

By Layth Kareem
Ms.c in MRI applications
radiographic techniques for upper
limbs(lec6)

elbow joint



Elbow joint position

1. AP

2.Lateral

3.medial oblique

4.lateral oblique

AP and lateral are basic positions of elbow joint

-Anterior posterior (position)

1.the patient is placed in sitting position or in erect if impossible.

2.lower the shoulder to place shoulder joint and and elbow joint on flat and place the arm on image receptor(IR)

3.pose the hand in supination, and place the center of elbow joint on the middle of (IR)

4.in order to project whole forearm in true anterior-posterior

Region

elbow joint, distal humerus, proximal ulna

pathology

dislocation, subluxation, ligament injury, fracture and epicondylitis of elbow joint

IR size (10*12 inch)

SID (100 cm)

Central ray

-project perpendicularly toward elbow joint

Respiration (suspended)

Collimation

- include all structures from proximal portion of forearm to distal portion of humerus

Evaluation

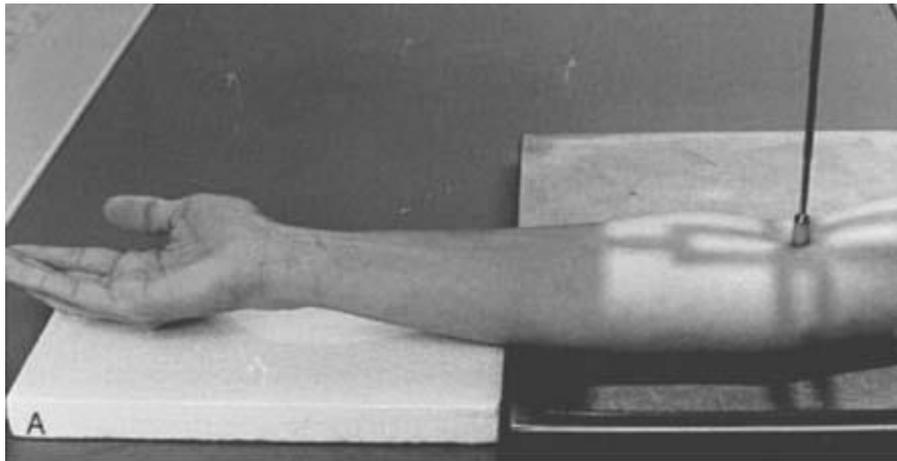
- lateral epicondyle and capitulum must show

-elbow joint cavity should show clearly

KVP (50)

Mas(5)

Note :when the patient cannot stretch out the elbow joint completely, elbow partial flexion AP projection is used as a replacement inspection



AP position



-lateral position

- 1.**the patient is placed in sitting position.
- 2.**lower the shoulder to place shoulder joint and the elbow joint in flat, place the elbow joint in the middle of (IR) in flexion of 90.
- 3.** place the center of elbow joint on the middle of IR and adhere the forearm completely.

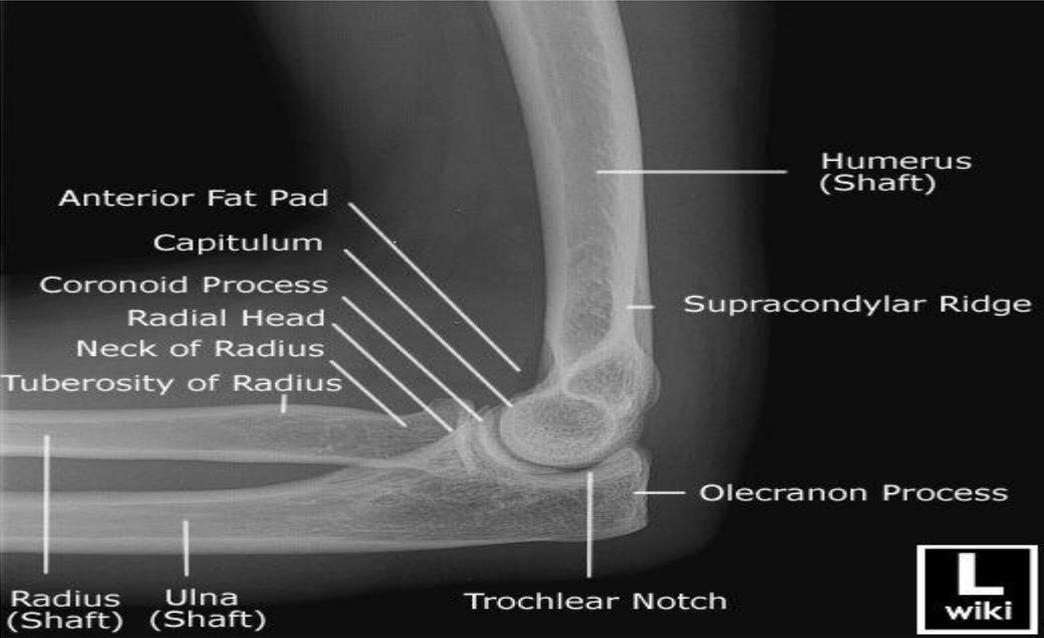
Evaluation

- olecranon should show in lateral.
- lateral and medial epicondyle should be overlapped.

Region, pathology, IR size, SID, central ray, respiration, and collimation (as the same as AP position)

Lateral position





Thank you