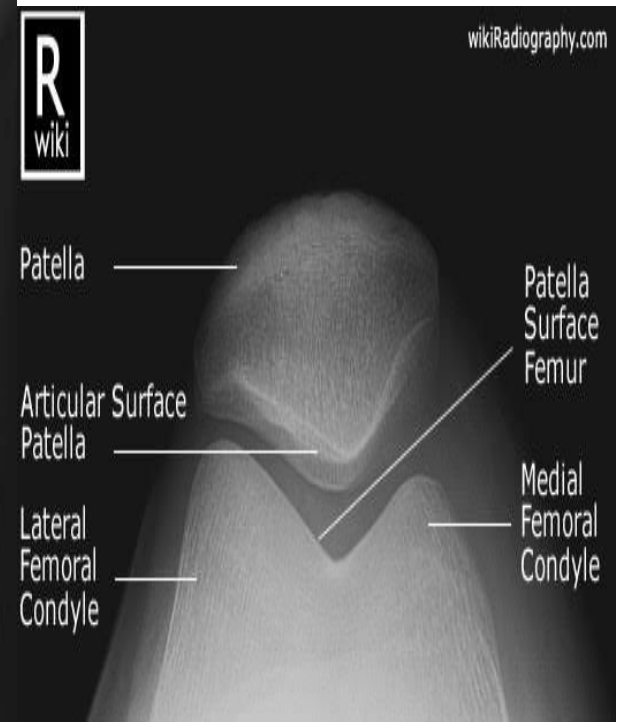
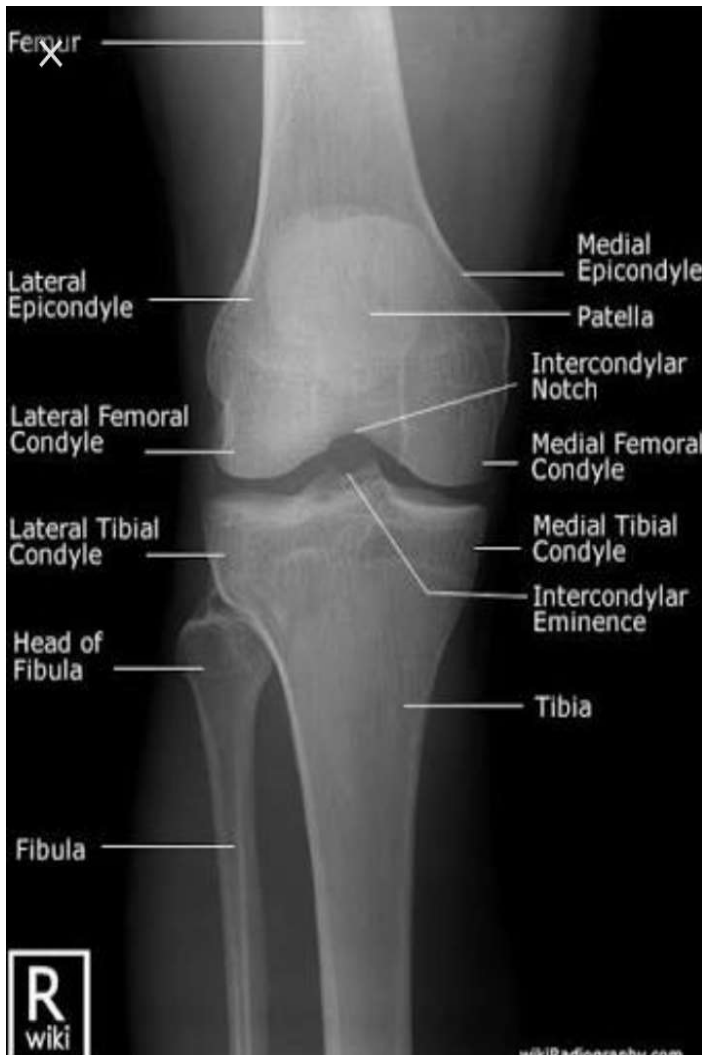


