

SYLLABUS

Name of Course:	RADIOLOGY 1B (ACS-314)
Length of Course:	1.5 units, 22 hours (2 hrs. lec/wk.)
Course Description:	First in a series of radiology diagnosis courses, this class is designed to acquaint the student with basic radiographic anatomy of the appendicular skeleton. The course covers normal radiographic anatomy, roentgenometrics, skeletal development and common normal variants.
Prerequisites:	ANAT-111, ANAT-118, ACS 309
Course Offered By:	Clinical Sciences Department
Required Text:	Class notes – Available in the bookstore Yochum TR. <i>Essentials of Skeletal Radiology</i> . 3 rd ed. 2005
Recommended Text:	Sandrack AR. <i>The Radiologic Clinics of North America</i> . (on reserve) 1977 Aug; 15(2); 133-154, 167-175 (WE 725 S96 1977)
Reference Texts:	Keats TE. <i>Atlas of Normal Roentgen Variants that May Simulate Disease</i> . 8 th ed. 2007 Moeller TB. <i>Pocket Atlas of Radiographic Anatomy</i> . 2 nd ed 2000 Wicke L. <i>Atlas of Radiologic Anatomy</i> . 7 th ed. 2004 Moeller TB. <i>Normal Findings in Radiography</i> . 2000
Materials:	X-ray films: Normals are color-coded. ACR file.
Method of Instruction:	Lecture – demonstration, power point presentation, laboratory exercises
Evaluation:	Written Midterm (50%) = 50 points Written Final (50%) = 75 points
Testing:	Exams in this course will begin on time. You are advised to show up a few minutes early if possible.

Quarter grades will be assigned according to the following percentage ranges:

A	(4.0) Superior work	90-100%
B	(3.0) Above average work	80-89%
C	(2.0) Average work	70-79%
F	(0.0) Failure	0-69%

Grades and the Grading System Final Grades are available online through the CAMS student portal. If there are any questions on grading procedures, computation of grade point average, or the accuracy of the grade report, please contact the Registrar's Office or the Office of Academic Affairs. Grades will be reported and evaluation will be based on the Academic Policies, Procedures, & Services. Please refer to Evaluation Policy (**Policy ID: OAA.0007**)

In order to maintain Satisfactory Academic Progress, a student must maintain a 2.0 or better in each and every course. **Any grade less than a C must be remedied by repeating the class.** Please refer to Satisfactory Academic Progress (**Policy ID: OAA.0006**)

Extra Credit: There will be no extra credit work permitted in this class.

Attendance: Please refer to Attendance Policy (**Policy ID: OAA.0002**)

Conduct and Responsibilities: Please refer to the Personal Conduct, Responsibility and Academic Responsibility Policy (**Policy ID: OAA.0003**)

Make-up Exams: Please refer to Make-up Assessment Policy (**Policy ID: OAA.0001**)

Request for Special Testing: Please refer to Request for Special Testing (**Policy ID: OAA.0004**)

Accommodation for Students with Disabilities:

If you have approved accommodations, please make an appointment to meet with your instructor as soon as possible. If you believe you require an accommodation, but do not have an approved accommodation letter, please see the Academic Counselor Lori Pino in the Office of Academic Affairs. Contact info: Lpino@lifewest.edu or 510-780-4500 ext. 2061. Please refer to Service for Students with Disabilities Policy (**Policy ID: OAA.0005**)

Electronic Course Management:

Canvas is LCCW's Learning Management System (LMS). Canvas will be used throughout the quarter during this course. Lectures, reminders, and messages will be posted. In addition, documents such as the course syllabus and helpful information about the class project will be posted. Students are expected to check Canvas at least once a week in order to keep updated. The website address for Canvas is <https://lifewest.instructure.com/login/canvas> Please refer to the Educational Technologies Policy (**Policy ID: OAA.0009**)

Course Goals: The goals of this course are to familiarize students with radiographic anatomy, to teach a systematic approach to reading x-rays (plain & digital), and to teach students to identify normal and normal variant findings of the appendicular skeleton and to distinguish them from early and late pathology.

