

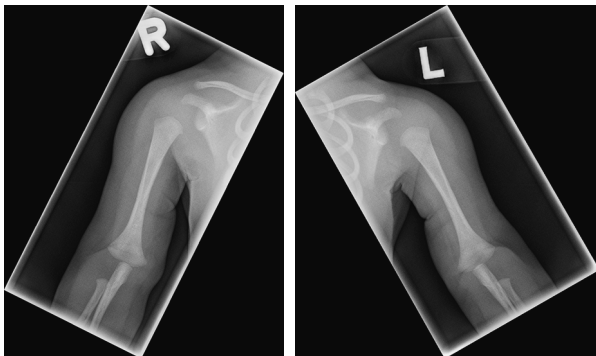
The Skeletal Survey in Suspected Non-Accidental Injury (NAI)

As based on the amended 2014 [ACR-SPR Practice Parameter for Skeletal Surveys in Children](#), which recommends:

- High-detail systems with meticulous attention to technique and positioning
- Each anatomic region should be imaged with a separate exposure
- Each extremity should be radiographed in at least the frontal projection
- Radiographs of the axial skeleton should be obtained in two projections
- Additional views as needed to fully document suspected abnormalities
- Reviewed by a qualified radiologist

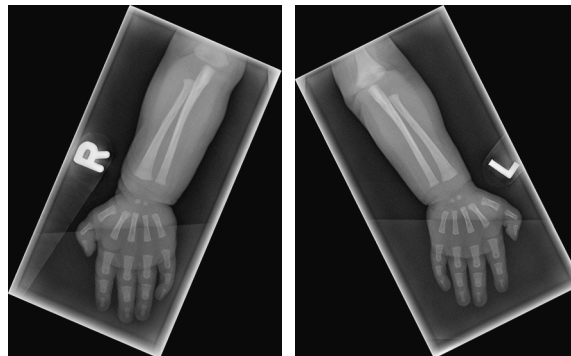
Appendicular Skeleton:

Humeri (AP)



Must include clavicles

Forearms (AP)

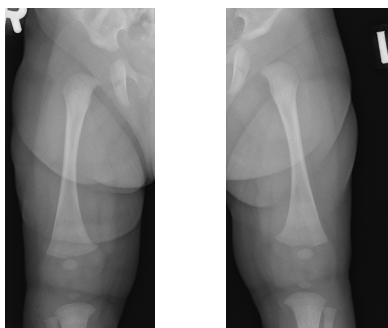


Can include the hand, if fits

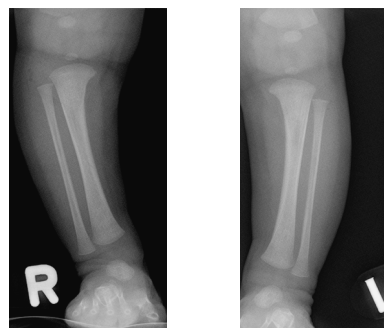
Hands (AP)

- See forearms

Femurs (AP)



Lower Legs (AP)



Careful attention to ankle position

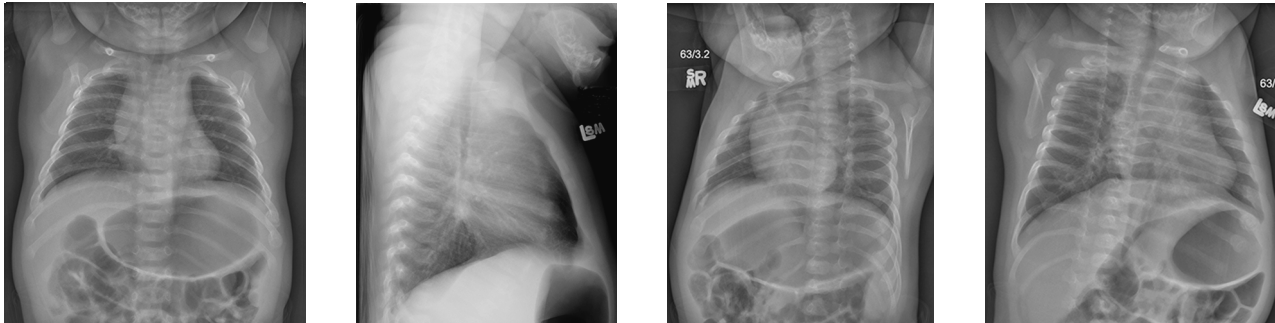
Feet (AP)



Both feet obtained on one exposure at BCCH

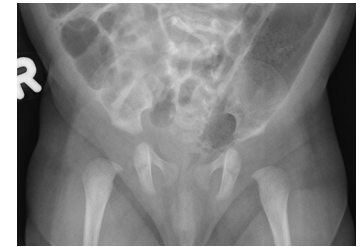
Axial Skeleton:

Thorax (AP, lateral, right and left obliques)



Bone detail technique

Pelvis (AP)



Overlap with lowest lumbar vertebrae from AP thorax

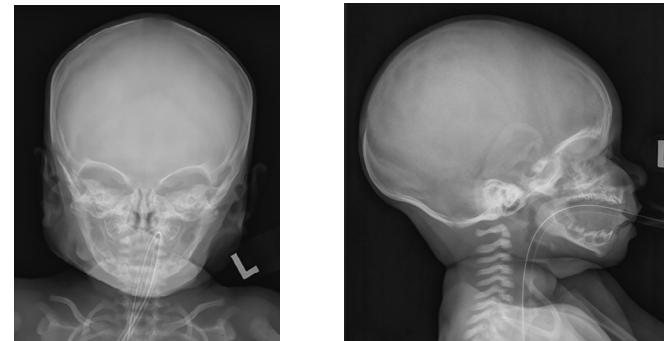
Lumbosacral Spine (lateral)



Cervical Spine (lateral)

- See skull

Skull (frontal and lateral)



Lateral C-spine can be included with lateral skull view