

APPENDIX I

Specific examinations that are allowed in the scope of practice for limited ~~diagnostic~~ x-ray machine operators.

Chest:	PA, lateral, decubitus
Ribs:	AP, PA, obliques
Abdomen:	KUB, upright abdomen
Hand & fingers:	PA, lateral, oblique
Wrist:	PA, lateral, oblique
Forearm:	AP, lateral
Elbow:	AP, lateral
Humerus:	AP, lateral
Shoulder:	AP, internal & external rotation, y-view
Clavicle:	AP, AP axial
Pelvis:	AP
Hips:	AP, Frog leg lateral, cross-table lateral
Femur:	AP, lateral
Knee:	AP, lateral, obliques
Patella:	AP, lateral, sunrise
Tibia-Fibula:	AP, lateral
Ankle:	AP, lateral, obliques
Calcaneous:	Plantodorsal, lateral
Foot & toes:	AP, lateral, obliques
Sinuses:	Water's, lateral
Skull:	AP/PA, lateral
Facial bones:	PA, lateral
Nasal bones:	Water's, lateral
C-spine:	AP, lateral, odontoid (not trauma), swimmer's (not trauma)
T-spine:	AP, lateral, swimmer's (not trauma)
L-spine:	AP, lateral, L5-S1 lateral

Any situation deemed an emergency and requiring a limited x-ray machine operator to conduct procedures not specifically listed above, requires a written order from an individual listed in part 3 of appendix G and direct supervision from the individual ordering the examination in accordance with item 1 of subparagraph c of paragraph 2 of subdivision a of subsection 1 of section 33-10-06-03.