RADIOLOGY CHALLENGES
AND CHANGES

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Disclosure:
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Join the growing number of healthcare facilities sponsoring quality educational opportunities that are easy to access and affordable.

What does a partner do?

As our educational partner you will:
- Tell us what subjects you want
- Provide a meeting space at your facility
- Have a designated representative to coordinate with AHEC and be at the program to assist speakers
- Provide refreshments in morning – coffee and danish
- Help “spread the word”!

Rules of the Day

- No loud talking during class
- No sleeping during class, only cat naps
- Put pagers/cell phones on silent or turn off
- Leave the room to answer all calls/pages
- Return from lunch on time
- You must stay entire day to receive CE Certificate

What does AHEC provide?

- Provide faculty and all travel, lodging and faculty honorariums
- Develop and distribute marketing materials
- Provide program CE approval
  - ASRT Category A for Technologists
  - SDMS for Sonographers * (if applicable)
  - ACCME Category 1 for Physicians *
- Register, collect fees & maintain attendance records
Advantages of Partnership

- Input on targeted training provided.
- Reduced cost for facility employees.
- Facility recognition as a leader in providing education.
- The ease of having a program at your facility and the ability to provide an educational networking opportunity.

Over 100 course titles to meet your educational needs:

**Imaging:**
- Ultrasound
- Digital Technology
- Mammography
- Computed Tomography
- Bone Densitometry
- Diagnostic Radiography
- Magnetic Resonance
- Quality Management
- Radiation Safety

**Other:**
- Quality Management
- Radiation Safety
- Registry Reviews
- PACS
- Venipuncture

Our mission is to develop successful, long lasting relationships with our partners, and the number of facilities, states and countries that are involved in the program continues to grow.

AHEC’s Educational Partnership Program started in 2005 is a successful and thriving part of AHEC’s commitment to providing relevant CE courses at affordable prices.

Please fill out the form at your desk to start.

Course Agenda

- Why Technologists are involved in law suits
- Optimizing Digital Images Techniques
- What’s Up with Coding
- Special Patient Populations and Age Specific Techniques
- Unusual Positions/Techniques for displaying unique pathology, congenital anomalies, or trauma

Why Technologists are Involved in Law Suits

Medical Legal Issues
- Assault
- Battery
- False Imprisonment
- Libel
- Slander
- Radiation Control
- Contrast Media injection
- Negligence

Partner Since 2007

I have been setting up seminars for years. When JPS partnered with AHEC my part became effortless. AHEC has a great team of people who handle every detail. Together as a team we have a full house each seminar with exceptional speakers. I would highly recommend partnering with AHEC.

Faith Kaplan, RT(R)
JPS Health Network- FT. Worth, TX.
That Could Never Happen To Me
What You Need to Know
How to protect yourself

MEDICOLEGAL ISSUES FOR RADIOGRAPHERS

BATTERY
Battery is an assault carried out or completed

INTENTIONAL TORTS
CIVIL ASSAULT
CIVIL BATTERY
FALSE IMPRISONMENT
LIBEL AND SLANDER

ASSault
- Defined as a **THREAT** OF TOUCHING in an injurious way
- **Example:** If you don’t hold still, I’ll have to restrain you.
- Never use threats to gain a patient’s cooperation.
- Patient is apprehensive about the examination

Battery
- Doing the wrong patient or the wrong exam
- Unlawful touching—**you need permission to touch a patient**
- Patient feels technologist is harming them
  - You must explain your movements to the patient

FALSE IMPRISONMENT
- Defined as intentional confinement without authorization.
- Freedom from unlawful restraint is a freedom protected by law.
- Examples: Brat boards, Pigg-O-Stat, Tape,
Never use restraints, use immobilization devices

Libel and Slander
- Don’t write anything that is not factual if it will be part of the medical records.
- Don’t talk about your patient in public places.
- Even if you don’t mention the patient name, family, friends may think you are talking about their friend/family member.
- Remember, you can be sued for written or slanderous talk.

Restraints
Radiology Does not use them
- You need a written physician order to restrain a patient, timed and dated.
- You must have permission from the patient or parent/guardian.
- JACHO states that Radiology uses immobilization devices to obtain images.
- You still need permission.
- You must release patient from immobilization device immediately after radiograph is taken.

