

SNS COLLEGE OF ALLIED HEALTH SCIENCE

Affiliated to The Tamil Nadu Dr. M.G.R Medical University, Chennai

DEPARTMENT OF RADIOGRAPHY AND IMAGING TECHNOLOGY

COURSE NAME :CLINICAL RADIOGRAPHY POSITIONING

UNIT :EXTREMITIES RADIOGRAPHY

TOPIC :HAND TO WRIST JOINT

FACULTY NAME : MRS.G.HELANA JOY

INTRODUCTION (DEFINE)

The upper extremities, particularly the hand and wrist, is essential for evaluating injuries, degenerative changes, and inflammatory conditions.

Common indications:

- Trauma (e.g., fractures)
- Rheumatoid arthritis & Osteoarthritis
- Soft tissue disorders.

Standard series:

- Posteroanterior (PA) View
- Oblique View
- Lateral views to minimize superimposition.



Technical factors: 40-50 kVp, 2-5 mAs, SID 40 inches (100 cm), no grid for non-trauma cases.

Importance: Proper positioning ensures open joint spaces and clear visualization of bones like phalanges, metacarpals, and carpal bones.



ANATOMY OF THE HAND AND WRIST

- *Bones:* Phalanges (proximal, middle, distal), metacarpals (5), carpals (8: scaphoid, lunate, triquetrum, pisiform, trapezium, trapezoid, capitate, hamate).
- *Joints:* MCP (metacarpophalangeal), PIP (proximal interphalangeal), DIP (distal interphalangeal), wrist (radiocarpal).
- *Radiographic landmarks:* In PA view, metacarpals appear parallel; in lateral, superimpose phalanges.



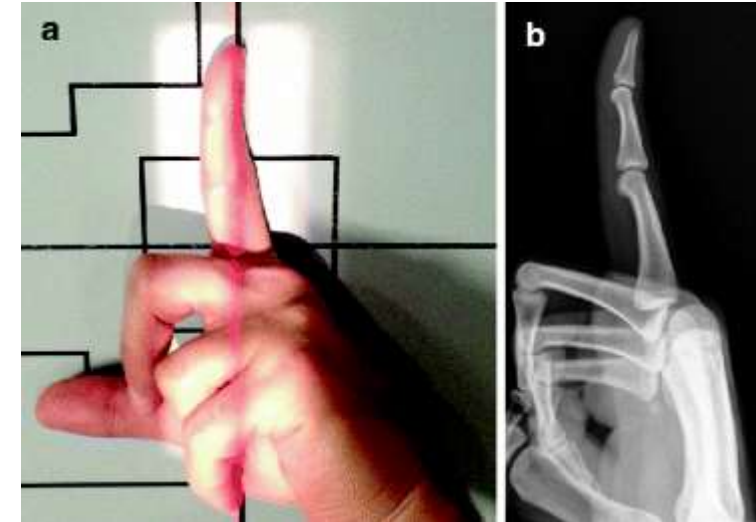
RADIOGRAPHIC POSITIONING FOR THE HAND

- *PA View*: Patient seated, hand flat on IR (image receptor) with fingers extended and spread; CR perpendicular to 3rd MCP joint. Collimation: 12x15 cm.
- *Oblique View*: Rotate hand 45° externally; thumb abducted. Demonstrates metacarpal heads and joint spaces.
- *Lateral View*: Hand in "karate chop" pose (ulnar side on IR), fingers fanned; CR to 2nd MCP.



RADIOGRAPHIC POSITIONING FOR THE FINGER

- *PA View*: Finger extended, side against IR; CR perpendicular to PIP joint. For multiple fingers, fan slightly.
- *Oblique View*: Rotate finger 45°; useful for tuft fractures.
- *Lateral View*: Finger perpendicular to IR, thumb or other fingers stabilized; CR to PIP. Twist wrist for side positioning.
- *Collimation*: 5x5 cm per digit. kVp: 50-60.



RADIOGRAPHIC POSITIONING FOR MCP JOINT

- *PA View*: Hand flat, fingers flexed slightly to open MCP spaces; CR to 3rd MCP.
- *Oblique View*: 45° rotation; highlights radial/ulnar deviations.
- *Lateral View*: Thumb or finger isolated, perpendicular to IR; CR to MCP head.
- *Focus*: Visualize collateral ligaments and joint effusion.
- *Technical*: Tight collimation (8x10 cm), low mAs for soft tissue.



RADIOGRAPHIC POSITIONING FOR THE WRIST JOINT

- *PA View*: Forearm pronated, wrist neutral; CR to scaphoid (1 cm distal to radial styloid).
- *Oblique View*: 45° supination; demonstrates pisotriquetral joint.
- *Lateral View*: Hand/forearm perpendicular to IR; CR to radial head.
- *Collimation*: 10x12 cm. SID: 40 inches.

