

ILLINOIS PRAIRIE STATE CHIROPRACTIC ASSOCIATION

RADIOGRAPHIC EXAMINATION STANDARDS AND INDICATIONS

The use of X-ray or radiographic examination by a chiropractor is primarily for spinography. Spinography is the chiropractic art of analyzing X-rays for the following purposes:

1. Finding potential subluxations.
2. Understanding the anatomy to give the most appropriate adjustment.
3. Developing the most appropriate plan of care for the patient.

Position Statement

Radiography of a patient should only be performed on the basis of clinical need as judged by the attending Doctor of Chiropractic. The following are standards for ordering radiographic studies. These criteria are offered to assist in making this determination on a rational basis.

A. Standards for Radiographic Examinations.

A radiographic examination is performed to help confirm or deny clinically suspected mechanical alterations, including radiographic manifestations of a subluxation, abnormalities, pathological conditions, and/or establishing a baseline standard for future radiographic comparison where indicated.

The radiographic examination should be based on findings from the:

1. Case History and/or Physical Assessment

The following are examples which may indicate radiologic procedures. They are not all inclusive:

- a. Possible subluxation including:
 - apparent structural disrelationship of spinal or extra-spinal components;
 - apparent curvature of the spine;
 - spinal muscular imbalance;
 - spinal motion aberrations (hyper/hypo);
 - positive neuromusculoskeletal findings;
 - thermographic findings
- b. Regional points of pain.
- c. Signs of visceral malfunction or distress.

2. Significant laboratory findings.

Abnormal values in laboratory tests that might indicate disease, e.g., alkaline phosphatase, serum calcium, or phosphorus levels.

NOTE: Choosing an examination that will give maximum information at the lowest dose of radiation to the patient is of preeminent importance and should be based on the following:

1. Does the patient have a health problem requiring a radiographic examination?
2. Will the examination increase information about the patient and be consistent with the patient's health problem?
3. Will the examination result in alteration of patient management and/or disease outcome?
4. Could the iatrogenic hazard outweigh the benefits of the procedure?
5. Could another examination/imaging procedure be warranted?

B. Selection of appropriate radiographic studies in Chiropractic practice.

1. A minimum of two opposing views of a body part, generally 90 degrees to each other, constitutes the usual minimum for radiographic study.
2. All radiographic procedures should be accomplished with appropriate gonadal shielding and compensating filters, except in those situations where filtration or shielding might interfere with examination of the anatomical region of interest.

C. Special Considerations.

1. Progress re-evaluation.

Repeat radiographic examination of the patient should not be routinely performed without significant observable clinical indications, as determined by the attending Doctor of Chiropractic.

2. The Female Patient

When the possibility of pregnancy exists, females with reproductive potential should only be radiographed during the first ten days following the onset of menses.

3. The Pregnant Patient

Irradiation of a pregnant patient, regardless of the trimester, is discouraged. If clinical indications warrant, areas may be studied that are outside the pelvis, proximal femora,

thoracic and lumbar spine. These studies may be carried out with tight collimation and a full lead apron worn by the patient. The need for the examination and the possible health hazards must be fully explained to the patient. An informed consent document, signed by the patient, should be included in the patient's records.

4. The Pediatric Patient

Clinical indications for the radiographic examination of the child follow similar criteria as for the adult. The study should occur as a result of appropriate clinical history and examination. As a result, X-rays might be taken to help confirm or deny the presence of a clinically suspected anomaly, pathology or structural alteration including radiographic manifestations of a subluxation important to case management.

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