Types of Consents
- Consent to Treat
- Implied Consent
- Expressed Consent
- Oral or written

Informed Consent
THE PATIENT'S RIGHT TO KNOW AND PARTICIPATE IN HIS OWN HEALTHCARE

Libel & Slander
- LIBEL is written defamation of character.
- SLANDER is defined as oral defamation of character.
- EXAMPLE: Writing on the request the patient is on drugs.
- Never document anything that you can’t prove.
Radiation Control

- Pregnancy Issues
- Children – more sensitive to radiation
- Digital produces more exposure to patients
- Use aprons and gonad shields when applicable
- Always use collimation
- Scoliosis- do PA vs. AP
- Use correct technique for body part
- Always make sure fluoroscopic time is monitored and documented
You must be certified to inject contrast media and start IV’s.

Know and document the patient’s GFR number. This is the BUN and Creatinine = CRS + the age, gender and nationality. You can go to the web site that will do it for you.

Must do a history for previous reactions and renal disease, etc.

Document the type of contrast, dosage given, any allergic reactions and actions taken for all incidents related to contrast media IV injection.

Always get a consent for contrast injections. It must remain part of the medical record.

Scope of Practice
- Radiology Technology is defined by:
  - ARRT and ASRT
- Standard of Practice is set by convention and is universally applicable—standard views
- Standard of Care is our degree of skill, proficiency, and care given our patients.
- You must be professional, in compliance with CEU’s and in good standing with our profession.

Contrast Media
- You must be certified to inject contrast media and start IV’s.
- Know and document the patient’s GFR number. This is the BUN and Creatinine = CRS + the age, gender and nationality. You can go to the web site that will do it for you.
- Must do a history for previous reactions and renal disease, etc.
- Document the type of contrast, dosage given, any allergic reactions and actions taken for all incidents related to contrast media IV injection.
- Always get a consent for contrast injections. It must remain part of the medical record.

Negligence/Liability
- Negligence is failure to use the same care as a reasonably prudent X-ray tech would in the same circumstance.
- Liability is failure to stay current (CEU’s) in the field and who do not follow the accepted standards set by the ARRT and ASRT.
- You may be found liable under the Legal Theory of Medical Negligence.

HIPAA
- Healthcare Insurance Portability and Accountability Act
- Privacy of records
- EMR (electronic medical records)
- CPT coding-Procedure codes
- ICD-10 codes-Diagnosis codes
- Computer based patient information
- Patients have the right to review their medical records
- What happens if you look at your friends medical records (x-ray exam)
- Are we compliant???

Sentinel Events
- Sentinel events are unexpected outcomes for the patient. It could be a patient is given a wrong drug, has an unexpected infection, surgery complications, or death.
- RCA (root cause analysis) must be done by director to explain why it happened and how to resolve issues so it doesn’t happen again.
- Sentinel events do happen in Radiology. They must be addressed to help prevent them in the future.
Sentinel Events in Radiology

- Patient is given contrast media who is allergic to iodine.
- Patient had incorrect procedure. Tech did not check patient ID or patient chart. ie, pt. had PICC line instead of chest x-ray
- Tech did several exams with the incorrect name on images, Radiologist interpreted images with incorrect name on report, report sent to referring MD.
- Patient has stress test without physician or RN supervision- has cardiac arrest during exam and dies

Rules of Ethics

- They are the mandatory standards of minimally acceptable professional conduct for all ARRT certificate holders and candidates.
- Intended to promote the protection, safety and comfort of patients
- Rules are enforceable and certificate holders not complying are subject to sanctions by the ARRT Ethics Committee

The Mandatory standards of acceptable professional conduct for all RTs

Violation could cause temporary or permanent loss of license!

Sentinel Event in Radiology

- Patient is given 150 cc of IV contrast media that extravasates into tissue. This can cause compartment syndrome.
- Compartment Syndrome can happen when 30 cc’s or more of contrast is extravasated into the tissues. If not treated immediately, it can lead to skin blisters, altered tissue perfusion, nerve damage, muscle damage, tissue necrosis, can lead to skin grafts or amputation of extremity.

