that have enhanced your experience with the equipment?
- What difficulties did you encounter upon installation?
- Were there any unexpected costs or operational requirements?
- Have you encountered any shortcomings?

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