



Radiography Examination

The purpose of *The American Registry of Radiologic Technologists® (ARRT®) Radiography Examination* is to assess the knowledge and cognitive skills underlying the intelligent performance of the tasks typically required of radiographers. Using a nationwide survey, the ARRT periodically conducts a practice analysis to develop a task inventory which delineates or lists the job responsibilities typically required of radiographers.¹ An advisory committee then determines the knowledge and cognitive skills needed to perform the tasks on the task inventory and these are organized into the content categories within this document. The document is used to develop the examination. The results of the most recent practice analysis have been applied to this document. Every content category can be linked to one or more activities on the task inventory. The complete task inventory is available at arrt.org.

The following table presents the four major content categories covered on the examination, and indicates the number of test questions in each category. The remaining pages list the specific topics addressed within each category, with the approximate number of test questions allocated to each topic appearing in parentheses.

This document is not intended to serve as a curriculum guide. Although ARRT programs for certification and registration and educational programs may have related purposes, their functions are clearly different. Educational programs are generally broader in scope and address the subject matter that is included in these content specifications, but do not limit themselves to only this content.

Content Category	Number of Scored Questions²
Patient Care	33
Patient Interactions and Management	
Safety	53
Radiation Physics and Radiobiology ³	
Radiation Protection	
Image Production	50
Image Acquisition and Technical Evaluation	
Equipment Operation and Quality Assurance	
Procedures	64
Head, Spine and Pelvis Procedures	
Thorax and Abdomen Procedures	
Extremity Procedures	
Total	200

¹ A special debt of gratitude is due to the hundreds of professionals participating in this project as committee members, survey respondents and reviewers.

² Each exam includes an additional 20 unscored (pilot) questions.

³ SI units will become the primary (principle) units of radiation measurement used on the radiography examination in 2017.



Patient Care (33)

1. Patient Interactions and Management (33)

A. Ethical and Legal Aspects

1. patient's rights
 - a. informed consent (*e.g., written, oral, implied)
 - b. confidentiality (HIPAA)
 - c. American Hospital Association (AHA) Patient Care Partnership (Patient's Bill of Rights)
 1. privacy
 2. extent of care (e.g., DNR)
 3. access to information
 4. living will, health care proxy, advanced directives
 5. research participation
2. legal issues
 - a. verification (e.g., patient identification, compare order to clinical indication)
 - b. common terminology (e.g., battery, negligence, malpractice, beneficence)
 - c. legal doctrines (e.g., respondeat superior, res ipsa loquitur)
 - d. restraints versus immobilization
 - e. manipulation of electronic data (e.g., exposure indicator, processing algorithm, brightness and contrast, cropping or masking off anatomy)
3. ARRT Standards of Ethics

B. Interpersonal Communication

1. modes of communication
 - a. verbal/written
 - b. nonverbal (e.g., eye contact, touching)
2. challenges in communication
 - a. interactions with others
 1. language barriers
 2. cultural and social factors
 3. physical or sensory impairments
 4. age
 5. emotional status, acceptance of condition
 - b. explanation of medical terms
 - c. strategies to improve understanding
3. patient education

- a. explanation of current procedure (e.g., purpose, exam length)
- b. verify informed consent when necessary
- c. pre- and post-examination instructions (e.g., preparation, diet, medications and discharge instructions)
- d. respond to inquiries about other imaging modalities (e.g., CT, MRI, mammography, sonography, nuclear medicine, bone densitometry regarding dose differences, types of radiation, patient preps)

C. Physical Assistance and Monitoring

1. patient transfer and movement
 - a. body mechanics (e.g., balance, alignment, movement)
 - b. patient transfer techniques
2. assisting patients with medical equipment
 - a. infusion catheters and pumps
 - b. oxygen delivery systems
 - c. other (e.g., nasogastric tubes, urinary catheters, tracheostomy tubes)
3. routine monitoring
 - a. vital signs
 - b. physical signs and symptoms (e.g., motor control, severity of injury)
 - c. fall prevention
 - d. documentation

D. Medical Emergencies

1. allergic reactions (e.g., contrast media, latex)
2. cardiac or respiratory arrest (e.g., CPR)
3. physical injury or trauma
4. other medical disorders (e.g., seizures, diabetic reactions)

* e.g., this is used here and in the remainder of this document to indicate examples of the topics covered, but not a complete list.