Course Objectives:

1. Hip
 - a. Views
 - i. AP
 - ii. Frog Leg/Lateral
 - b. Normal structures
 - i. Femur
 1. Shaft
 2. Neck
 - a. Subcapital
 - b. Midcervical
 - c. Basicervical
 3. Head
 - a. Fovia Capitis
 4. Trochanters
 - a. Greater
 - b. Lesser
 - ii. Ilium
 1. Fossa
 - iii. Ischium
 1. Spine
 2. Tuberosity
 - iv. Pubis
 1. Body
 2. Superior ramus
 3. Inferior ramus
 - v. Ischiobubic junction
 - vi. Obturator foramen
 - vii. Acetabulum
 - c. Joints
 - i. Femoroacetabular
 1. Superior
 2. Axial
 3. Medial
 - ii. Pubis symphysis
 - d. Lines of mensuration
 - i. Femoral Angle
 - ii. Kleins line
 - iii. Shentons line
 - iv. Skinners line

- v. Kohlers tear drop distance (medial joint space)
- vi. Ilioischal line
- vii. Iliofemoral line
- viii. Center edge angle
- e. Congenital anomalies/Normal Variants
 - i. Os Acetabuli
 - ii. Developmental hip dysplasia
 - iii. Synovial Herniation Pit (Pitts Pit)
- f. Abnormalities
 - i. Waldenstroms sign
 - ii. Legg Calve Perthes disease
 - iii. SCFE
 - iv. Hip dislocation
 - v. Acetabular fracture
 - vi. Protrusio acetabuli
 - vii. Osteoarthritis

2. Knee

- a. Views
 - i. Standard
 - 1. AP
 - 2. Medial Oblique
 - 3. Lateral
 - ii. Accessory
 - 1. Tunnel/Intercondylar
 - 2. Sunrise/Tangential
 - 3. Cross Table Lateral
- b. Normal structures
 - i. Femur
 - 1. Shaft
 - 2. Adductor tubercle
 - 3. Medial epicondyle
 - 4. Lateral epicondyle
 - 5. Medial condyle
 - 6. Lateral condyle
 - 7. Popliteal groove
 - 8. Intercondylar notch
 - 9. Ludloffs spot
 - ii. Tibia
 - 1. Shaft
 - 2. Plateau
 - 3. Spines/Eminences
 - 4. Tibial tuberosity
 - iii. Patella
 - 1. Medial facet

- 2. Lateral facet
 - 3. Apex
 - 4. Base
 - iv. Fibula
 - 1. Shaft
 - 2. Neck
 - 3. Head
 - c. Joints
 - i. Tibiofemoral/Femorotibial
 - 1. Medial compartment
 - 2. Lateral compartment
 - ii. Proximal tibiofibular
 - iii. Patellofemoral
 - d. Lines of mensuration
 - i. Insall Salvati Ratio/Patellar Position
 - e. Congenital anomalies/Normal Variants
 - i. Bipartite/tripartite/multipartite Patella
 - ii. Os Fabella
 - iii. Patella Alta/Baja
 - f. Abnormalities
 - i. FBI Sign/Lipohemearthrosis
 - ii. Common fractures
 - iii. Chondromalacia patella
 - iv. OsGood Schlatters
 - v. Sinding Larsen Johassen/Jumpers knee
 - vi. Bakers Cyst
3. Ankle
- a. Views
 - i. Standard
 - 1. AP
 - 2. Medial Oblique
 - 3. Lateral
 - ii. Accessory
 - 1. Lateral oblique
 - b. Normal structures
 - i. Tibia
 - 1. Shaft
 - 2. Medial malleolus
 - ii. Fibula
 - 1. Lateral malleolus
 - 2. Shaft
 - iii. Talus
 - 1. Dome
 - 2. Body

