PODIATRY

CLINICAL DEMONSTRATION CHECKLIST

Instructions: Must complete at least 16 views, which must include the four required exams (9 views), plus an additional seven views (minimum) which may be selected from either the *required* or *elective* list.

Student Name	Instructor	OBMI No.	Date
_____	_____	_____	_____

	Patient Positioning	Image Receptor Orientation	Central Ray	Sign Off
TOES (Required)				
Isolated Lateral	_____	_____	_____	_____
TOES (Elective)				
AP	_____	_____	_____	_____
Oblique	_____	_____	_____	_____
Lateral	_____	_____	_____	_____
Lateral Hallux	_____	_____	_____	_____
FOOT (Required)				
AP Weight Bearing	_____	_____	_____	_____
Medial Oblique Weight Bearing	_____	_____	_____	_____
Lateral Weight Bearing	_____	_____	_____	_____

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Student Name	Instructor	OBMI No.	Date

	Patient Positioning	Image Receptor Orientation	Central Ray	Sign Off
FOOT (Elective)				
Sesamoids, Tangential				
Planter Axial				
Stress Lateral				
AP with Lesion Markers				
FOOT (Elective) *Continued*				
Lateral Oblique				
Lateromedial				
Isherwood				
Coalition				
ANKLE (Required)				
AP				
Lateral				
Mortise				

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Student Name	Instructor	OBMI No.	Date
_____	_____	_____	_____

	Patient Positioning	Image Receptor Orientation	Central Ray	Sign Off
ANKLE (Elective)				
Medial Oblique	_____	_____	_____	_____
Inversion Stress Views	_____	_____	_____	_____
Lateromedial	_____	_____	_____	_____
AP Lateral Oblique	_____	_____	_____	_____
Push/Pull Stress	_____	_____	_____	_____
Calcaneus (Required)				
Lateral	_____	_____	_____	_____
Axial	_____	_____	_____	_____