Knee joint x ray

# Views

1. Knee AP x ray view.
2. Knee lateral x ray view.
3. Knee sky line x ray view.



# Indications

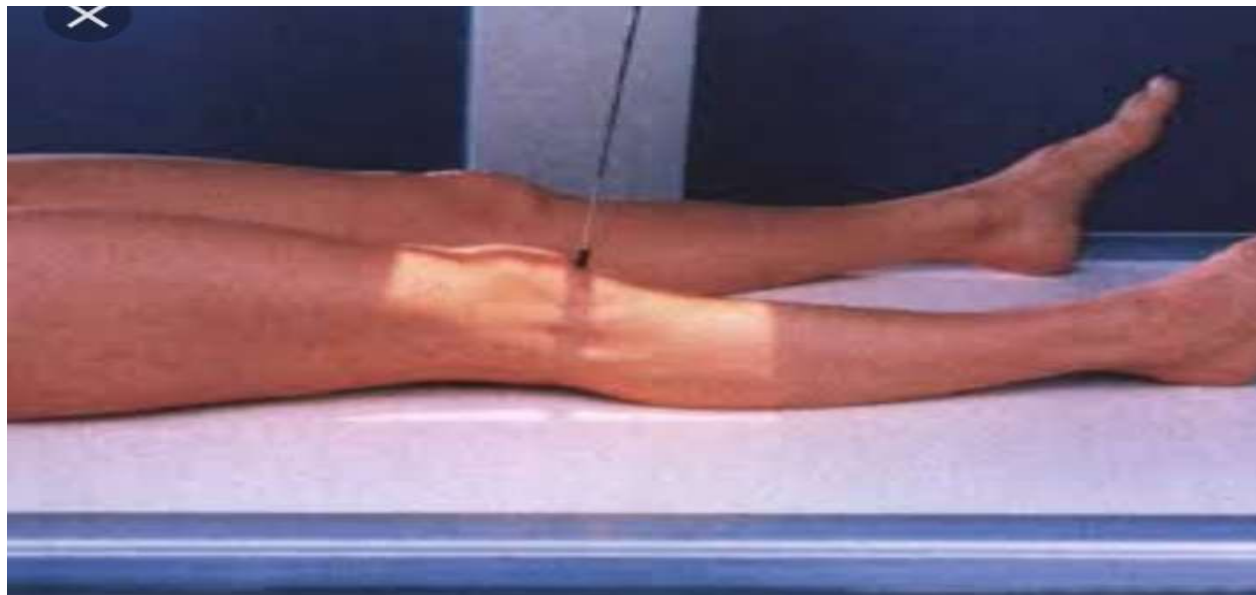
- ◆ trauma
- ◆ bony tenderness at the head of the fibula
- ◆ isolated patella tenderness
- ◆ patient unable to flex the knee to 90 degrees
- ◆ if the patient is unable to weight bear
- ◆ suspected osteoarthritis
- ◆ detecting joint effusions
- ◆ infection
- ◆ Fractures
- ◆ Post op cases like TKR

# Contraindications

## **Pregnancy**

# Knee AP x ray positioning

- Patient lies supine on x ray table, with affected side knee on cassette with that side hip and knee flexed slightly.
- Leg and ankle are immobilised with sand bags.
- It is ensured that patella is in the centre of cassette.
- Side is marked and beam is collimated



# Knee lateral view Positioning

- ◆ Patient sitting on x ray table with knee and legs are in lateral position.
- ◆ Affected knee is placed on the cassette .
- ◆ Leg is immobilised with sand bags , side is marked and beam is collimated.



## Sky line view (inferosuperior view of patella)

- ◆ Patient is prone position on x ry table.
- ◆ Unaffected leg is rested comfortably while affected knee is flexed.
- ◆ The foot is extended and held with looped bandage around it, so that the flexed knee is immobilised in that position by patient himself.



# Centering

**Knee AP : it is done 2.5 cms below the Apex of patella.**

**Knee lateral : it is done on anterior aspect of medial condyle of tibia.**

**Skyline view : it is done behind the Apex of patella.central beam is directed at 15 degrees to vertical.**



# Technique

**Kvp : 70.**

**mAs : 10**

**Fss : small.**

**Ffd : 100 cms**

**With out grid**

**Cassette size : 12" x 10"**



**GOOD MORNING**

**Your mind is like  
a bank. What you  
deposit is what you  
can withdraw.**