(Patient Care continues on the following page.)



Patient Care (continued)

E. Infection Control

1. cycle of infection
 - a. pathogen
 - b. reservoir
 - c. portal of exit
 - d. mode of transmission
 1. direct
 - a. droplet
 - b. direct contact
 2. indirect
 - a. airborne
 - b. vehicle borne–fomite
 - c. vector borne–mechanical or biological
 - e. portal of entry
 - f. susceptible host
2. asepsis
 - a. equipment disinfection
 - b. equipment sterilization
 - c. medical aseptic technique
 - d. sterile technique
3. CDC Standard Precautions
 - a. hand hygiene
 - b. use of personal protective equipment (e.g., gloves, gowns, masks)
 - c. safe injection practices
 - d. safe handling of contaminated equipment/surfaces
 - e. disposal of contaminated materials
 1. linens
 2. needles
 3. patient supplies
 4. blood and body fluids
4. transmission-based precautions
 - a. contact
 - b. droplet
 - c. airborne
5. additional precautions
 - a. neutropenic precautions (reverse isolation)
 - b. healthcare associated (nosocomial) infections

F. Handling and Disposal of Toxic or Hazardous Material

1. types of materials
 - a. chemicals
 - b. chemotherapy
2. safety data sheet (e.g., material safety data sheets)

G. Pharmacology

1. patient history
 - a. medication reconciliation (current medications)
 - b. premedications
 - c. contraindications
 - d. scheduling and sequencing examinations
2. administration
 - a. routes (e.g., IV, oral)
 - b. supplies (e.g., enema kits, needles)
3. venipuncture
 - a. venous anatomy
 - b. supplies
 - c. procedural technique
4. contrast media types and properties (e.g., iodinated, water soluble, barium, ionic versus non-ionic)
5. appropriateness of contrast media to exam
 - a. patient condition (e.g., perforated bowel)
 - b. patient age and weight
 - c. laboratory values (e.g., BUN, creatinine, GFR)
6. complications/reactions
 - a. local effects (e.g., extravasation/infiltration, phlebitis)
 - b. systemic effects
 1. mild
 2. moderate
 3. severe
 - c. emergency medications
 - d. radiographer's response and documentation



Safety (53)

1. Radiation Physics and Radiobiology (22)

A. Principles of Radiation Physics

1. x-ray production
 - a. source of free electrons
(e.g., thermionic emission)
 - b. acceleration of electrons
 - c. focusing of electrons
 - d. deceleration of electrons
2. target interactions
 - a. bremsstrahlung
 - b. characteristic
3. x-ray beam
 - a. frequency and wavelength
 - b. beam characteristics
 1. quality
 2. quantity
 3. primary versus remnant (exit)
 - c. inverse square law
 - d. fundamental properties
(e.g., travel in straight lines, ionize matter)
4. photon interactions with matter
 - a. Compton effect
 - b. photoelectric absorption
 - c. coherent (classical) scatter
 - d. attenuation by various tissues
 1. thickness of body part
 2. type of tissue (atomic number)

B. Biological Aspects of Radiation

1. SI units of measurement
 - a. absorbed dose
 - b. dose equivalent
 - c. exposure
 - d. effective dose
 - e. air kerma
2. radiosensitivity
 - a. dose-response relationships
 - b. relative tissue radiosensitivities
(e.g., LET, RBE)
 - c. cell survival and recovery (LD_{50})
 - d. oxygen effect
3. somatic effects
 - a. short-term versus long-term effects
 - b. acute versus chronic effects
 - c. carcinogenesis
 - d. organ and tissue response
(e.g., eye, thyroid, breast, bone marrow, skin, gonadal)
4. acute radiation syndromes
 - a. hemopoietic
 - b. gastrointestinal (GI)
 - c. central nervous system (CNS)
5. embryonic and fetal risks
6. genetic impact
 - a. genetically significant dose
 - b. goals of gonadal shielding

(Safety continues on the following page.)



