



## SMALL ANIMAL ORTHOPAEDICS

### Positioning for TPLO Radiography

Taking radiographs which are able to be used for templating for TPLO is straight-forward with some knowledge of what is required and attention to detail.

***A radiopaque marker, (The Left or Right marker or a 20 cent piece, with the size in mm) to allow sizing of implants.***

***Ideally the marker should be placed at the same height as the bone being radiographed, to allow for magnification.***

***Positioning IS important, otherwise they WILL be non-diagnostic. Take your time, you have digital now :)***

- *A lateral mid-femur to metatarsus is required, with a caudo-cranial view for completeness.*
- *A contralateral view of the 'good' leg will also indicate early stifle effusion and warn of possible impending injury.*

### POSTIONING

- The patient is placed in lateral recumbency with the leg to be radiographed closest to the table.
- The other leg is pulled cranially and dorsally using ties or sandbags.
- A towel or foam wedge may be placed under the hip and chest to rotate the patient slightly to aid positioning.
- The stifle and hock are flexed to approximately 90 degrees using a sandbag against the foot.
- ***Include the hock and distal femur, but centre the beam over the stifle.***
- Femoral condyles should be superimposed over each other, or as close as possible.
- Tibial condyles should also be overlapping.

- If you can't get both the femoral condyles and the tibial condyles to overlap, focus on getting the tibial condyles overlapping the most.
- With patients that have tibial torsion, femoral superimposition is easier said than done, but try elevating and rotating the hock or the stifle in either direction.
- The tibial plateau should be as close as possible to lateral.