Sentinel Event in Radiology

- Compartment Syndrome is the compression of nerves and blood vessels within an enclosed space.
- Treatment: Radiologist is notified immediately
  - They will usually notify a surgeon or plastic surgeon
  - Sometimes it is drained (percutaneous) by surgeon
  - Occasionaly, they open up site to clean it and decompress nerves/ blood vessels
  - If tissue become necrotic, skin grafts may be necessary or amputation.
  - Must have accurate documentation

Using fraud or deceit to procure, maintain or renew state license.  

1. Using fraud or deceit to procure, maintain or renew state license.
2. Cheating on ARRT exam
   - Copying or communicating with another
   - Having another person take the test
   - Stealing test from exam room

3. Not reporting:
   - Conviction felony, gross misdemeanor, or misdemeanor (no speeding or parking tickets need be reported)
   - All alcohol or drug violations
     Criminal proceeding where you are found guilty
   - Military court martial involving, sex, drugs or pt. related infractions

4. Failure to report to ARRT:
   - Charges that may cost you your license in x-ray or in any allied medical field in a state
   - Or that you have been refused to be given license by any state

5. Failure to perform radiologic technology with reasonable safety or skill

6. Engaging in unprofessional conduct
   - Failure to follow federal, state or local rules regarding radiologic technology
   - Any practice creating unnecessary danger to patient life, health or safety
     - Actual injury does not have to be established

7. Accepting or delegating any RT function that might reasonably harm Patient.
   - No one actually has to be harmed
8. Actual or potential inability to perform duties with reasonable skill and safety to patient's due to illness, drugs, alcohol or any mental or physical condition

9. Continuing to practice after you have been declared mentally ill, chemically dependent or a danger to the public by the court

10. Any unethical behavior involving trying to deceive, defraud or harm public

11. Engaging in behavior that is sexual or could be interpreted as sexual

Seductive behavior

Sexually exploitive behavior

(rule does not apply to pre-existing consensual relationships)

Revealing privileged information about patient unless permitted or required by law

More Coffee
Changing to the Digital World

Digital Imaging Technology: How to Optimize Your Results

Digital Imaging Technology

- Digital Imaging is the greatest technological advancement in medical imaging in over the last decade. It is predicated that within the next few years, radiographic film and wet tank processors will be obsolete.
- There are two kinds of digital imaging used in Radiology: CR and DR
- Both are great but do have some differences
- Both have advantages and disadvantages

Computed Radiography (CR) Advantages and Disadvantages

- Existing equipment
- No film storage costs
- No chemicals
- Adjust contrast after exposure
- Add text, markers
- Send images to network of computers
- Print images on CD
- Less repeats

- Requires many plates
- Plates are expensive
- Sensitive to scatter radiation and light
- Equipment must be calibrated the same
- Radiation dose to patients is higher
- Techs are not trained properly

CR Reader and Plates

Histogram shapes are anatomy specific:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Chest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pixel value</td>
<td>Abdomen</td>
</tr>
<tr>
<td></td>
<td>Knee</td>
</tr>
</tbody>
</table>
Digital Radiography (DR) Advantages and Disadvantages

- Improved workflow and more efficient
- Only one detector needed – no cassettes
- Less repeats
- Modality work list
- Add markers, text, change contrast post exposure
- Send directly to PACS
- Higher radiation dose to patient
- Some exams are hard to do - wc chest
- Detector (cassette) is very heavy
- New radiographic equipment
- Poor training of technologists

How to Optimize Your Images

- Select correct patient from work list
- Always use collimation
- Use correct Kvp for body part
- Select correct body part and position
- Be careful when using lead shield
- Reboot all digital equipment weekly
- Do quality control recommendations by manufacturers guidelines
- Have preventative maintenance done routinely

Digital Radiography Advantages of both systems

- Must have accession number
- Image is produced in seconds
- Image can be viewed from anywhere
- Mistakes can be corrected electronically
- Images can be sent to PACS, printers, or other networks—must have privileges
- Archived images are same as originals
- “Lost” images can be found by PACS Administrator

Troubling Shooting Your Digital Equipment

- Can’t find patient name on work list
- Image has “funny lines” on it
- Image is cut off, very little exposure
- Image in PACS has wrong name
- Make sure accession number is correct
- Putting in manual information and can’t find images in PACS
- Can’t find images in PACS
- Can’t print images to laser printer

