

## LUMBOSACRAL SPINE

**ROUTINE:** AP, Lateral, and Lateral Cone down of L-5/S-1 joint.

**Peds Routine:** No spot film on children under 16 years of age.

**DISTANCE:** 40"

**BUCKY:** YES

**FOCAL SPOT:** Large

**IMAGING PLATE:**

14x17 CR cassettes, 8x10 for Spot or DR detector

**CENTRAL RAY:**

***AP and Lateral:*** Perpendicular entering the midline at the level of 1 1/2" above the crest.

***L-5/S-1 Spot:*** 5-7° caudal angle need entering at a point 1 1/2" inferior of the crest and 1 1/2" posterior the ASIS.

**HELPFUL POSITIONING:**

***Lateral:*** Leave collimators open on all laterals done on patients age 40 or above to demonstrate any possibility of calcified abdominal aorta.

***Obliques:*** Taken bilaterally. Done AP. Roll patient 45°. Label side closest to the film. This demonstrates apophyseal joint of that side and SI joint of opposite side.

***Trauma:*** Cross-table lateral may be needed in event of trauma. No spot is done for trauma.

Neurosurgeons and chiropractors want all spines done standing, unless otherwise noted.

The lateral is to be done with equal weight on both feet. Cross arms in front of the body with hands on shoulders.

**All Standing L-spines should be done with shoes off**

*Reviewed 10/01/19*