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

<table>
<thead>
<tr>
<th>Type of #:</th>
<th>Transverse</th>
<th>Oblique</th>
<th>Spiral</th>
<th>Comminuted</th>
<th>Avulsion</th>
</tr>
</thead>
</table>

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