Guidelines to help You

- Technologist vs. MD LCD monitors
- Putting all images in same folder
- Putting 2/more images same plate
- Adding text, markers, consents, notes to Rad
- Print films or send to PACS
- Lost images- How do I find them
- Always check the accession number against the order accession number
- Remember, these are computers!!!!!!!
Artifacts

- Computer Errors
- White streak/dark streaks (dirt on laser)
- Uneven contrast over film/fogged cassettes
- Bad image from using wrong grids
- Over use of lead shield
- Patient body parts
- Double exposure
- Under exposure
- Many more still be discovered

What’s up with Coding

- What is medical coding?
- Coding is the process of translating written or dictated medical records into a series of numeric or alpha-numeric codes.
- Coding is used to describe the medical necessity of a procedure and facilitate payment of health services, to evaluate utilization patterns and to study the appropriateness of health care costs. Coding provides the basis for epidemiological studies and research into the quality of health care.
- Incorrect or inaccurate coding can lead to investigations of fraud and abuse. Coding must be performed correctly and consistently to produce meaningful statistics to aid in planning for the health needs of the nation.

Any Questions

Coding Basics

- All procedures must have a CPT code
- All requests must have an appropriate ICD9-10 code
- ICD9/10 and CPT codes must match
- Certain CPT codes require a HCPCS
- Inpatient and outpatient have different rules
- All procedures must have a written physician order
- Duplicate orders that are completed by tech are not reimbursed by insurance companies

Medical Coding Why I need to Know

- Many facilities are requiring techs to do coding in their respective modality.
- If you do not understand coding, it can lead to a loss of reimbursement for your department
- Which can lead to loss of a paycheck for you.

ICD-9 / ICD-10 = diagnosis codes
CPT = procedural codes
HCPCS = supply codes

- Patient with cervical spine injury
  - ICD-9: 806.02 C1 – C4 level w ant. cord syndrome
  - CPT: 72126 CT Cervical w/ contrast
  - HCPCS: Q9967 Low osmolar contrast material 300-399 mg
Coding Basics

- Coding is changing constantly - You must keep up the changes and keep your charge master current
- Interventional procedures are extremely hard to code - You must know the rules
- Do not code something incorrectly just because the MD ask you - You can go to jail for fraud
- If the physician office / IP order doesn’t have a diagnosis code, call the MD to get the appropriate diagnosis code

Let’s Get Paid

- In order for our employer to get paid the most reimbursement, we must try to make sure the coding is as accurate as possible.
- Make sure the ICD9/10 code matches the exam requested
- If you are responsible for the coding in your department, make sure all codes are kept current.
- If you work for private MD, make sure the coding matches his documentation and nothing more
- Make a friend in the billing/coding department

Coding Basics

- Many imaging procedures have more than one CPT code. Always code for each procedure performed. Example: PICC Line Insertion
  - 77001 - Fluoroscopic guidance for central venous access device placement - must have image for documentation
  - 76937 - US guidance for vascular access – must have image documented report
  - 36569 - Insertion of non tunneled peripherally inserted venous catheter
  - C1751 - PICC line catheter
  - C1769 - Guide wire
  - C1894 - Introducer (Mini stick)
  - J1642 - Heparin Lock Flush per 10 units
  - A4217 - Saline flush 500ml
  - J2001 - Lidocaine 1%

Special Patient Populations

- Age Specific techniques to help you
- Elderly Abuse
- Child Abuse
  - Facts about abuse
  - Laws regarding abuse
  - Characteristics injuries
  - Skeletal Survey – Legal document
  - Rules to remember about labeling your images
Age Specific Techniques
OMG: How do I x-ray them

- Pediatrics: crying and facial expressions
- Toddlers: sense of independence
- Preschoolers: need to feel, smell, touch
- School-Age: safety, parent teaching, pain
- Teenagers: peer pressure
- Adults: signs of abuse/onset of chronic problems
- Geriatrics: sense of falling, loss of hearing
- Trauma: know how to recognize status change

Elderly Abuse

- 2.1 million cases reported annually
- California: highest rate of abuse
- Alaska: lowest rate of abuse
- Four states account for most abuse annually: Texas, New York, Florida, and Pennsylvania
- One elderly person is abused every 4 seconds
- Number one abuser is family member
- Child abuse laws apply to elderly abuse