Safety (continued)

2. Radiation Protection (31)

A. Minimizing Patient Exposure (ALARA)

1. exposure factors
 - a. kVp
 - b. mAs
 - c. automatic exposure control (AEC)
2. shielding
 - a. rationale for use
 - b. types
 - c. placement
3. beam restriction
 - a. purpose of primary beam restriction
 - b. types (e.g., collimators)
4. filtration
 - a. effect on skin and organ exposure
 - b. effect on average beam energy
 - c. NCRP recommendations (NCRP #102, minimum filtration in useful beam)
5. patient considerations
 - a. positioning
 - b. communication
 - c. pediatric
 - d. morbid obesity
6. radiographic dose documentation
7. image receptors
8. grids
9. fluoroscopy
 - a. pulsed
 - b. exposure factors
 - c. grids
 - d. positioning
 - e. fluoroscopy time
 - f. automatic brightness control (ABC) or automatic exposure rate control (AERC)
 - g. receptor positioning
 - h. magnification mode
 - i. air kerma display
 - j. last image hold
 - k. dose or time documentation
 - l. minimum source-to-skin distance (21 CFR)
10. dose area product (DAP) meter

B. Personnel Protection

1. sources of radiation exposure
 - a. primary x-ray beam
 - b. secondary radiation
 1. scatter
 2. leakage
 - c. patient as source
2. basic methods of protection
 - a. time
 - b. distance
 - c. shielding
3. protective devices
 - a. types
 - b. attenuation properties
 - c. minimum lead equivalent (NCRP #102)
4. special considerations
 - a. mobile units
 - b. fluoroscopy
 1. protective drapes
 2. protective Bucky slot cover
 3. cumulative timer
 4. remote-controlled fluoroscopy
 - c. guidelines for fluoroscopy and mobile units (NCRP #102, 21 CFR)
 1. fluoroscopy exposure rates (normal and high-level control)
 2. exposure switch guidelines
5. radiation exposure and monitoring
 - a. dosimeters
 1. types
 2. proper use
 - b. NCRP recommendations for personnel monitoring (NCRP #116)
 1. occupational exposure
 2. public exposure
 3. embryo/fetus exposure
 4. dose equivalent limits
 5. evaluation and maintenance of personnel dosimetry records
6. handling and disposal of radioactive material



Image Production (50)

1. Image Acquisition and Technical Evaluation (21)

A. Selection of Technical Factors Affecting Radiographic Quality

Refer to Attachment C to clarify terms that may occur on the exam.

(X indicates topics covered on the examination.)

	1. Receptor Exposure	2. Contrast	3. Spatial Resolution	4. Distortion
a. mAs	X			
b. kVp	X	X		
c. OID		X (air gap)	X	X
d. SID	X		X	X
e. focal spot size			X	
f. grids*	X	X		
g. tube filtration	X	X		
h. beam restriction	X	X		
i. motion			X	
j. anode heel effect	X			
k. patient factors (size, pathology)	X	X	X	X
l. angle (tube, part, or receptor)			X	X

* Includes conversion factors for grids

B. Technique Charts

1. anatomically programmed technique
2. caliper measurement
3. fixed versus variable kVp
4. special considerations
 - a. casts
 - b. pathologic factors
 - c. age (e.g., pediatric, geriatric)
 - d. body mass index (BMI)
 - e. contrast media

C. Automatic Exposure Control (AEC)

1. effects of changing exposure factors on radiographic quality
2. detector selection
3. anatomic alignment
4. exposure adjustment (e.g., density, +1 or -1)

D. Digital Imaging Characteristics

1. spatial resolution (equipment related)
 - a. pixel characteristics (e.g., size, pitch)
 - b. detector element (DEL) (e.g., size, pitch, fill factor)

c. matrix size

d. sampling frequency

2. contrast resolution

(equipment related)

a. bit depth

b. modulation transfer function (MTF)

c. detective quantum efficiency (DQE)

3. image signal (exposure related)

a. dynamic range

b. quantum noise (quantum mottle)

c. signal to noise ratio (SNR)

d. contrast to noise ratio (CNR)

E. Image Identification

1. methods (e.g., radiographic, electronic)

2. legal considerations

(e.g., patient data, examination data)

(Image Production continues on the following page.)



