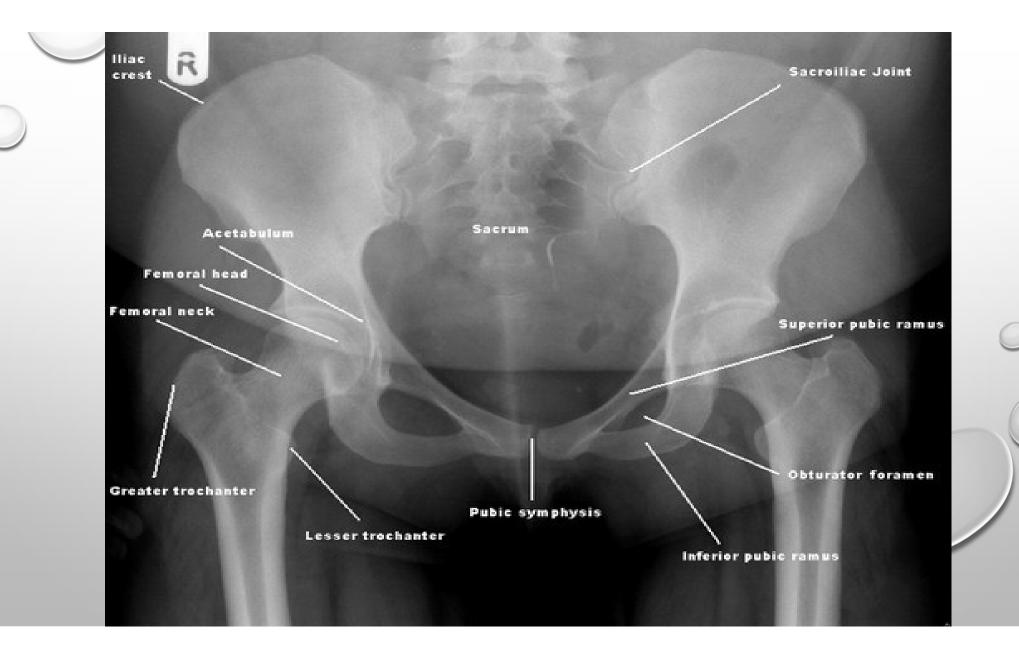
# PELVIS X RAY INCLUDING HIP JOINTS

BY

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| Sacroili  | ac Joint              |   |
|---|-----------------------|---|
| Crest of Ilium<br>Ilium                                     |                       |   |
| Anterior Superior<br>Iliac Spine<br>Anterior inferior       | Sacrum                | Greater Sciatic Notch<br>Acetabulum<br>Femoral Head                 |
| Iliac Spine<br>Superior Ramus of Pubis<br>Obturator Foramen |                       | Femoral Neck<br>Intertrochanteric<br>Crest<br>Greater<br>Trochanter |
| Ischial Tuberosity  |                       | Lesser Trochanter   |
| <b>R</b><br>wiki  | Symphysis Pubis Fovea | Femur   |





# VIEWS

- **1. PELVIS AP VIEW (INCLUDING HIP JOINTS)**
- **2. HIP LATERAL VIEW FOR AFFECTED SIDE.**
- 3. AP VIEW OF HIP FOR ACETABULUM.(VONROSEN'S VIEW)
- 4. AP VIEW OF THE HIP FOR FEMORAL EPIPHYSIS. (FROG'S VIEW)



# INDICATIONS

- ARTHRITIS THAT AFFECTS YOUR HIP
- PELVIC PAIN AND TENDERNESS.
- INFLAMMATION WHERE YOUR SACRUM JOINS THE ILIUM, WHICH IS CALLED SACROILIITIS
- PELVIC FRACTURES
- HIP DISLOCATIONS
- STIFFNESS OF THE SPINE OR SACROILIAC JOINT, WHICH IS CALLED ANKYLOSING SPONDYLITIS
- TUMORS