Elderly Patients

Things to remember about our Seniors
- Hearing
- Seeing
- Falling
- Dementia
- How to x-ray them
- Upright
- Explain exam to them
- Let them do the moving
- Listen to them

Signs and Symptoms of Elderly Abuse

- Unexplained signs of injury such as bruises, welts, or scars, especially if they appear symmetrically on two sides of the body
- Broken bones, strains, or dislocations
- Report of drug overdose or apparent failure to take medications regularly (a prescription has more remaining than it should have)
- Broken eyeglasses or frames
- Signs of being restrained, such as rope marks on wrists
- Caregiver’s refusal to allow you to see the elderly alone

Battered Child Syndrome

The Silent Crime

The importance of Radiology in the detection of BCS
Statistics
- Homicide is one of five causes of death
- Rate of child abuse is increasing at alarming rates every year
- 1999—3,244,000 children died from BCS
- 4 die each day, 1 every 47 seconds is abused/neglected
- Corporations lose 3-5 billion dollars a year due to BCS

BCS Films—Legal Films
- Name - - Must be correct – no labels
- Date and time – must be correct
- Markers – must be in exposed portion of film – correct side of body/extremity
- Must have no artifacts on films, including diapers/clothes
- Digital film – wrong information can be changed by PACS Administrator
- Markers can be added post exposure but not recommended

Incidence and Prevalence
- 1-2% of children (5 million cases /year)
- 10% of children<5 yr. (ER with fx)
- 5-10% of children are hospitalized for burns
- 10% of cases are missed and fatal for the child

New Laws Regarding BCS
- Everyone’s responsibility to report BCS
- MD’s/RN’s in ER’s have to report
- You can go to jail or be fined up to $2,000
- Radiologist must report findings in dictated report
- Law will protect you if you report neighbor /friend

Characteristics Injuries
- Burns and Bites
- Immersion and dry burns
- Skull, rib, and long bone fractures
- Intracranial hemorrhage
- Abdominal injuries
- Multiple lesions
- Multiple stages of healing
**Characteristic Locations**
- Head and neck
- Back and buttocks—school age children
- Perineal and genitals regions

**Conditions that can be confused with BCS**
- Scurvy / Syphilis
- Osteogenesis Imperfecta
- Infantile Cortical Hyperostosis
- Osteoid Osteoma
- Self-sustained injury
- Neuroblastoma, Leukemia, etc.

**Radiographic Signs of BCS**
- Predilection for the metaphases
- Exaggerate periosteal reaction
- Multiplicity of lesions
- Different stages of healing
- Lesions of metaphases
- Abdominal injuries
- Skull fractures, subdural hematomas

**Bucket Handle Tears**
Only injury child had but enough to make it a child abuse case

**Imaging the Battered Child**

It's difficult to x-ray these children but you may be their only hope of surviving. Your films are legal documents

**Imaging The Battered Child**

- **Skeletal Survey Films**
  - Ap and lateral skull
  - Ap and lateral complete spine, pelvis
  - Ap and lateral chest, including ribs
  - Ap all long bones
  - Ap and lateral hands/feet
  - Ap and lateral any fractured bone

**Tips to Remember**

- Never do Babygram
- Always have marker in exposed portion of film
- Must see soft tissue along with bone detail
- Include all joints
- Do lateral view if abnormal findings
- Make sure IV lines, pulse ox cables, O2 lines are removed from
- No artifacts
- Make sure you have correct patient name
We make our own monsters

Let’s take a break

Unusual Positions to demonstrate Pathology/Trauma/Congenital
- Always choose the easiest way to image your patient – supine, upright, or wc/stretcher
- Explain to patient and family what you are doing and why
- Know how to prioritize the patients
- Know the views needed to demonstrate certain injuries, pathology, or congenital anomalies
- When doing pediatrics, know how to reduce the radiation dose to the child
- Know how to recognize status change in patients

Foreign Bodies in Orthopedics
- Always demonstrate soft tissue in extremity work
- Soft tissues injuries can be:
  - Looking for glass, metal, wood,
  - Child abuse cases
  - Old injuries, looking for calcium buildup in tendons

CRIMINALS ARE MADE, NOT BORN
We make our own monsters

This is the Orthopedic Ap of thumb – Usually 15 degree tube angle
What does sesamoid bone do in the joint space? If displaced, what does it mean?