Image Production (continued)

2. Equipment Operation and Quality Assurance (29)

A. Imaging Equipment

1. components of radiographic unit (fixed or mobile)
 - a. operating console
 - b. x-ray tube construction
 1. electron source
 2. target materials
 3. induction motor
 - c. automatic exposure control (AEC)
 1. radiation detectors
 2. back-up timer
 3. exposure adjustment (e.g., density, +1 or -1)
 4. minimum response time
 - d. manual exposure controls
 - e. beam restriction
2. x-ray generator, transformers and rectification system
 - a. basic principles
 - b. phase, pulse and frequency
 - c. tube loading
3. components of fluoroscopic unit (fixed or mobile)
 - a. image receptors
 1. image intensifier
 2. flat panel
 - b. viewing systems
 - c. recording systems
 - d. automatic brightness control (ABC) or automatic exposure rate control (AERC)
 - e. magnification mode
 - f. table
4. components of digital imaging
 - a. CR components
 1. plate (e.g., photo-stimulable phosphor (PSP))
 2. plate reader
 - b. DR image receptors
 1. flat panel
 2. charge coupled device (CCD)
 3. complimentary metal oxide semiconductor (CMOS)
5. accessories
 - a. stationary grids
 - b. Bucky assembly
 - c. compensating filters

B. Image Processing and Display

1. raw data (pre-processing)
 - a. analog-to-digital converter (ADC)
 - b. quantization
 - c. corrections (e.g., rescaling, flat fielding, dead pixel correction)
 - d. histogram
2. corrected data for processing
 - a. grayscale
 - b. edge enhancement
 - c. equalization
 - d. smoothing
3. data for display
 - a. values of interest (VOI)
 - b. look-up table (LUT)
4. post-processing
 - a. brightness
 - b. contrast
 - c. region of interest (ROI)
 - d. electronic cropping or masking
 - e. stitching
5. display monitors
 - a. viewing conditions (e.g., viewing angle, ambient lighting)
 - b. spatial resolution (e.g., pixel size, pixel pitch)
 - c. brightness and contrast
6. imaging informatics
 - a. DICOM
 - b. PACS
 - c. RIS (modality work list)
 - d. HIS
 - e. EMR or EHR

(Image Production continues on the following page.)



Image Production (continued)

- C. Criteria for Image Evaluation of Technical Factors
 - 1. exposure indicator
 - 2. quantum noise (quantum mottle)
 - 3. gross exposure error (e.g., loss of contrast, saturation)
 - 4. contrast
 - 5. spatial resolution
 - 6. distortion (e.g., size, shape)
 - 7. identification markers (e.g., anatomical side, patient, date)
 - 8. image artifacts
 - 9. radiation fog
- D. Quality Control of Imaging Equipment and Accessories
 - 1. beam restriction
 - a. light field to radiation field alignment
 - b. central ray alignment
 - 2. recognition and reporting of malfunctions
 - 3. digital imaging receptor systems
 - a. maintenance (e.g., detector calibration, plate reader calibration)
 - b. QC tests (e.g., erasure thoroughness, plate uniformity, spatial resolution)
 - c. display monitor quality assurance (e.g., grayscale standard display function, luminance)
 - 4. shielding accessories (e.g., lead apron, glove testing)



Procedures (64)

This section addresses imaging procedures for the anatomic regions listed below. Questions will cover the following topics:

1. Positioning (e.g., topographic landmarks, body positions, path of central ray, immobilization devices, respiration).
2. Anatomy (e.g., including physiology, basic pathology, and related medical terminology).
3. Procedure adaptation (e.g., body habitus, body mass index, trauma, pathology, age, limited mobility).
4. Evaluation of displayed anatomical structures (e.g., patient positioning, tube-part-image receptor alignment).

The specific radiographic positions and projections within each anatomic region that may be covered on the examination are listed in Attachment A. A guide to positioning terminology appears in Attachment B.

