



## Guidelines for the use of x-rays

### Introduction

Radiographic imaging is an integral part of the diagnostic procedures offered by a chiropractor, either in a chiropractic clinic or through referral. Chiropractors have used radiography for several purposes, e.g. confirmation of diagnosis/pathology; appropriateness for care; identifying contraindications or modifying factors which would affect the selection of appropriate management and adjusting technique; practitioner confidence to proceed; and the need to allay high patient anxiety/fear.

### Guideline

Indications for x-ray must be clear and based upon clinical history and examination findings where the results of such imaging will assist in the diagnosis, prognosis and management of the patient and where the potential benefit outweighs the risks of ionising radiation<sup>1</sup>. A patient should never be exposed to unnecessary radiation.

Current research literature continues to emphasize the need for x-rays in cases where “red flags” (suspected pathology) are elicited from the clinical history and examination, e.g:

- progressive neurological signs and symptoms;
- suspected tumour/pathology;
- infection;
- age greater than 50 years;
- trauma.

Discussion must ensue and informed consent be obtained, preferably in writing, in relation to the need for, and nature of the recommended x-rays. In the case of minors or the mentally incompetent, consent must be obtained from a parent or legal guardian.

Children in the 0 – 18 age range generally have low justification for x-rays due to the high sensitivity of many body tissues. Exceptions include marked idiopathic scoliosis, developmental or congenital defects producing aberrant spinal curvatures, marked locomotor disturbances of the spine and pelvis, suspicion of pathology or significant trauma.

Routine x-ray screening of patients and the routine re-evaluation of biomechanical/postural disorders, other than for progressive scoliosis or exceptional circumstance is inappropriate.

Serial or follow-up x-rays are not indicated if the patient is making adequate clinical recovery. Exceptions include progressive pathology, fracture repair and scoliosis. In the event that an inadequate or adverse response occurs, then a full re-evaluation is warranted with the possible consideration for further investigation and/or referral.

Adopted: 19 September 2006

---

<sup>1</sup> National Health & Medical Research Council