#### • CHILDREN SUFFERING FROM CONGENITAL DISLOCATIONS OF HIPS.





# • DEMONSTRATION OF NON TRAUMA HIP OR DEVELOPMENT DYSPLACIA OF HIP AND CONGENTIAL DISLOCATION.

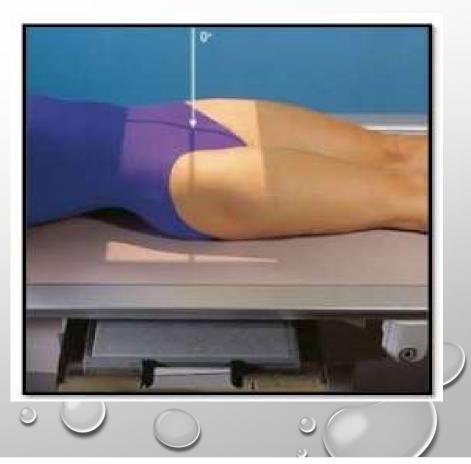
# PREPARATION

- COLLECT HISTORY FROM PATIENT.
  - PATIENT IS ASKED TO REMOVE ALL RADIOPAQUE MATERIALS.
  - WEAR HOSPITAL GOWN.
  - IF FEMALE PATIENT COME TO X RAY, CHAPERONE IS NECESSARAY.
  - SHIELDING IS PROVIDED TO PATIENT.



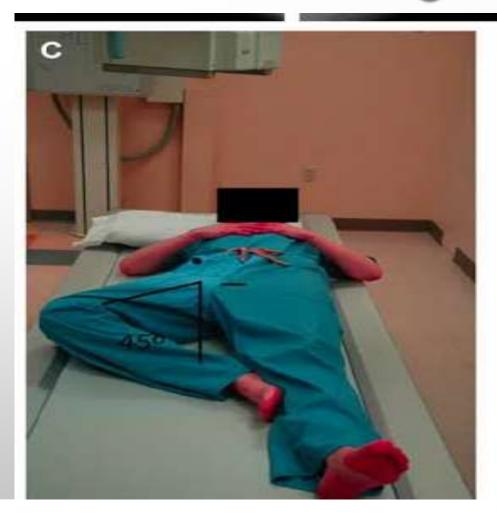
#### **PELVIS AP POSITIONING**

- PATIENT LIES SUPINE IN MIDLINE OF X RAY TABLE .
- BOTH THIGHS ARE SLIGHTLY FLEXED AND GREAT TOES ARE PLACED TOGETHER.
- PATIENT IMMOBALISED, SIDE IS MARKED AND BEAM IS COLLIMATED.



# HIP LATERAL VIEW POSITIONING

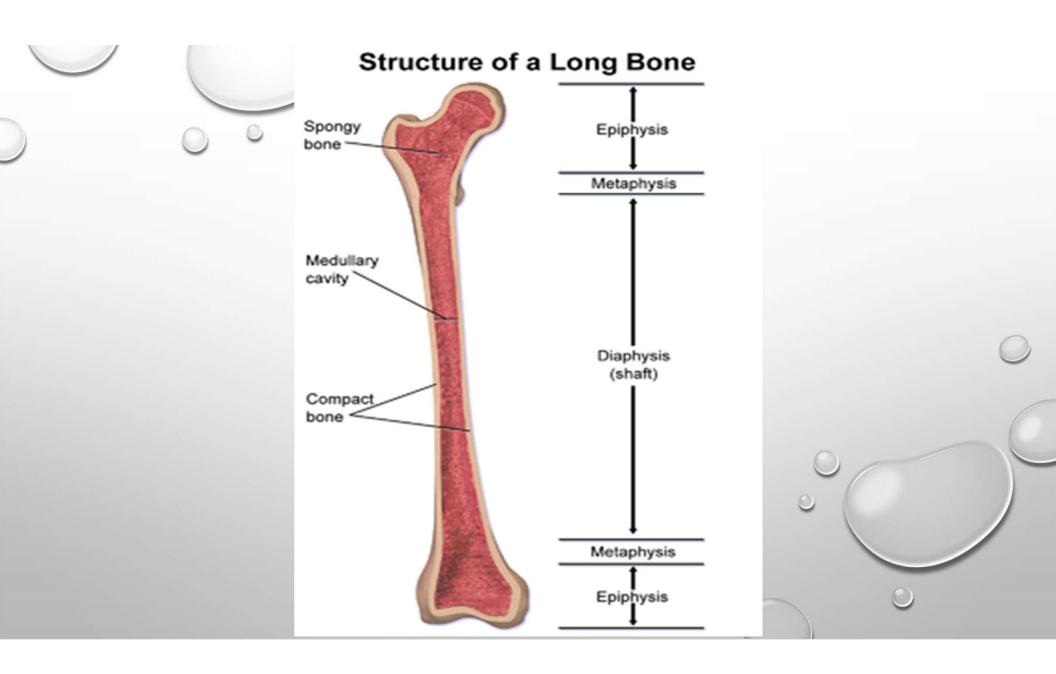
- PATIENT LIES SUPINE IN MIDLINE OF X RAY TABLE.
- INJURED LIMB IS EXTENDED AND ROTATED MEDIALLY.
- PATIENT IS IMMOBALISED AND BEAM IS COLLIMATED.