1. Head, Spine and Pelvis Procedures (18)

A. Head

1. skull
2. facial bones
3. mandible
4. zygomatic arch
5. temporomandibular joints
6. nasal bones
7. orbits
8. paranasal sinuses

B. Spine and Pelvis

1. cervical spine
2. thoracic spine
3. scoliosis series
4. lumbar spine
5. sacrum and coccyx
6. myelography
7. sacroiliac joints
8. pelvis and hip
9. hysterosalpingography

2. Thorax and Abdomen Procedures (21)

A. Thorax

1. chest
2. ribs
3. sternum
4. soft tissue neck

B. Abdomen and GI Studies

1. abdomen
2. esophagus
3. swallowing dysfunction study
4. upper GI series, single or double contrast
5. small bowel series
6. contrast enema, single or double contrast
7. surgical cholangiography
8. ERCP

C. Urological Studies

1. cystography
2. cystourethrography
3. intravenous urography
4. retrograde urography

3. Extremity Procedures (25)

A. Upper Extremities

1. fingers
2. hand
3. wrist
4. forearm
5. elbow
6. humerus
7. shoulder
8. scapula
9. clavicle
10. acromioclavicular joints

B. Lower Extremities

1. toes
2. foot
3. calcaneus
4. ankle
5. tibia/fibula
6. knee/patella
7. femur
8. long bone measurement

C. Other

1. bone age
2. bone survey (e.g. metastatic, child abuse)
3. arthrography



Attachment A

Radiographic Positions and Projections

1. Head, Spine and Pelvis

A. Head

1. Skull
 - a. AP axial (Towne)
 - b. lateral
 - c. PA axial (Caldwell)
 - d. PA
 - e. submentovertex (full basal)
 - e. PA axial (Haas)
 - f. trauma cross table (horizontal beam) lateral
 - g. trauma AP axial (reverse Caldwell)
 - h. trauma AP
 - i. trauma AP axial (Towne)
2. Facial Bones
 - a. lateral
 - b. parietoacanthial (Waters)
 - c. PA axial (Caldwell)
 - d. modified parietoacanthial (modified Waters)
 - e. trauma acanthioparietal (reverse Waters)
3. Mandible
 - a. axiolateral oblique
 - b. PA
 - c. AP axial (Towne)
 - d. PA axial
 - e. PA (modified Waters)
 - f. submentovertex (full basal)
4. Zygomatic Arch
 - a. submentovertex (full basal)
 - b. parietoacanthial (Waters)
 - c. AP axial (modified Towne)
 - d. oblique inferosuperior (tangential)
5. Temporomandibular Joints
 - a. axiolateral oblique (modified Law)
 - b. axiolateral (modified Schuller)
 - c. AP axial (modified Towne)
6. Nasal Bones
 - a. parietoacanthial (Waters)
 - b. lateral
 - c. PA axial (Caldwell)
7. Orbits
 - a. parietoacanthial (Waters)
 - b. lateral
 - c. PA axial (Caldwell)
 - d. modified parietoacanthial (modified Waters)
8. Paranasal Sinuses
 - a. lateral, horizontal beam
 - b. PA axial (Caldwell), horizontal beam
 - c. parietoacanthial (Waters), horizontal beam
 - d. submentovertex (full basal), horizontal beam
 - e. open mouth parietoacanthial (Waters),

B. Spine and Pelvis

- horizontal beam
1. Cervical Spine
 - a. AP axial
 - b. AP open mouth
 - c. lateral
 - d. cross table (horizontal beam) lateral
 - e. PA axial obliques
 - f. AP axial obliques
 - g. lateral swimmers
 - h. lateral flexion and extension
 - i. AP dens (Fuchs)
 2. Thoracic Spine
 - a. AP
 - b. lateral, breathing
 - c. lateral, expiration
 3. Scoliosis Series
 - a. AP or PA
 - b. lateral
 4. Lumbar Spine
 - a. AP
 - b. PA
 - c. lateral
 - d. L5-S1 lateral spot
 - e. posterior oblique
 - f. anterior oblique
 - e. AP axial L5-S1
 - g. AP right and left bending
 - h. lateral flexion and extension
 5. Sacrum and Coccyx
 - a. AP axial sacrum
 - b. AP axial coccyx
 - c. lateral sacrum and coccyx, combined
 - d. lateral sacrum or coccyx, separate
 6. Myelography
 7. Sacroiliac Joints
 - a. AP
 - b. posterior oblique
 - c. anterior oblique
 8. Pelvis and Hip
 - a. AP hip only
 - b. cross-table (horizontal beam) lateral hip
 - c. unilateral frog-leg, non-trauma
 - d. axiolateral inferosuperior, trauma (Clements-Nakayama)
 - e. AP pelvis
 - f. AP pelvis, bilateral frog-leg
 - g. AP pelvis, axial anterior pelvic bones (inlet, outlet)
 - h. anterior oblique pelvis, acetabulum (Judet)
 9. Hysterosalpingography
- #### 2. Thorax and Abdomen
- ##### A. Thorax
1. Chest

