

APPENDIX B: General Radiography Study Views approved for Chiropractors to Request

BODY PART	APPROVED IMAGING
Finger	AP/PA, Lateral
Hand	AP/PA, Oblique, Lateral
Wrist	AP/PA, Oblique, Lateral
Forearm	AP/PA, Lateral
Elbow	AP/PA, Lateral
Humerus	AP/PA, Lateral
Shoulder	AP, Y view, axial
Acromioclavicular joint	AP with and without weights
Clavicle	AP, axial
Scapula	AP, Y view
Toes	AP/PA, Oblique, Lateral/Fibula
Foot	AP/PA, Oblique, Lateral
Calcaneus	Axial, Lateral
Ankle	AP/PA, Oblique, Lateral
Tibia/Fibula	AP, Lateral
Knee	AP (both knees), Lateral (affected) Skyline – specifically request as clinically relevant For suspected knee OA, weight bearing required
Femur	AP, Lateral *FROG LEG
Hip	AP (both hips), Lateral (affected)
Pelvis	AP (erect if necessary)
Cervical Spine	AP, Odontoid, Lateral, both obliques if part of standard routine Flexion/Extension – specifically request as clinically relevant
Thoracic Spine	AP, Lateral, Swimmer's view
Lumbar Spine	AP, Lateral, L5-S1 spot lateral, both obliques

Sacrum	AP, Lateral
Coccyx	Lateral
Sacroiliac Joint	AP, both obliques
Chest (for rib views)	PA, Oblique

Other images will be approved where applicable to the Chiropractic Scope of Practice with rationale appropriately documented. E.G. Scoliosis assessment for a child patient.