

# [Radiography skills](https://assignbuster.com/radiography-skills/)

[Health & Medicine](https://assignbuster.com/essay-subjects/health-n-medicine/)

2. What view would you demonstrate a possible navicular (also called scaphoid) fracture?
A plain radiograph is one of the common ways of imaging scaphoid fractures. However, posteroanterior views commonly used in plain radiographs normally give distorted images as a result of the normal curvature and flexion of the scaphoid (Hackney & Dodds, 2011). Therefore, to produce clearer tomographic images, the helical CT is normally used. This view involves projecting x-rays through the wrist while rotating the x-ray source around the patient. This view is desirable for scaphoid fractures since it is faster and gives room for multi-planar reconstructions of the initial data.

3. Why is the forearm X-ray done AP instead of PA?
This is because the AP image is a natural anatomical position conducted with the palm up; thus, it demonstrates the carpal interspaces better than the PA image. Additionally, the carpal interspaces are almost parallel to the divergence of X-ray beams; thus using PA would not bring out the best view.

4. How does the thumb X-ray differ from a finger X-ray?
Thumb X-rays are slightly different from finger X-rays due to the functional anatomy of the thumb. It has a fine motor opposition, as well as exceptional mobility compared to the fingers. Additionally, it has saddle joint articulation responsible for its movement with the trapezium. Therefore, while positioning the thumb for an X-ray the radiography should focus on the anterior lip of the metacarpal situated at the ligamentous trapezium’s attachment. This is what brings about the difference.

5. What two bony prominences have to be superimposed to get a proper lateral wrist X-ray? Which one is placed next to the IR?
The ulnar head, as well as the second, third, fourth and fifth metacarpals,  should be superimposed.
The ulnar head should be placed next to the IR.