

# X-RAY GUIDELINES 2

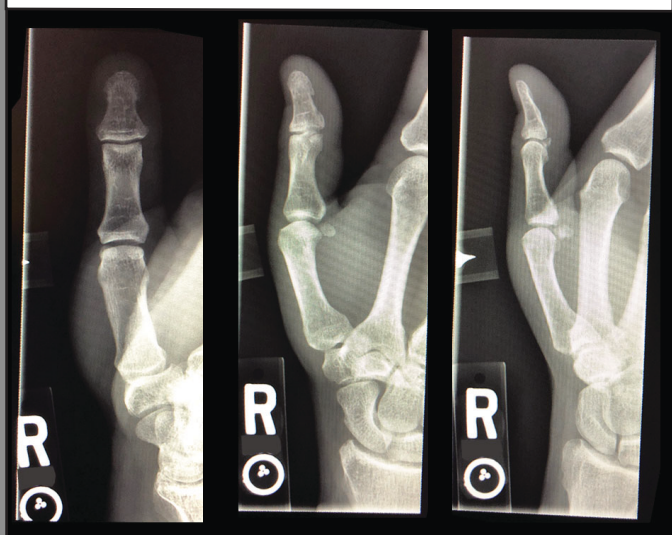
## WRIST X-RAY VIEWS



### WRIST X-RAYS

- a **4-view wrist** is standard (AP, lateral, oblique, and scaphoid view) except for patients under the age of 8, whose scaphoid has not fully formed. On these young patients, get a 3-view instead
- on patients with **obvious deformity**, order a **3-view**: in the setting of a distal radial fracture, it is extremely painful for a patient to ulnar deviate to isolate the scaphoid, and therefore the 4th view typically does not add any information
- **wrist reduction** should be performed on distal radial fractures with **greater than 20 degrees angulation** or with any **significant visible deformity**, for patient comfort while they await surgical evaluation and to decrease risk of neurovascular injury
- advise the patient that sometimes, even **near-anatomic reductions** go on to require surgical correction

## THUMB X-RAY VIEWS



### THUMB X-RAYS

- for all finger x-rays, **3 views** are standard (AP of hand, oblique of affected digit, and lateral of digit)
- pay careful attention to **avulsion fractures** at the base of the proximal phalanx on the lateral view: this is a common injury seen with skier's thumb that may lead to a **Stener lesion**
- watch for a **fracture-dislocation** at the base of the first metacarpal: this is called a **Bennett's fracture**, which represents an unstable joint that requires surgery

### KNEE X-RAYS

- most knee x-rays ordered at the resort clinics are a simple **2-view** (AP and lateral) series
- on the AP view, look carefully at the **lateral edge of the tibial plateau**: an avulsion fracture here is known as a **Segond fracture**, which is nearly pathognomonic for an **ACL tear**
- the only reason to order a **3rd view** (the “sunrise” or “skyline”) is to get a top-down look at the patella
- the only reason to get a **4-view** (AP, lateral, medial oblique, and lateral oblique) is to more fully evaluate for a **tibial plateau fracture**. when considering whether to order these films, note the following:
  - does the mechanism described have **enough force** to fracture the tibia (or, alternatively, is the patient at risk for **osteoporosis**)?
  - does the patient have an **effusion**?
  - is the patient **unable to bear weight**?

## KNEE X-RAY VIEWS



- the absence of any or all of the above findings does not rule out a tibial plateau fracture, but each positive answer increases the likelihood that a 4-view x-ray is needed