- a. PA or AP upright
 - b. lateral upright
 - c. AP lordotic
 - d. AP supine
 - e. lateral decubitus
 - f. anterior and posterior obliques
2. Ribs
 - a. AP and PA, above and below diaphragm
 - b. anterior and posterior obliques
 3. Sternum
 - a. lateral
 - b. RAO
 4. Soft Tissue Neck
 - a. AP upper airway
 - b. lateral upper airway
- #### B. Abdomen and GI Studies
1. Abdomen
 - a. AP supine
 - b. AP upright
 - c. lateral decubitus
 - d. dorsal decubitus
 2. Esophagus
 - a. RAO
 - b. left lateral
 - c. AP
 - d. PA
 - e. LAO
 3. Swallowing Dysfunction Study
 4. Upper GI series*
 - a. AP scout
 - b. RAO
 - c. PA
 - d. right lateral
 - e. LPO
 - f. AP
 5. Small Bowel Series
 - a. PA scout
 - b. PA (follow through)
 - c. ileocecal spots
 6. Contrast Enema*
 - a. left lateral rectum
 - b. left lateral decubitus
 - c. right lateral decubitus
 - d. LPO and RPO
 - e. PA
 - f. RAO and LAO
 - g. AP axial (sigmoid)
 - h. PA axial (sigmoid)
 - i. PA post-evacuation
 7. Surgical Cholangiography
 8. ERCP

*single or double contrast



C. Urological Studies

1. Cystography
 - a. AP
 - b. LPO and RPO
 - c. lateral
 - d. AP axial
2. Cystourethrography
 - a. AP voiding
cystourethrogram female
 - b. RPO voiding
cystourethrogram male
3. Intravenous Urography
 - a. AP, scout, and series
 - b. RPO and LPO
 - c. post-void
4. Retrograde Urography
 - a. AP scout
 - b. AP pyelogram
 - c. AP ureterogram

3. Extremities

A. Upper Extremities

1. Fingers
 - a. PA entire hand
 - b. PA finger only
 - c. lateral
 - d. medial and/or lateral oblique
 - e. AP thumb
 - f. medial oblique thumb
 - g. lateral thumb
2. Hand
 - a. PA
 - b. lateral
 - c. lateral oblique
3. Wrist
 - a. PA
 - b. lateral oblique
 - c. lateral
 - d. PA–ulnar deviation
 - e. PA axial (Stecher)
 - f. tangential carpal canal (Gaynor-Hart)
4. Forearm
 - a. AP
 - b. lateral
5. Elbow
 - a. AP
 - b. lateral
 - c. lateral oblique
 - d. medial oblique
 - e. AP partial flexion
 - f. trauma axial laterals (Coyle)
6. Humerus
 - a. AP
 - b. lateral
 - c. neutral
 - d. transthoracic lateral
7. Shoulder
 - a. AP internal and external rotation
 - b. inferosuperior axial (Lawrence)
 - c. posterior oblique (Grashey)
 - d. AP neutral
 - e. scapular Y
8. Scapula

- a. AP
 - b. lateral
9. Clavicle
 - a. AP
 - b. AP axial
 - c. PA axial
 10. Acromioclavicular Joints – AP
Bilateral With and Without Weights