- 3. Neck
 - 4. Head
 - iv. Calcaneus
 - v. Navicular
 - c. Joints
 - i. Distal tibiofibular
 - ii. Tibiotalar/Ankle Mortise/Talocrual
 - iii. Subtalar/Talocalcaneal
 - iv. Talonavicular
 - v. Calcaneocuboid
 - d. Lines of mensuration
 - e. Congenital anomalies/Normal Variants
4. Foot
- a. Views
 - i. Standard
 - 1. Dorsoplantar
 - 2. Medial oblique
 - 3. Lateral
 - ii. Accessory
 - 1. Lateral Oblique
 - 2. Axial calcaneus
 - b. Normal structures
 - i. Tibia
 - ii. Fibula
 - iii. Talus
 - iv. Calcaneus
 - v. Navicular
 - vi. Cuboid
 - vii. Cuneiforms
 - 1. Medial/ 1st
 - 2. Intermediate/2nd
 - 3. Lateral/3rd
 - viii. Metatarsals
 - ix. Phalanges
 - c. Joints
 - i. Distal tibiofibular
 - ii. Tibiotalar/Ankle Mortise/Talocrual
 - iii. Subtalar/Talocalcaneal
 - iv. Intertarsal
 - v. Tarsometatarsal/ Lis Franc
 - vi. Metatarsophalangeal
 - vii. Interphalangeal
 - 1. Proximal
 - 2. Distal

- d. Lines of mensuration
 - i. Heel Pad thickness
 - ii. Boehler Angle
 - e. Congenital anomalies/Normal Variants
 - i. Tarsal coalition
 - ii. Bipartite hallux sesamoids
 - iii. Accessory sesamoids
 - 1. Os peroneum
 - 2. Os trigonum
 - 3. Os tibiale externum
 - f. Abnormalities
 - i. Calcaneal fracture
 - ii. Hallux valgus
 - iii. Symphalangism
 - iv. Polydactaly
 - v. Avascular Necrosis
 - 1. Severs Disease (calcaneus)
 - 2. Diaz Disease (Navicular)
 - 3. Kohlers Disease
 - 4. Freibergs Disease
5. Shoulder
- a. Views
 - i. Glenohumeral
 - 1. Standard
 - a. AP Internal Rotation
 - b. AP External Rotation
 - 2. Accessory
 - a. Grashey
 - b. Axillary
 - c. Baby Arm
 - d. Scapular Y-view
 - ii. Acromioclavicular
 - 1. Standard
 - a. AP
 - b. Axial
 - 2. Accessory
 - a. AP Weighted
 - iii. Clavicle
 - 1. Standard
 - a. AP
 - b. Axial
 - b. Normal structures

- i. Humerus
 - 1. Shaft
 - 2. Neck
 - a. Anatomical
 - b. Surgical
 - 3. Tuberosities
 - a. Greater
 - b. Lesser
 - 4. Bicipital groove
- ii. Scapula
 - 1. Body
 - 2. Borders
 - a. Medial/vertebral
 - b. Lateral/axillary
 - c. Superior
 - 3. Angles
 - a. Superior
 - b. Inferior
 - 4. Spine
 - 5. Neck
 - 6. Glenoid
 - 7. Coracoid process
 - 8. Acromion process
- iii. Clavicle
 - 1. Proximal
 - 2. Middle
 - 3. Distal
 - 4. Conoid Tubercle
- c. Joints
 - i. Glenohumeral
 - ii. Acromioclavicular
- d. Lines of mensuration
 - i. Glenohumeral joint space
 - ii. Acromioclavicular joint space
 - iii. Acromioclavicular alignment
 - iv. Acromiohumeral distance
- e. Congenital anomalies/Normal Variants
 - i. Clavicle
 - 1. Rhomboid fossa
 - ii. Acromion
 - 1. Os acromiale
 - iii. Scapula
 - 1. Sprengels deformity
 - 2. Glenoid hypoplasia
- f. Abnormalities