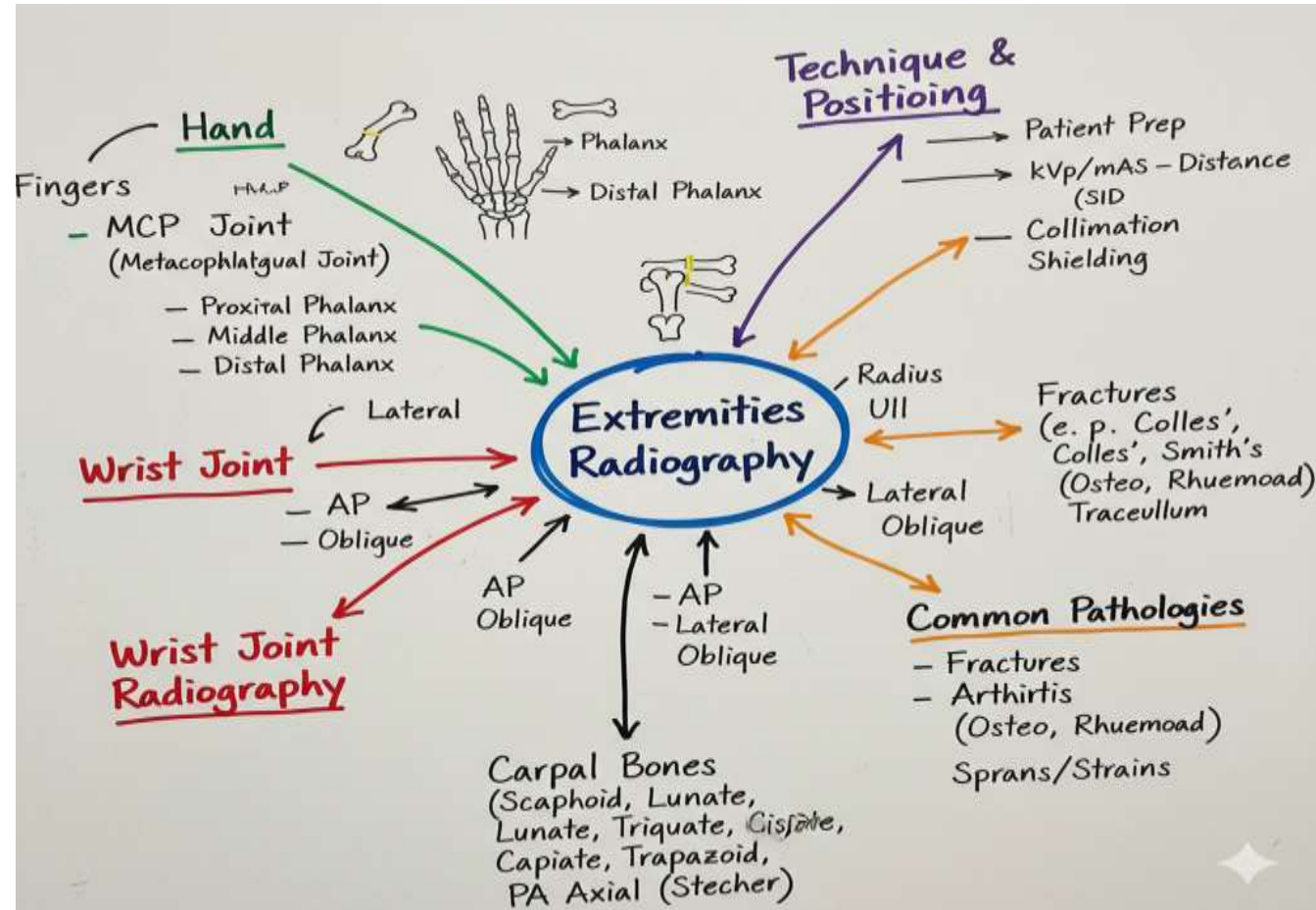


COMMON PATHOLOGIES AND RADIOGRAPHIC FINDINGS

- *Fractures*: Boxer's (5th metacarpal neck), scaphoid waist—lateral view key.
- *Arthritis*: Erosions at MCP/PIP in RA; joint space narrowing in OA.
- *Other*: Ulnar styloid avulsion, ganglion cysts (soft tissue swelling).
- *Interpretation ABCs*: Alignment, Bone density, Cartilage (joint space), Calcifications, Cartilage/soft tissue.



SUMMARY



References

- **Bontrager, K. L., & Lampignano, J. P.** (Latest Edition). **Textbook of Radiographic Positioning and Related Anatomy.** *St. Louis, MO: Elsevier.* (Excellent source for positioning details and evaluation criteria).
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- https://ce4rt.com/rad-tech-talk/resources/radiographic-positioning-of-the-hand-fingers/?srsltid=AfmBOorB9-37qVWeaYxE9jMq7qNi3Is0EfAe7J9_AtSNHRsXIh1MrexT
- https://ce4rt.com/rad-tech-talk/resources/radiographic-positioning-of-the-wrist/?srsltid=AfmBOorammu92oQVSxV-DRekc54bNd_MpTN3RLYyLBKARrLmYiEAEIae