

**GXMO CLINICAL TRAINING MODULES**

**I. CHEST/ABDOMEN MODULE**

For the Chest / Abdomen category, given a radiograph or a diagram, the student will correctly label key radiographic anatomic landmarks.

On a simulated patient, the student will demonstrate their working knowledge of standard terminology for patient positioning and projection.

**A. ANATOMIC TRAINING**

1. Chest
  - a. PA upright
  - b. Lateral upright (left)
  - c. AP Lordotic
  - d. AP supine
  - e. Lateral decubitus
  - f. Posterior oblique
  - g. Anterior oblique
2. Ribs
  - a. AP
  - b. Oblique
3. Abdomen
  - a. AP – erect
  - b. AP – supine

Except for bone densitometry, if multiple clinical modules are taken together or as a sequence, the digital image receptor training only has to be provided and assessed once.

**B. DIGITAL IMAGE RECEPTORS**

1. Didactic Fundamentals: The student will be familiar with basic digital terms & concepts, basic differences in digital image acquisition methods, the effects of “windowing” on image contrast and density.

## APPENDIX

### GXMO CLINICAL TRAINING MODULES

- a. Digital Basics:
  - b. Digital Image Acquisition Technologies: 2 basic types – Computed Radiography (CR) & Digital Radiography (DR)
  - c. Display Qualities
  - d. Practical Considerations – Differences between CR & Film
  - e. Practical Considerations – Differences between CR & DR
2. Clinical Essentials Lab – CR & Digital Image Receptor (IR)
    - a. Introductory concepts to digital IRs
    - b. CR Essentials
    - c. Auto-recognition systems and histograms
    - d. Optimal Technique Considerations
    - e. CR Plate Fogging - CR plates especially sensitive to fogging
    - f. Common errors resulting in a poor-quality image
  3. Digital Image Receptor Psychomotor Skills
    - a. Processing the CR Plate
    - b. Erasure control
    - c. Electronic image management
    - d. Basic artifact analysis
    - e. Edge enhancement algorithms

## II. EXTREMITY MODULE

For the Extremity category, given a radiograph or a diagram, the student will correctly label key radiographic anatomic landmarks.

On a simulated patient, the student will demonstrate their working knowledge of standard terminology for patient positioning and projection.

### A. ANATOMIC TRAINING

1. Toes
  - a. AP
  - b. Oblique
  - c. Lateral
2. Foot
  - a. AP axial
  - b. Medial oblique
  - c. Lateral oblique
  - d. Mediolateral
  - e. AP weightbearing
  - f. Lateral weightbearing

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3. Ankle
  - a. AP
  - b. AP 15° internal oblique (mortise)
  - c. Lateral
  - d. Oblique 45° internal
  - e. Oblique 45° external
  
4. Calcaneus (Os Calcis)
  - a. Calcaneal axial
  
5. Tibia, Fibula
  - a. AP
  - b. Lateral
  
6. Knee
  - a. AP
  - b. Lateral
  - c. AP weight bearing
  - d. Lateral oblique 45°
  - e. Medial oblique 45°
  - f. PA
  - g. PA axial – intercondylar fossa (tunnel)
  
7. Patella
  - a. Lateral
  - b. Supine flexion 45° (Merchant)
  - c. PA
  - d. Prone flexion 90° (Settegast)
  - e. Prone flexion 55° (Hughston)
  
8. Femur (Distal)
  - a. AP
  - b. Mediolateral
  - c. Cross-table lateral
  
9. Pelvis
  - a. AP

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10. Hip
  - a. AP
  - b. Lateral
  - c. Cross-table lateral
  
11. Fingers
  - a. PA finger
  - b. Mediolateral lateral
  - c. Oblique
  - d. AP thumb
  - e. Oblique thumb
  - f. Lateral thumb
  
