Table of Contents

SHOULDER
A/P of Shoulder ................................................................. 4
Tangential (Y-View) of Shoulder ........................................... 5
Lateral of Proximal Humerus ................................................. 6

ELBOW
A/P of Elbow ........................................................................ 7
Extended Elbow ..................................................................... 8
Lateral of Elbow in Flexion .................................................... 9
Lateral of Elbow in Flexion ................................................... 10
Lateral of Elbow in Flexion ................................................... 11

HAND/WRIST
Lateral of Wrist ................................................................. 12
A/P of Wrist ........................................................................ 13
Lateral of Hand ..................................................................... 14
Oblique View of Hand/Wrist .................................................. 15
A/P of Hand .......................................................................... 16

KNEE
Weight Bearing A/P of Knee .................................................... 17
Weight Bearing Lateral of Knee .............................................. 18
Oblique Sunrise of Patello-Femoral Articulation ...................... 19
Non-Weight Bearing A/P of Knee .......................................... 20
Non-Weight Bearing Lateral of Knee ..................................... 21
Non-Weight Bearing Lateral of Knee in Flexion ....................... 22
# Table of Contents

**TIBIA/FIBULA**
- A/P of Distal Third of Tibia/Fibula ................................................................. 23
- Oblique View of Tibia/Fibula ...................................................................... 24

**FOOT/ANKLE**
- Stressed View of Tibiotalar Joint ................................................................. 25
- A/P of Ankle ............................................................................................... 26
- Manually Stressed Non-Weight Bearing A/P of Hind Foot ......................... 27
- Non-Weight Bearing Lateral of Hind Foot .................................................. 28
- Non-Weight Bearing Lateral of Hind Foot .................................................. 29
- Oblique View of Foot .................................................................................. 30
- Non-Weight Bearing A/P View of Foot ....................................................... 31
- A/P of Foot ................................................................................................... 32
- Lateral of Fore Foot ..................................................................................... 33
- Weight Bearing A/P of Foot ....................................................................... 34
- Weight Bearing A/P of Foot ....................................................................... 35
- Weight Bearing A/P of Ankle ..................................................................... 36
- Weight Bearing Lateral of Ankle ................................................................. 37

**REFERENCE**
- X-Ray CPT Code Reference ........................................................................ 38
- Fluoroscopy CPT Code Reference ............................................................... 40
**A/P of Shoulder**

Patient is seated with back against the detector. Patient arm rests at the side. Slight external rotation or supination of hand will help better visualize the greater tuberosity.
Tangential (Y-View) of Shoulder

Anterior portion of affected shoulder is placed flat against detector. Opposite shoulder is then rotated out 40-45 degrees. Scapula should form “y” shape projection. Provides view for dislocations of humeral head relative to glenoid.
Lateral of Proximal Humerus

Patient is seated with arm abducted and fully extended. Hand is pronated to face floor and arm obliquely rests on the flat detector.
A/P of Elbow

Patient is seated with arm fully extended and abducted to 90 degrees. Hand is supinated while dorsal elbow lies flat on detector at an oblique angle to maximize field of view.
Extended Elbow

Patient is seated with humerus abducted 90 degrees. Arm is fully extended with hand perpendicular with the floor. Elbow rests on detector obliquely oriented to optimize field of view. Internal/external rotation of arm may be required to optimize image orientation.
*Lateral of Elbow in Flexion*

Patient is seated with humerus abducted 90 degrees. Elbow is flexed 90 degrees and hand is pronated. Elbow rests flat on detector. Extremity runs parallel to detector. Internal/external rotation and flexion/extension can be introduced to study kinematics of the joint.
Lateral of Elbow in Flexion

Patient is seated with humerus abducted 90 degrees. Elbow is flexed 90 degrees and hand is straight with thumb pointing up. Elbow rests flat on detector. Internal/external rotation of the hand can be introduced to scan joint and interosseous space of radius and ulna.
Lateral of Elbow in Flexion

Patient is seated with humerus abducted 90 degrees. Elbow is flexed 90 degrees and hand is pronated. Elbow rests flat on detector. Internal/external rotation of hand can be introduced to study kinematics of joint.
Lateral of Wrist

Fifth ray is placed flat on the flat detector with no rotation, flexion, or extension of the wrist. Thumb is oriented to be parallel with the beam. Internal and external rotation of wrist can be introduced to visualize articular surfaces.
A/P of Wrist

Patient is seated. Arm is fully extended. Hand rests on detector palmar side down. Medial and lateral stress may be introduced to assess joint stability. Internal/external rotation under fluoroscopy will help visualize articular surfaces.
**Lateral of Hand**

Place hand laterally with fingers straight and thumb pointing up 60 degrees to the imaging source. Slight palmar bias of thumb may aide in visualization.
Oblique View of Hand/Wrist