B. Lower Extremities

1. Toes
 - a. AP, entire forefoot
 - b. AP or AP axial toe
 - c. oblique toe
 - d. lateral toe
 - e. sesamoids, tangential
2. Foot
 - a. AP axial
 - b. medial oblique
 - c. lateral oblique
 - d. lateral
 - e. AP axial weight bearing
 - f. lateral weight bearing
3. Calcaneus
 - a. lateral
 - b. plantodorsal, axial
 - c. dorsoplantar, axial
4. Ankle
 - a. AP
 - b. mortise
 - c. lateral
 - d. medial oblique
 - e. AP stress views
 - f. AP weight bearing
 - g. lateral weight bearing
5. Tibia/Fibula
 - a. AP
 - b. lateral
6. Knee/patella
 - a. AP
 - b. Lateral
 - c. AP weight bearing
 - d. lateral oblique
 - e. medial oblique
 - f. PA axial–intercondylar fossa (Holmblad)
 - g. PA axia–intercondylar fossa (Camp Coventry)
 - h. AP axial–intercondylar fossa (Béclère)
 - i. PA patella
 - j. tangential (Merchant)
 - k. tangential (Settegast)
 - l. tangential (Hughston)
7. Femur
 - a. AP
 - b. lateral
8. Long Bone Measurement

C. Other

1. Bone Age
2. Bone Survey
3. Arthrography



Attachment B

Standard Terminology for Positioning and Projection

Radiographic View: Describes the body part as seen by the image receptor or other recording medium, such as a fluoroscopic screen. Restricted to the discussion of a *radiograph* or *image*.

Radiographic Position: Refers to a specific body position, such as supine, prone, recumbent, erect or Trendelenburg. Restricted to the discussion of the *patient's physical position*.

Radiographic Projection: Restricted to the discussion of the *path of the central ray*.

POSITIONING TERMINOLOGY

A. Lying Down

1. *supine* – lying on the back
2. *prone* – lying face downward
3. *decubitus* – lying down with a horizontal x-ray beam
4. *recumbent* – lying down in any position

B. Erect or Upright

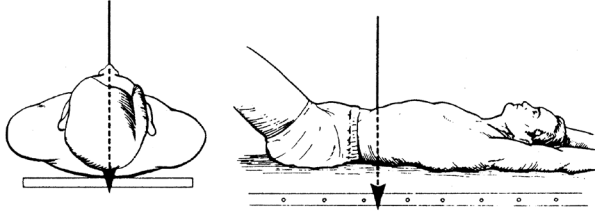
1. *anterior position* – facing the image receptor
2. *posterior position* – facing the radiographic tube

C. Either Upright or Recumbent

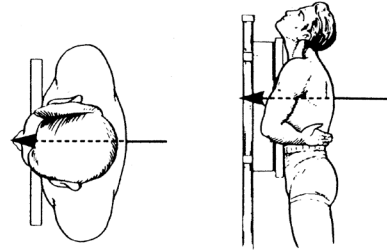
1. oblique torso positions
 - a. anterior oblique (facing the image receptor)
 - i. *left anterior oblique (LAO)* body rotated with the left anterior portion closest to the image receptor
 - ii. *right anterior oblique (RAO)* body rotated with the right anterior portion closest to the image receptor
 - b. posterior oblique (facing the radiographic tube)
 - i. *left posterior oblique (LPO)* body rotated with the left posterior portion closest to the image receptor
 - ii. *right posterior oblique (RPO)* body rotated with the right posterior portion closest to the image receptor
2. oblique extremity positions
 - a. lateral (external) rotation from either prone or supine, outward rotation of the extremity
 - b. medial (internal) rotation from either prone or supine, inward rotation of the extremity



