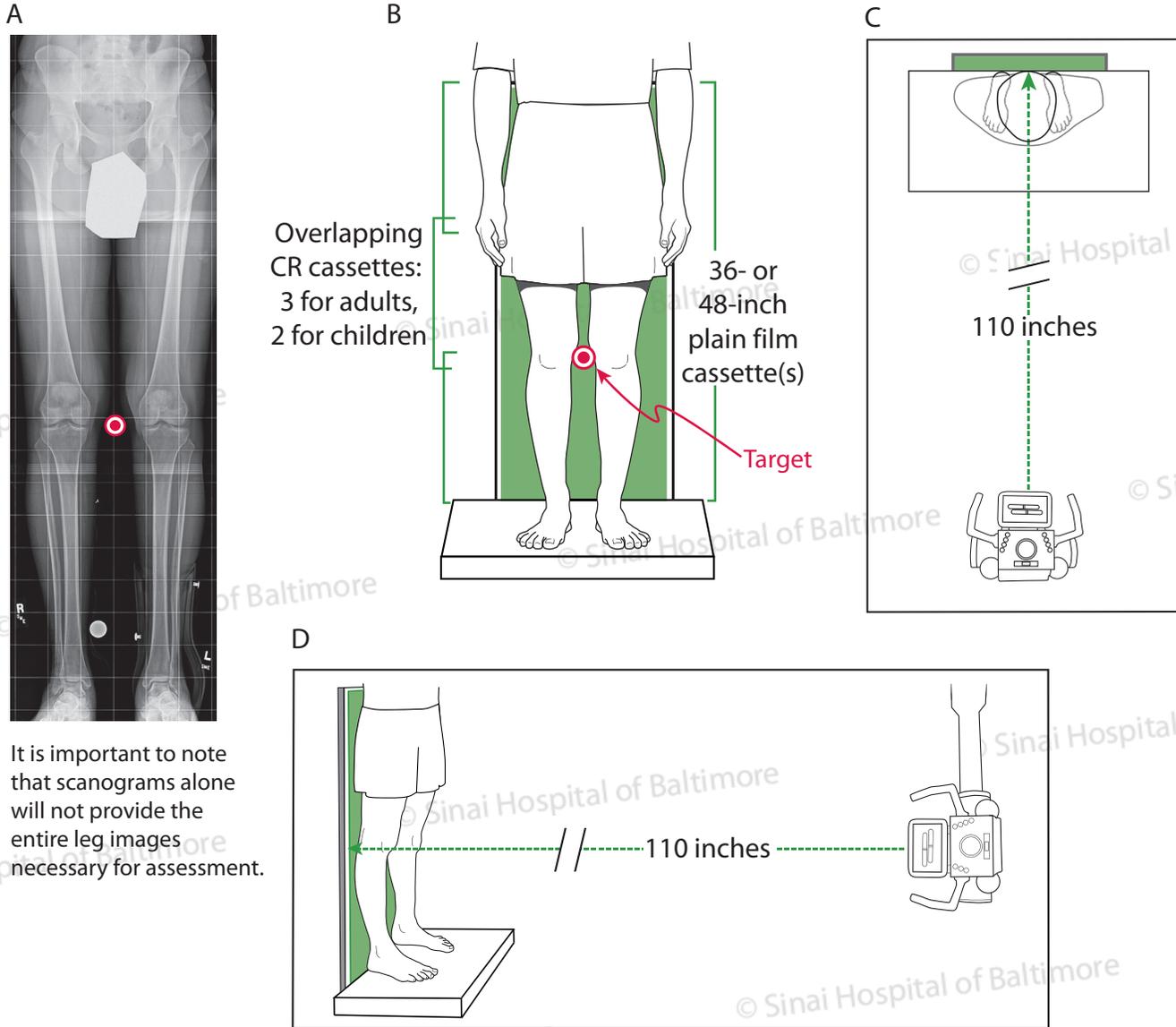


## Full Length Standing AP and Lateral View X-ray Positions

### Full Length Standing Anteroposterior (AP) View X-ray Position

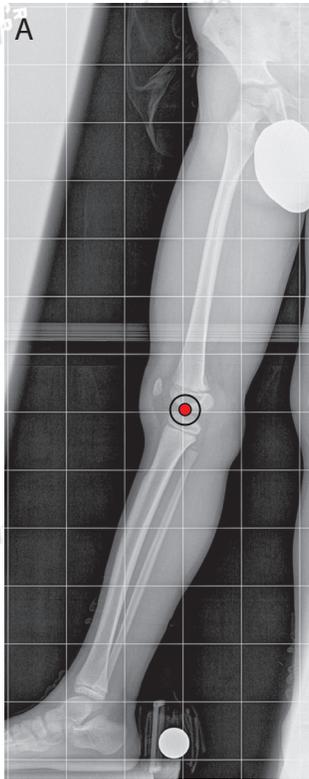


It is important to note that scanograms alone will not provide the entire leg images necessary for assessment.