12. Hand
  - a. PA
  - b. Lateral
  - c. Oblique
  
13. Wrist
  - a. PA
  - b. Oblique 45°
  - c. Lateral
  - d. PA for scaphoid
  
14. Forearm
  - a. AP
  - b. Lateral
  
15. Elbow
  - a. AP
  - b. Lateral
  - c. External oblique
  - d. Internal oblique
  - e. AP partial flexion
  
16. Humerus
  - a. AP
  - b. Lateral

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17. Shoulder
  - a. AP internal and external rotation
  - b. Inferosuperior axial
  - c. Posterior oblique (Grashey)
  - d. AP neutral
  - e. Transthoracic lateral
  - f. Scapular Y
  
18. Scapula
  - a. AP
  - b. Lateral
  
19. Clavicle
  - a. AP
  - b. AP axial 15-30° cephalad
  - c. PA axial 15-30° caudad
  
20. Acromioclavicular joints
  - a. AP bilateral with and without weights

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- f. Common errors resulting in a poor-quality image
- 3. Digital Image Receptor Psychomotor Skills
  - a. Processing the CR Plate
  - b. Erasure control
  - c. Electronic image management
  - d. Basic Artifact analysis
  - e. Edge enhancement algorithms

### III. SKULL – SINUSES MODULE

For the Skull / Sinuses category, given a radiograph or a diagram, the student will correctly label key radiographic anatomic landmarks.

On a simulated patient, the student will demonstrate their working knowledge of standard terminology for patient positioning and projection.

#### A. ANATOMIC TRAINING

- 1. Skull
  - a. AP axial (Towne)
  - b. Lateral
  - c. PA (Caldwell)
  - d. PA
  - e. Facial Bones
    - i. Lateral
    - ii. Parietoacanthial (37° Waters)
    - iii. PA (Caldwell)
    - iv. Parietoacanthial (55° Waters)
    - v. Lateral nasal bones
    - vi. Lateral orbits
  - f. Paranasal Sinuses
    - i. Lateral
    - ii. PA (Caldwell)
    - iii. Parietoacanthial (Waters)
    - iv. Submentovertical (full basal)
    - v. Open mouth parietoacanthial (Waters)

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  - d. Basic artifact analysis
  - e. Edge enhancement algorithms

**IV. SPINE MODULE**

For the Spine, given a radiograph or a diagram, the student will correctly label key radiographic anatomic landmarks.

On a simulated patient, the student will demonstrate their working knowledge of standard terminology for patient positioning and projection.

**A. ANATOMIC TRAINING**

1. Cervical spine
  - a. AP axial cephalad
  - b. PA axial caudad
  - c. AP open mouth
  - d. Lateral

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- e. 45° oblique
  - f. Lateral swimmers
  - g. Lateral flexion and extension
  - h. Cross-table lateral
2. Thoracic Spine
- a. AP
  - b. Lateral
3. Lumbar Spine
- a. AP
  - b. Lateral
  - c. L5-S1 lateral spot
  - d. Oblique 45°
  - e. AP L5-S1 spot, 30-35° cephalad
4. Sacrum and Coccyx
- a. AP sacrum, 15-25° cephalad
  - b. AP coccyx, 10-20° caudad
  - c. Lateral sacrum
  - d. Lateral coccyx
5. Sacroiliac Joints
- a. AP
  - b. 25-30° posterior oblique
  - c. 25-30° anterior oblique
6. Scoliosis Series
- a. AP/PA scoliosis series

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- d. Practical Considerations – Differences between CR & Film
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**V. PODIATRIC MODULE**

For the Podiatric (weight-bearing) category, given a radiograph or a diagram, the student will correctly label key radiographic anatomic landmarks.

On a simulated patient, the student will demonstrate their working knowledge of standard terminology for patient positioning and projection.

