

**CLINICAL DEMONSTRATION CHECKLIST  
PODIATRY POSTIONING CLASS**

Name \_\_\_\_\_  
 Instructor \_\_\_\_\_  
 Date \_\_\_\_\_

	Patient Positioning	Film Position Orientation	CR	Sign Off
<b>Toe: (required)</b>				
Toe: (recommended)				
AP (DP)	_____	_____	_____	_____
Medial Oblique	_____	_____	_____	_____
Lateral	_____	_____	_____	_____
Toe: (suggested)				
Lateral Hallux	_____	_____	_____	_____
Dorsoplantar Weight-bearing	_____	_____	_____	_____
<hr/>				
<b>Foot: (required)</b>				
Dorsal Plantar (DP)	_____	_____	_____	_____
Medial Oblique	_____	_____	_____	_____
Mediolateral	_____	_____	_____	_____
Lateral Weight Bearing	_____	_____	_____	_____
Foot: (recommended)				
Sesamoids, Tangential	_____	_____	_____	_____
AP (DP) Weight Bearing	_____	_____	_____	_____
Planter Axial	_____	_____	_____	_____
Stress Lateral	_____	_____	_____	_____
Foot: (suggested)				
DP with Lesion Markers	_____	_____	_____	_____
Lateral Oblique	_____	_____	_____	_____
Lateromedial	_____	_____	_____	_____

Isherwood	_____	_____	_____	_____
Coalition	_____	_____	_____	_____

**Calcaneus (os calcis):  
(required)**

Calcaneus (os calcis): (recommended)				
Plantodorsal				
Axial	_____	_____	_____	_____
Lateral	_____	_____	_____	_____
Calcaneus (os calcis): (suggested)				
Harris and Beath (ski-jump)	_____	_____	_____	_____

**Ankle: (required)**

AP	_____	_____	_____	_____
AP Medial Oblique	_____	_____	_____	_____
Mediolateral	_____	_____	_____	_____
Lateral Weight Bearing	_____	_____	_____	_____
Ankle: (recommended)				
AP Mortise	_____	_____	_____	_____
Inversion Stress	_____	_____	_____	_____
Ankle: (suggested)				
Lateromedial	_____	_____	_____	_____
AP Lateral Oblique	_____	_____	_____	_____
Push/Pull Stress	_____	_____	_____	_____

REQUIRED = 8    ELECTIVE = 4    TOTAL = 12