- i. Shoulder Dislocations
 - 1. Anterior (MC)
 - a. Hill-Sachs Lesion/Hatchet Deformity
 - b. Bankart Lesion
 - 2. Posterior
 - a. Reverse Hill Sachs (trough sign)
 - b. Reverse Bankart
 - ii. Avascular necrosis
 - 1. Haas Disease (Humeral Head)
 - iii. Acromioclavicular joint separation
 - 1. Rockwood Grades 1-3
 - iv. Hydroxyapatite deposition disease
- 6. Elbow
 - a. Views
 - i. Standard
 - 1. AP
 - 2. Lateral oblique
 - 3. Lateral
 - ii. Accessory
 - 1. Jones (tangential)
 - 2. Medial Oblique
 - b. Normal structures
 - i. Humerus
 - 1. Shaft
 - 2. Supracondylar ridge
 - 3. Medial epicondyle
 - 4. Lateral epicondyle
 - 5. Olecranon fossa
 - 6. Coronoid fossa
 - ii. Ulna
 - 1. Shaft
 - 2. Olecranon process
 - 3. Coronoid process
 - iii. Radius
 - 1. Shaft
 - 2. Neck
 - 3. Head
 - 4. Tuberosity
 - c. Joints
 - i. Radiocapitular
 - ii. Ulnotrochlear
 - iii. Proximal radioulnar
 - d. Lines of mensuration
 - i. Carrying angle

- ii. Anterior humeral line
 - iii. Radiocapitular line
 - e. Congenital anomalies/Normal Variants
 - i. Olecranon foramen
 - ii. Radioulnar synostosis
 - f. Abnormalities
 - i. Supracondylar fracture
 - ii. Radial head fracture/dislocation
 - iii. Avascular necrosis
 - 1. Pannars Disease
 - iv. Sail Sign/ +Posterior fat pad sign
7. Wrist
- a. Views
 - i. Standard
 - 1. PA
 - 2. Medial Oblique
 - 3. Lateral
 - ii. Accessory
 - 1. PA Ulnar deviation
 - 2. PA Clenched Fist
 - b. Normal structures
 - i. Radius
 - 1. Styloid process
 - ii. Ulna
 - 1. Styloid process
 - iii. Carpals
 - iv. Metacarpals
 - c. Joints
 - i. Distal radioulnar
 - ii. Radiocarpal
 - iii. Intercarpal
 - iv. Carpometacarpal
 - d. Lines of mensuration
 - i. Arcs of carpal alignment
 - ii. Scapholunate angle
 - e. Congenital anomalies/Normal Variants
 - i. Ulnar variance
 - ii. Madelung deformity
 - iii. Carpal coalition
 - f. Abnormalities
 - i. Scaphoid fracture
 - ii. Lunate dislocation
 - 1. Pie sign
 - iii. Scapholunate dissociation

1. Terry Thomas sign
- iv. Avascular Necrosis
 1. Prissers
 2. Keinbocks

8. Hand

- a. Views
 - i. Standard
 1. PA
 2. Medial Oblique
 3. Lateral
 - ii. Accessory
 1. Ball catchers (Norggard projection)
- b. Normal structures
 - i. Carpals
 - ii. Metacarpals
 1. Base
 2. Shaft
 3. Neck
 4. Head
 - a. Vallecule
 - iii. Phalanges
 1. Proximal
 2. Middle
 3. Distal
 - a. Ungal tuft/terminal tuft
- c. Joints
 - i. Intercarpal
 - ii. Carpometacarpal
 - iii. Metacarpophalangeal
 - iv. Interphalangeal
 1. Proximal
 2. Distal
- d. Lines of mensuration
 - i. Metacarpal line/sign
- e. Congenital anomalies/Normal Variants
 - i. Symphalangism
 - ii. Syndactyly
 - iii. Polydactyly
- f. Abnormalities
 - i. Fracture
 1. Scaphoid
 2. Colle
 3. Metacarpal