# AP VIEW OF HIP FOR ACETABULUM POSITIONING

- CHILD LIES SUPINE, WITH BOTH THIGHS AND LEGS ABDUCTED MAKING AN ANGLE OF ABOUT 90 DEGREES TO EACH OTHER AT THE GROIN.
- BOTH LEGS AND FEET ARE ROTATED INTERNALLY WITH THE HELP OF CHAPERONE





#### AP VIEW OF HIP FOR FEMORAL EPIPHYSES (FROG VIEW) POSITIONING

- PATIENT LIES SUPINE WITH KNEES FLEXED AND HIPS ABDUCTED.
- THE SOLES OF FEET ARE PLACED AND HIPS EXTERNALLY ROTATED.
- SAND BAGS USED TO IMMOBALISE THE FEET.
- SIDE IS MARKED AND BEAM IS COLLIMATED.





# CENTERING

- PELVIS AP : IT IS DONE ON MIDLINE AT A POINT OF 5 CMS ABOVE SYPHISIS PUBIS.
- HIP LATERAL : CENTER OF GROIN REGION.
- VONROSEN'S VIEW : IT IS DONE ON LINE JOINING BOTH FEMORAL PULSES.
- FROG'S VIEW : IT IS DONE IN MIDLINE AT THE LEVEL OF FEMORAL PULSES.

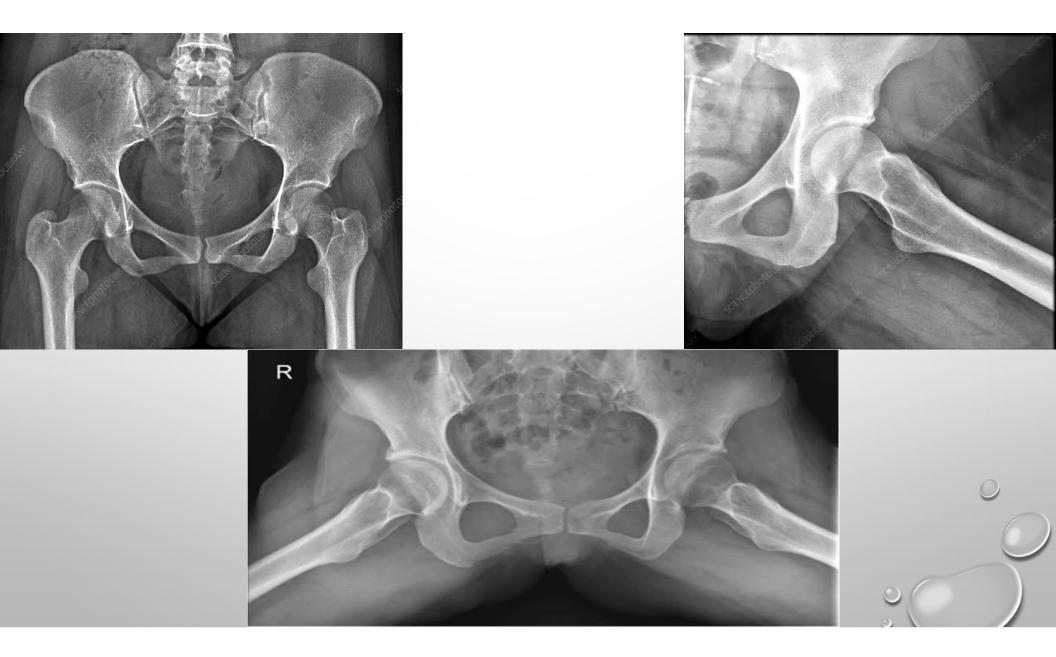


# **TECHNIQUE**

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- KVP : 80
- MAS : 50
- FSS : LARGE
- FFD : 100 CMS
- WITH GRID.
- CASEETTE SIZE : 17" X 14"



# Speak 5 lines to YOURSELF Every Morning:

I am the best.
I can do it.
God is always with me.
I am a winner.
Today is my day.

Olleanungpetals