

# SPINE



# CLINICAL DEMONSTRATION CHECKLIST

**Instructions:** Must complete at least 16 views, which must include the three 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
	<b>Patient Positioning</b>	<b>Image Receptor Orientation</b>	<b>Central Ray</b>	<b>Sign Off</b>
<b>Cervical Spine (Required)</b>				
AP Angle Cephalad	_____	_____	_____	_____
AP Open Mouth	_____	_____	_____	_____
Lateral	_____	_____	_____	_____
<b>Cervical Spine (Elective)</b>				
Anterior Oblique	_____	_____	_____	_____
Posterior Oblique	_____	_____	_____	_____
Lateral Swimmers	_____	_____	_____	_____
Lateral Flexion	_____	_____	_____	_____
Lateral Extension	_____	_____	_____	_____
<b>Thoracic Spine (Required)</b>				
AP	_____	_____	_____	_____
Lateral Exhalation	_____	_____	_____	_____
Lateral Swimmers	_____	_____	_____	_____

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Student Name	Instructor	OBMI No.	Date
Patient Positioning	Image Receptor Orientation	Central Ray	Sign Off
<b>Thoracic Spine (Elective)</b>			
Lateral Breathing	_____	_____	_____
Posterior Oblique 70°	_____	_____	_____
Anterior Oblique 70°	_____	_____	_____
<b>Lumbar Spine (Required)</b>			
AP	_____	_____	_____
Lateral	_____	_____	_____
L5-S1 Lateral Spot	_____	_____	_____

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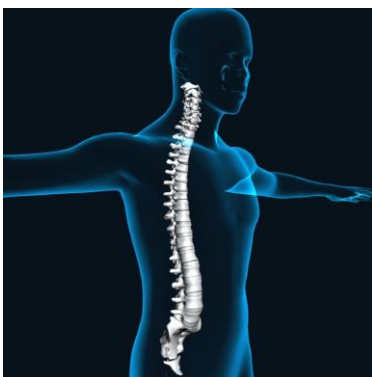


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Student Name	Instructor	OBMI No.	Date
Patient Positioning	Image Receptor Orientation	Central Ray	Sign Off
<b>Lumbar Spine (Elective)</b>			
Posterior Oblique 45°	_____	_____	_____
Anterior Oblique 45°	_____	_____	_____
Lateral Flexion	_____	_____	_____
Lateral Extension	_____	_____	_____
PA	_____	_____	_____
AP L5-S1, 30-35° Cephalad	_____	_____	_____
AP Right & Left Bending	_____	_____	_____

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Student Name		Instructor		OBMI No.	Date
	<b>Patient Positioning</b>	<b>Image Receptor Orientation</b>	<b>Central Ray</b>	<b>Sign Off</b>	
<b>Sacrum &amp; Coccyx (Elective)</b>					
AP Sacrum, 15-25° Cephalad	_____	_____	_____	_____	_____
AP Coccyx 10-20° Caudad	_____	_____	_____	_____	_____
Lateral Sacrum & Coccyx (combined)	_____	_____	_____	_____	_____
Lateral Sacrum & Coccyx (separate)	_____	_____	_____	_____	_____
<b>Sacroiliac Joints (Elective)</b>					
AP	_____	_____	_____	_____	_____
Posterior Oblique	_____	_____	_____	_____	_____
Anterior Oblique	_____	_____	_____	_____	_____
<b>Scoliosis Series (Elective)</b>					
AP/PA Scoliosis Series (Ferguson)	_____	_____	_____	_____	_____