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Describing Hand X-rays

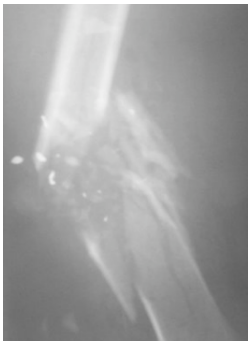
- Always check if correct patient
- VDARS acronym is useful…presented here with addition of type of # pattern and joint involvement in order in which the # should be described
- Provide actual measurements using tools in imaging viewing program

View (AP, lateral , oblique – ask for all 3 views) + which digit + what level (base, mid-, neck, head)

e.g. Lateral view, # of the neck of the 5th metacarpal

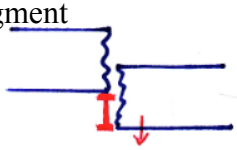
Type of #: Transverse Oblique Spiral Comminuted Avulsion



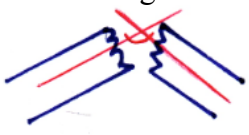

Note: spiral – see "oblique on 2 separate views [AP, lat]"; comminuted - >2 fragments; avulsion – secondary to ligament or tendon having sheared piece of bone off main segment

Displacement: describe displacement of distal fragment relative to proximal fragment



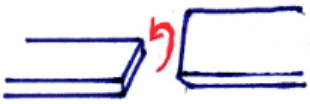
e.g. Distal # fragment is dorsally/volarly/ulnarly/radialy displaced by ___ mm

Angulation: describe angulation as the direction the apex is pointing relative to anatomical long axis of the bone



e.g. Apex of # is volarly/dorsally angulated by ____ degrees

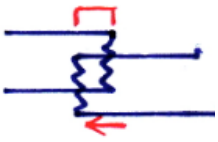
Rotation: describe which direction the distal fragment is rotated relative to the proximal portion



e.g. Distal # fragment is rotated ulnarly/radialy

Note: should see scissoring on clinical exam when patient flexes digits

Shortening: note any bone length shortening



e.g. 5 mm of shortening was noted at the # site

Joint: 1) Extra-articular or intra-articular?

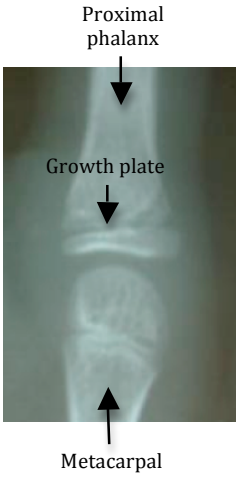
a) % of joint involvement?

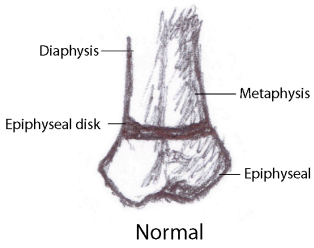
b) Step-off (mm)?

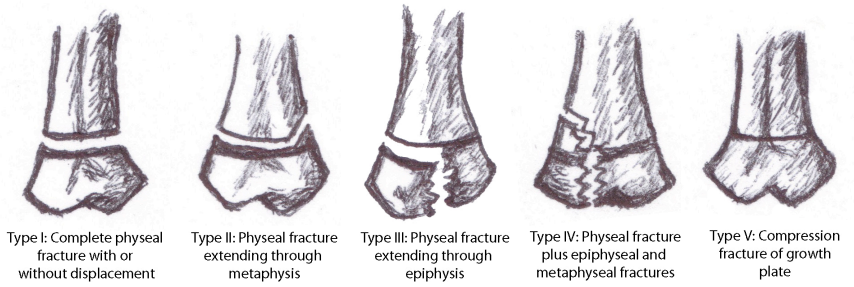
c) Displacement (mm)?

2) Associated dislocation?

Pediatrics: Salter Harris classification







I: # through growth plate

II: # through growth plate and metaphysis

III: # through growth plate and epiphysis

IV: # through growth plate, metaphysis, and epiphysis

V: Crush or compression injury of growth plate