Example of a well-positioned full length standing AP view x-ray: This x-ray study includes both legs from the pelvis to the ankle on one film. Both lower extremities are oriented with each patella facing forward and with each knee maximally extended. A magnification marker is positioned next to the tibia (A).

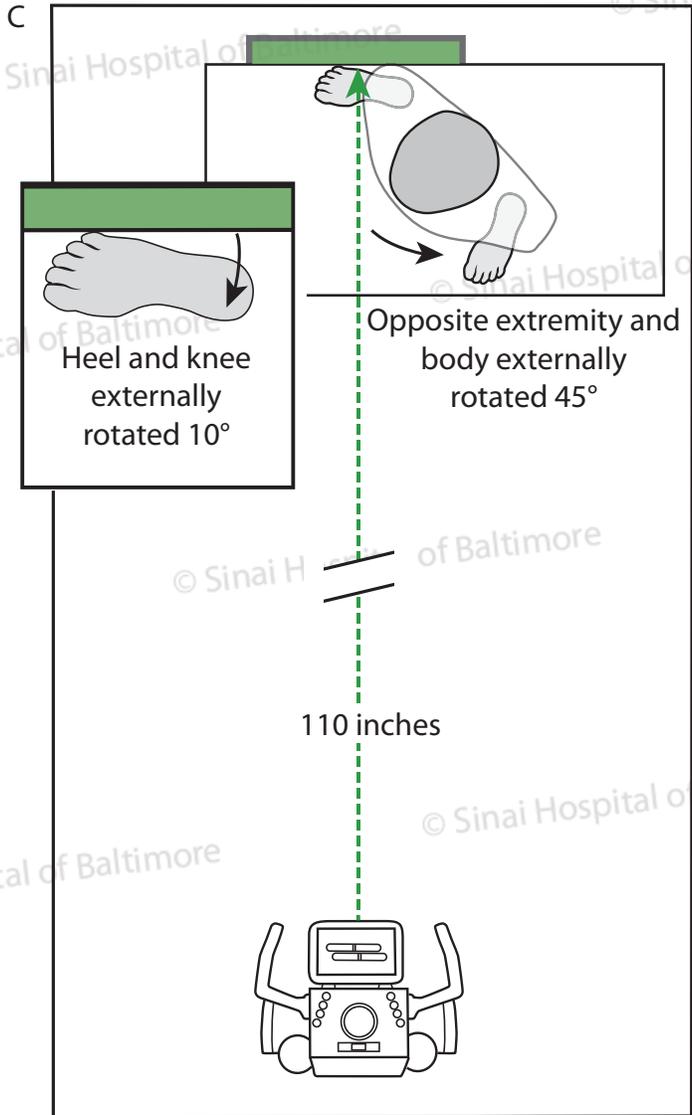
The central beam is aimed between the knees (red circle, A and B) and is perpendicular to the cassette (C). A plain film cassette or overlapping CR cassettes can be used (B). Note that the central beam is perpendicular to the cassette and the x-ray beam is aimed at the level of the knee joint (D). If necessary, blocks should be used to level the pelvis.

### Full Length Standing Lateral View X-ray Position



Plain film cassette(s) or 2-3 overlapping CR cassettes

Target



Example of a well-positioned, full length standing lateral view x-ray: This x-ray study includes the entire limb from the femoral head to the ankle joint with a fully extended knee. The central beam is aimed at the knee joint (red circle, A and B) and should be perpendicular to the cassette (C).

As depicted in Figure C, the patient plants the limb of interest so that the lateral aspect of the foot is against the cassette with the knee fully extended. The patient externally rotates the heel and knee 10°. Then the patient pivots the contralateral limb and the rest of the body 45° away from the planted leg. This allows for complete visualization of the lower extremity from the femoral head to the ankle joint.