Always make sure to show joint space and soft tissue.

Eaton Stress Thumb

TMC joint can sublux or dislocate under stress if the integrity of the joint has been injured or has laxity to it.

Brewerton View

Angle the tube 15 degree to thumb side

Brewerton View—Angle tube 15 degree to little finger across metacarpal heads.

Never have the hand at more than a 37 degree angle.
Great for 4th/5th fingers AP view will demonstrate some fx’s better than PA views

Lateral view of 4th/5th fingers of hand

Always make sure the thumb is not over the hamate Good tip, place a Styrofoam cup in patients hand

Always collimate on this view It will produce much better detail

Always include both joints How to x-ray your patient Why do need straight lateral

Why do we need to see both joint spaces? How do you x ray this type injury?
How do you x-ray these Patients??
What do you need to see?

This is a view for AP when patient can't straighten elbow
Make sure forearm and humerus are superimposed

Chain saw in arm

Glenoid Fossa View
Turn affected shoulder into buckey
Angle tube 0 – 5/10 degrees to feet
You can do a stress view to demonstrate stress fracture of glenoid fossa

Hand can be pronated or lateral
Angle opposite to demonstrate coronoid fracture
Multiple rotation of hand for radial head fracture
Adduction Axial Shoulder Position

45 degree Stryker View

Looking for:
- Dislocation
- Fracture of glenoid rim
- Spurs, loose bodies

45 degree Stryker

- Dislocation
- Spurs
- Rim Fx
- Calcification

Miller or Caudal View

30 degree to feet tube angle
Arm over abdomen/Miller view
Looking for calcification in tendons

Patient fell

Best way to x-ray is upright

Fracture by hospital employee
Scoliosis

- Always do upright
- PA vs. AP is usually recommended
- 30% reduction in radiation dose
- Always use filters, including breast filters
- Show crest, top of femurs on first film
- Use high KVP to reduce radiation dose
- Use blocks if hip/shoulder is elevated

Pointers on Spine Positioning

- Do upright vs. supine, when possible
- Ap & Lat spine for trauma patients
- Have patient straight
- Use spine techniques
- Use positioning sponges
- Collimate to spine
Degree of curvature

Put blocks under short foot

Measure the curves

Do lateral T-spine upright when possible

Always remember, T-spine is table top on cross-table

Vertebral Arch Lumbar Spine

- Demonstrates lamina and articular processes in supine position
- Good for acutely injured patients
- Chronic low back pain
**Ferguson View**
- Demonstrates L4-L5 pars
- Evaluation for spondylolysis
- Relationship of structures of L4-L5, S1 structures

**AP Axial Lumbar Spine Position**
- Sees Scotty Dog pars on upside
- Angle tube 30 degree to head

**Inlet view of pelvis**

**Outlet view of pelvis**

**Trauma views of pelvis**

**Orthopedic lateral hip**

**Post op film**
- Notice hip placement
- Opposite hip is also in need of surgery to replace the hip

**WB pelvis looking for joint space**
- Also length of legs
- Make sure patient doesn’t have shoes on

**Ap hip**

**Lateral Hip**
- This view is great for people who can’t get on the table or who don’t want to lie down on the table
- Not ideal for post op hips
Weight Bearing Knees

Why do we do WB?
Do we need to do separate knees
Patients need to be barefooted

Sport Medicine MD's love this view

Flexion stress tunnel view

Very Difficult to x ray

Merchant View of Patella
Oblique ankle

Mortise View

Child with 16 toes

Lisfranc Fracture/dislocation
Multiple fractures

Try to straighten foot for AP
Tape small piece of wood under foot to help hold foot still
Take AP in natural position
Take AP in normal AP position
Lateral should be done in dorsal flexion position

Weight Bearing feet and heels

CLUB FOOT
Lateral Weight Bearing Feet and Ankles

Broden View

Straight Lateral

Poor Lateral

Harris View Weight Bearing

Tarsal Coalition

PA heel very good choice in trauma cases
What is the Boehler angle of the foot? Why is a Boehler angle fx called the Lover’s Fracture

- Can be bilateral
- Stress from fall can cause burst fractures of L spine
- CT is necessary to demonstrate minor fractures

Any Questions??

He got caught

Thanks for having me
Sharon Norman
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Have a great weekend