Place hand flat on detector and externally rotate 45 degrees. Fanning of fingers may allow better visualization of individual rays. Introducing inclination/declination of wrist will provide perspective of carpal bones.
**A/P of Hand**

Hand is positioned flat on the detector with fingers spread, palmar side down. Ulnar and radial deviation may be introduced to assess joint space and articulation.
Weight Bearing A/P of Knee

Mobile DI is lowered and turned parallel to the floor. Patient stands with back of knee against flat panel. Be sure the foot is not internally/externally rotated. Slight caudal/cephalad orientation of beam may be introduced to obtain preferred view.
Weight Bearing Lateral of Knee

View of distal femur, patella, proximal tibia and fibula. Flat detector lowered and turned parallel to the floor. Flexion may be introduced to assess articulations. Medial aspect of knee is kept flat on the detector.
Oblique Sunrise of Patello-Femoral Articulation

Patient stands and flexes knee 90 degrees while flexing hip. Lifted foot may be rested on stool to help stabilize. This may also be done from a seated position and with deeper flexion if possible. Alternatively, patient may be positioned perpendicular to Mobile DI in same pose to allow for variable orientation of the beam.
Non-Weight Bearing A/P of Knee

Patient positioned supine on table with knee fully extended. True A/P may require 3-5 degrees of internal rotation. Bump may be placed under heel to achieve full extension.
Non-Weight Bearing Lateral of Knee

Patient positioned on their side with c-arm perpendicular to joint. Knee is fully extended and bump placed under medial side of foot for support. Slight internal/external rotation deviations will help visualize posterior femoral condyles and posterior tibia.
Non-Weight Bearing Lateral of Knee in Flexion

Patient is positioned seated with knee flexed to 90 degrees. Placing a bump under lower thigh of affected knee will raise to keep contra-lateral limb out of field. This is useful to assess tracking of patella, tibia slope/plateau, and distal femoral condyles. Slight external rotation of detector may aid view of posterior femoral condyles.
A/P of Distal Third of Tibia/Fibula

Patient is placed supine on the table with c-arm oriented obliquely or perpendicular to extremity. Knee can be fully extended or slightly flexed, support under the knee is optional. Dorsi-flexion of foot may be preferred if tibiotalar joint is included. Foot should be oriented neutral with little internal/external rotation to best visualize interosseous space.
Oblique View of Tibia/Fibula

Patient is positioned supine on table with knee fully extended and internally rotated 45 degrees. C-arm can be oriented obliquely or perpendicular to extremity.
**Stressed View of Tibiotalar Joint**

Patient is supine on table with knee fully extended. Heel rests flat on detector. Distal tibia is firmly supported while lateral stress internally orients distal foot. Stress may be applied to posterior aspect of foot if desired. This provides an optimal fluoroscopic image of tibiotalar stability as well as a clear shot of the distal fibula and lateral malleolus.
A/P of Ankle

Patient’s leg is fully extended with heel resting on detector with foot dorsi-flexed. 15 degrees of internal rotation (lesser toe should be centered on heel) will achieve mortise view of malleoli.
Manually Stressed Non-Weight Bearing A/P of Hind Foot

Patient placed supine on table either flat or seated. Knee is fully extended. Tech supports posterior tibia to elevation of 25 degrees and manually dorsi-flexes distal foot. More degrees of elevation and flexion may provide better visualization of dorsal/posterior calcaneus.
Non-Weight Bearing Lateral of Hind Foot

Patient is seated with affected leg extended. External rotation allows foot to lay flat on lateral edge. This view is optimal for view of the plantar aspect of the calcaneus and tarsals. Introduction of dorsi-flexion may facilitate imaging. True lateral of calcaneus will position lateral malleolus 1 cm posterior to medial malleolus.
Non-Weight Bearing Lateral of Hind Foot

Patient supine on table with affected heel on flat detector. Contra-lateral leg may be draped off side of table. Knee and hip are flexed with external rotation introduced to lay lateral aspect of foot flat on detector.
**Oblique View of Foot**

Patient is positioned supine on table with hip and knee flexed to 45 degrees. Medial aspect of foot is placed flat on the detector. Knee, ankle, and foot are internally rotated 30-45 degrees.
Non-Weight Bearing A/P View of Foot

Patient is placed supine on table with hip and knee flexed to 45 degrees. Plantar surface of foot is laid flat on detector. Optimal view of the metatarsal, tarsal bones, and anterior tibia.
A/P of Foot

Knee is flexed to patient’s comfort. Forefoot is placed flat on detector, plantar side down.
**Lateral of Fore Foot**

Mobile DI turned 90 degree to be parallel with the floor. Patient is seated with affected leg free floating. Foot is positioned against flat detector with dorsi-flexion.
Weight Bearing A/P of Foot