- ii. Carpal dislocation
 - 1. Scaphoid
 - 2. Lunate
- iii. Terry Thomas Sign
- iv. Avascular Necrosis
 - 1. Scaphoid
 - 2. Lunate

Student Learning Outcomes (SLO):

1. Students will be able to use a systematic procedure for reading x-ray films. (PLO:1)
2. Students will be able to identify the standard radiographs for each part of the skeleton. (PLO:1)
3. Students will be able to recognize and identify normal anatomic structures of the skeleton, chest, abdomen and identify common normal variants.(PLO:1)
4. Students will be able to recognize and use generic lines of mensuration as part of film analysis. (PLO:1)
5. Students will be able to recognize skeletal abnormalities by virtue of knowing the normal appearance of skeletal structures.(PLO:1)

Program Learning Outcomes (PLO): Students graduating with a Doctor of Chiropractic degree will be proficient in the following:

1. **ASSESSMENT AND DIAGNOSIS:** An assessment and diagnosis requires developed clinical reasoning skills. Clinical reasoning consists of data gathering and interpretation, hypothesis generation and testing, and critical evaluation of diagnostic strategies. It is a dynamic process that occurs before, during, and after the collection of data through history, physical examination, imaging, laboratory tests and case-related clinical services.
2. **MANAGEMENT PLAN:** Management involves the development, implementation and documentation of a patient care plan for positively impacting a patient’s health and well-being, including specific therapeutic goals and prognoses. It may include case follow-up, referral, and/or collaborative care.
3. **HEALTH PROMOTION AND DISEASE PREVENTION:** Health promotion and disease prevention requires an understanding and application of epidemiological principles regarding the nature and identification of health issues in diverse populations and recognizes the impact of biological, chemical, behavioral, structural, psychosocial and environmental factors on general health.
4. **COMMUNICATION AND RECORD KEEPING:** Effective communication includes oral, written and nonverbal skills with appropriate sensitivity, clarity and control for a wide range of healthcare related activities, to include patient care, professional communication, health education, and record keeping and reporting.
5. **PROFESSIONAL ETHICS AND JURISPRUDENCE:** Professionals comply with the law and exhibit ethical behavior.
6. **INFORMATION AND TECHNOLOGY LITERACY:** Information literacy is a set of abilities, including the use of technology, to locate, evaluate and integrate research and other types of evidence to manage patient care.
7. **CHIROPRACTIC ADJUSTMENT/MANIPULATION:** Doctors of chiropractic employ the adjustment/manipulation to address joint and neurophysiologic dysfunction. The adjustment/manipulation is a precise procedure requiring the discrimination and identification of dysfunction, interpretation and application of clinical knowledge; and, the use of cognitive and psychomotor skills.
8. **INTERPROFESSIONAL EDUCATION:** Students have the knowledge, skills and values necessary to

function as part of an inter-professional team to provide patient-centered collaborative care. Inter-professional teamwork may be demonstrated in didactic, clinical or simulated learning environments.

9. **BUSINESS:** Assessing personal skills and attributes, developing leadership skills, leveraging talents and strengths that provide an achievable expectation for graduate success. Adopting a systems-based approach to business operations. Networking with practitioners in associated fields with chiropractic, alternative medicine and allopathic medicine. Experiencing and acquiring the hard business skills required to open and operate an on-going business concern. Participating in practical, real time events that promote business building and quantifiable marketing research outcomes
10. **PHILOSOPHY:** Demonstrates an ability to incorporate a philosophically based Chiropractic paradigm in approach to patient care. Demonstrates an understanding of both traditional and contemporary Chiropractic philosophic concepts and principles. Demonstrates an understanding of the concepts of philosophy, science, and art in chiropractic principles and their importance to chiropractic practice.