

Hand and wrist positioning for imaging

[Art & Culture](#), [Performing Arts](#)



The wrist's and hand's soft tissues and bones have a very complex anatomy and in evaluating them, imaging techniques play a very critical role. There has been a lot of advancement in the imaging techniques that has improved the knowledge of hand and wrist imaging to a great extent. However, the conventional technique of radiograph imaging modality remains the most important one till date despite advancements in this field, (Bhat, Kumar and Acharya, 2011). During routine examination for demonstrating all the parts of hand and wrist adequately three views or pictures are required and sometimes four or more. The four-view wrist series includes semipronated and semisupinated (reverse) oblique views, Posteroanterior (PA) and PA in ulnar deviation and the three-view hand series includes the semipronated oblique views, PA and Lateral view (Kurtz, 1997). These are the three common positions of X-ray for both the wrist and hand (Kurtz, 1997). The techniques of (PA), Oblique and lateral projections are used to perform the radiography for routine examination of hand and wrist (Dr. Ahmad, 2008; Joseph, 2007) and the best view conventionally according to Dr. Ahmad (2008) is PA projection. The main difference between hand and wrist positioning for the three views are how the fingers are held. In the semipronated oblique view the fingers in hand X-ray are held "as flat as possible and slightly fanned out" but for the wrist, the fingers "curled under into a loose fist to help press the wrist closer to the film if possible" (Kurtz, 1997: 1). In the lateral view for hand, the positioning of fingers is like an okay sign so that on x-ray each finger is visible and for wrist finger's position does not matter. In case of Scaphoid the positioning of fingers is similar to

that of hand x-ray, however “ only one finger is extended so that the finger in question is the only one seen on all three pictures” (Kartz, 1997: 1).