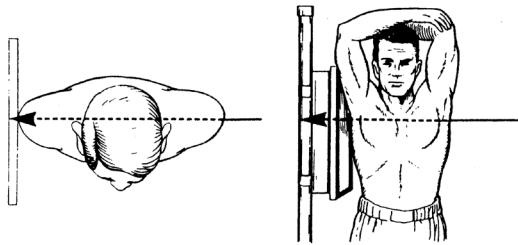
Anteroposterior Projection



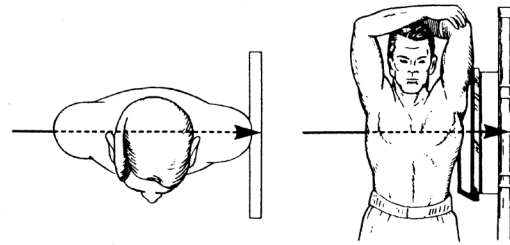
Posteroanterior Projection



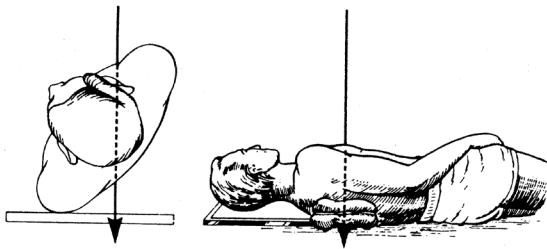
Right Lateral Position



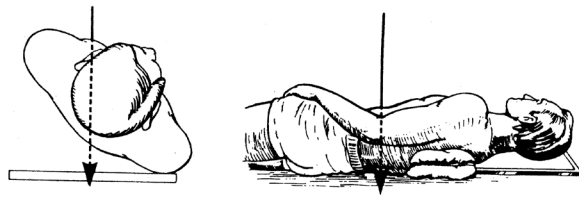
Left Lateral Position



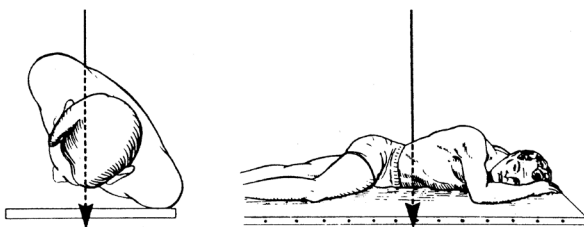
Left Posterior Oblique Position



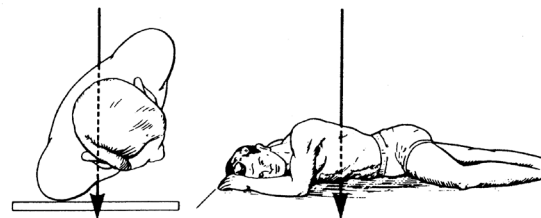
Right Posterior Oblique Position



Left Anterior Oblique Position



Right Anterior Oblique Position





Attachment C ARRT Standard Definitions

Term	Digital Radiography includes both computed radiography and direct radiography <u>Computed Radiography (CR)</u> systems use storage phosphors to temporarily store energy representing the image signal. The phosphor then undergoes a process to extract the latent image. <u>Direct Radiography (DR)</u> systems have detectors that directly capture and readout an electronic image signal.
Spatial Resolution	The sharpness of the structural edges recorded in the image.
Receptor Exposure	The amount of radiation striking the image receptor.
Brightness	Brightness is the measurement of the luminance of an area in a radiographic image displayed on a monitor. It is calibrated in units of candela (cd) per square meter
Contrast	Contrast is the visible difference between any two selected areas of brightness levels within the displayed radiographic image. It is determined primarily by the processing algorithm (mathematical codes used by the software to provide the desired image appearance). The default algorithm determines the initial processing codes applied to the image data. <u>Grayscale</u> refers to the number of brightness levels (or gray shades) visible on an image and is linked to the bit depth of the system. <u>Long Scale</u> is the term used when slight differences between gray shades are present (low contrast) but the total number of gray shades is great. <u>Short Scale</u> is the term used when considerable or major differences between gray shades are present (high contrast) but the total number of gray shades is small.
Dynamic Range	The range of exposures that may be captured by a detector.
Receptor Contrast	The fixed characteristic of the receptor. Most digital receptors have an essentially linear response to exposure. This is impacted by contrast resolution (the smallest exposure change or signal difference that can be detected). Ultimately, contrast resolution is limited by the quantization (number of bits per pixel) of the analog-to-digital convertor.
Exposure Latitude	The range of exposures which produces quality images at appropriate patient dose.
Subject Contrast	The magnitude of the signal difference in the remnant beam as a result of the different absorption characteristics of the tissues and structures making up that part.