Patient stands on radiolucent foot bench with toes facing the Mobile DI accessory cart. Plantar surface of foot is positioned flat on top of bench over detector. Optimal weight-bearing view of the tarsal and tarsal bones.
Weight Bearing A/P of Foot

Patient stands on radiolucent foot bench with knee abutting the x-ray source tube. Plantar surface of foot is laid flat on top of bench, perpendicular to the detector. Optimal weight-bearing view of the metatarsal and tarsal bones.
**Weight Bearing A/P of Ankle**

Patient stands on top of radiolucent foot bench with height adjusted platform. Heel is positioned as close as possible to flat detector receptor. Internally rotating the leg 15-20 degrees may aid in obtaining desired Mortise view optimal for viewing weight-bearing tibiotalar joint, talar-tilt, distal fibula, and malleoli.
Weight Bearing Lateral of Ankle

Patient stands on radiolucent foot bench with height adjusted platform. Lateral aspect of ankle is positioned as close as possible to the flat detector receptor.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>73000</td>
<td>Clavicle, complete</td>
</tr>
<tr>
<td>73010</td>
<td>Scapula, complete</td>
</tr>
<tr>
<td>73020</td>
<td>Shoulder, 1 view</td>
</tr>
<tr>
<td>73030</td>
<td>Shoulder, complete, minimum of 2 views</td>
</tr>
<tr>
<td>73050</td>
<td>Acromioclavicular joints, bilateral, with or without weighted distraction</td>
</tr>
<tr>
<td>73060</td>
<td>Humerus, minimum of 2 views</td>
</tr>
<tr>
<td>73070</td>
<td>Elbow, 2 views</td>
</tr>
<tr>
<td>73080</td>
<td>Elbow, complete, minimum of 3 views</td>
</tr>
<tr>
<td>73090</td>
<td>Forearm, 2 views</td>
</tr>
<tr>
<td>73100</td>
<td>Wrist, 2 views</td>
</tr>
<tr>
<td>73110</td>
<td>Wrist, complete, minimum of 3 views</td>
</tr>
<tr>
<td>73120</td>
<td>Hand, 2 views</td>
</tr>
<tr>
<td>73130</td>
<td>Hand, minimum of 3 views</td>
</tr>
<tr>
<td>73140</td>
<td>Finger or fingers, minimum of 2 views</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>73550</td>
<td>Femur, 2 views</td>
</tr>
<tr>
<td>73560</td>
<td>Knee, 1 or 2 views</td>
</tr>
<tr>
<td>73564</td>
<td>Knee, complete, 4 or more views</td>
</tr>
<tr>
<td>73590</td>
<td>Tibia and fibula, 2 views</td>
</tr>
<tr>
<td>73592</td>
<td>Tibia and fibula, lower extremity, infant, minimum of 2 views</td>
</tr>
<tr>
<td>73600</td>
<td>Ankle, 2 views</td>
</tr>
<tr>
<td>73610</td>
<td>Ankle, complete, minimum of 3 views</td>
</tr>
<tr>
<td>73620</td>
<td>Foot, 2 views</td>
</tr>
<tr>
<td>73630</td>
<td>Foot, complete, minimum of 3 views</td>
</tr>
<tr>
<td>73650</td>
<td>Calcaneus, minimum of 2 views</td>
</tr>
<tr>
<td>73660</td>
<td>Toe(s), minimum of 2 views</td>
</tr>
</tbody>
</table>
## Fluoroscopy CPT Code Reference

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>76000</td>
<td>Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034</td>
</tr>
<tr>
<td>76001</td>
<td>Fluoroscopy, physician time more than one hour, assisting a non-radiologic physician</td>
</tr>
<tr>
<td>77002</td>
<td>Fluoroscopic guidance for needle placement</td>
</tr>
<tr>
<td>77071</td>
<td>Manual application of stress performed by physician for joint radiography, including contralateral joint if indicated</td>
</tr>
<tr>
<td>77077</td>
<td>Joint survey, single view, two or more joints (specify)</td>
</tr>
<tr>
<td>73040</td>
<td>Shoulder, radiologic examination, arthrography, radiological supervision, and interpretation</td>
</tr>
<tr>
<td>73085</td>
<td>Elbow, radiologic examination, arthrography, radiological supervision, and interpretation</td>
</tr>
<tr>
<td>73115</td>
<td>Wrist, radiologic examination, arthrography, radiological supervision, and interpretation</td>
</tr>
<tr>
<td>73580</td>
<td>Knee, radiologic examination, arthrography, radiological supervision, and interpretation</td>
</tr>
<tr>
<td>73615</td>
<td>Wrist, radiologic examination, arthrography, radiological supervision, and interpretation</td>
</tr>
</tbody>
</table>