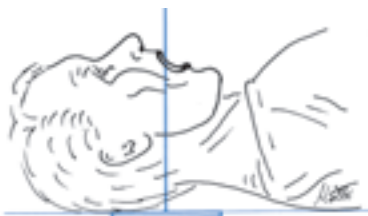


► **Criteria for a Good Radiographic View**

- Odontoid process, axis and atlas are clearly visible through the open mouth, occiput does not obscure the odontoid, atlantoaxial and atlanto-occipital articulations are clearly defined
- Cervical vertebrae 3-7 clearly visualized, superior and inferior vertebral plates linear



◆ Imaging Technique

Image receiver (e. g., film): size 13×18 cm (5×7") (**odontoid**) and 18×24 cm (8×10") (**cervical spine**), **portrait**

Image receiver dosage (sensitivity class): ≤5 μGy (SC 400)

SID: 115 cm (40") or 150 cm (60")

Bucky: yes (r 12 [8])

Focal spot size: small (focal spot nominal value: ≤1.3)

Exposure: 65–75 kV, automatic, center cell

■ Patient Preparation

- Remove dentures, glasses
- Remove jewelry (necklace, earrings, hairpins)
- Open clothes (buttons, zipper)

▲ Positioning

- Supine position

Atlas and odontoid process, AP

- Head flexed until upper teeth (occlusal plane) and occipital bone are superimposed (head elevated 15° with sponge wedge)
- Mouth wide open

Cervical spine, AP

- Head reclined so that the line of the mental symphysis—lower border of the occipital bone (imaginary line: corner of the mouth—auditory meatus) is perpendicular to the horizontal plane of the film
- Mouth closed
- Gonads shielded (lead apron)

● Alignment

Atlas and odontoid process of the axis, AP

- Projection: ventrodorsal, perpendicular to the film
- Central ray in midline at the level of the corners of the mouth

Cervical spine, AP

- Projection: 10–15° craniocaudad
- Central ray directed to the sternal notch and middle of the cassette
- Centering and collimation, side identification