**A. ANATOMIC TRAINING**

- 1. Toes – “collimated” studies
  - a. AP w.b.
  - b. Lateral oblique
  - c. Medial oblique
  - d. Elevated lateral digit w.b.
  - e. Hallux lateral w.b.
- 2. Foot
  - a. AP (DP) angle & base w.b.
  - b. Medial oblique
  - c. Lateral oblique
  - d. Weight-bearing oblique projections (medial & lateral) w.b.
  - e. Lateral (angle & base) w.b.

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- f. Forefoot (FF)/sesamoid axial (using standard w.b.orthoposer)
3. Ankle
    - a. AP w.b
    - b. Mortise w.b.
    - c. Medial oblique w.b.
    - d. Lateral oblique w.b.
    - e. Lateral w.b.
  4. Calcaneus (Os Calcis)
    - a. Calcaneal axial w.b.
    - b. Harris-Beath (ski-jump) w.b.
  5. Basic Wheelchair views – non-weightbearing
    - a. Foot projections – lateral, medial, AP
    - b. Ankle projections – AP, mortise, internal & external oblique

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3. Digital Image Receptor Psychomotor Skills
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  - b. Erasure control
  - c. Electronic image management
  - d. Basic artifact analysis
  - e. Edge enhancement algorithms

**VI. BONE DENSITOMETRY MODULE**

For the Bone Densitometry category, the student will correctly label keyradiographic anatomic landmarks.

On a simulated patient, the student will demonstrate their working knowledge of standard terminology for patient positioning and projection.

- A. DXA scanning of P/A lumbar spine, lateral spine, hip, forearm, and total body
  1. Anatomy
    - a. ROI
    - b. Bony landmarks
    - c. Adjacent structures
  2. Scan acquisition
    - a. Patient instructions
    - b. Patient positioning
    - c. Selection of appropriate scan parameters
  3. Scan analysis and print out
    - a. ROI placement
    - b. BMC, area and BMD
    - c. T-score, Z-score
  4. Common problems
    - a. Poor bone edge detection
    - b. Nonremovable artifacts
    - c. Variant anatomy
    - d. Fractures and other pathology
  5. Follow-up scans
    - a. Unit of Comparison
      - i. BMD

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- ii. T-score
- b. Reproduce baseline study

**B. BONE DENSITOMETRY EQUIPMENT****1. Basic Concepts**

The student will become familiar with the fundamental aspects of osteoporosis and the non-invasive assessment methods of bone.

- a. Osteoporosis
  - i. WHO definition
  - ii. Types of Osteoporosis: Primary vs. Secondary
  - iii. Type I osteoporosis (post menopausal) vs. Type II osteoporosis (senile)
  - iv. Risk factors
- b. Introduction to various methods commonly used
  - i. Quantitative Ultrasound (QUS)
  - ii. Dual Energy X-ray Absorptiometry (DXA)
- c. Measuring BMD
  - i. Basic Statistical concepts
    - a. Mean
    - b. Standard deviation
    - c. Coefficient of variation
  - ii. Interpreting patient results
    - a. BMD
    - b. Z-score
    - c. T-score

**2. Equipment Operation & Quality Assurance**

The student will become familiar with the basic components of a dual-x-ray absorptiometry device (DXA) and with the quality assurance concept.

- a. Computer console and switches
- b. Data base maintenance
- c. Quality assurance
  - i. Use of phantoms and/or calibration
  - ii. Troubleshooting
  - iii. Identify possible shift or drift
- d. QA pass or fail
- e. Quality of BMD
  - i. Define precision
  - ii. Define accuracy
- f. Factors that affect both accuracy and precision
  - i. Scanner
  - ii. Operator

**APPENDIX****GXMO CLINICAL TRAINING MODULES**

- iii. Patient
- g. Least significant change (LSC)
  - i. Definition of LSC
  - ii. Measurement of LSC
- h. Radiation dose
  - i. Dose of various procedures
  - ii. Minimizing patient exposure
    - a.* Patient instruction
    - b.* Performing correct exam