

## SP 8.0 Radiography of Children

Approved by Council June 2004  
Effective June 1, 2004

### **Purpose and Objective**

As a regulated and primary care provider, it is appropriate to demonstrate professional competency in the area of radiography of children. The chiropractic profession recognizes that diagnostic x-ray examinations, while offering inestimable benefits, have risk which must be weighed against those benefits. Diagnostic imaging, including plain film radiography, is not unique to chiropractic. Because of the potentially harmful biologic effects of ionizing radiation, this area of practice has long been a subject of well developed and universally accepted guidelines. In Canada, there are federal and provincial government guidelines and regulations addressing every aspect of radiography to all user groups.

The fundamental objective of performing an x-ray examination is to obtain optimum diagnostic information with minimal patient exposure.

### **Definition(s)**

There should always be clinical evidence of the need for a diagnostic x-ray examination before such is performed. A chiropractor's responsibility to diagnose is broader than a scope of treatments, therefore they must have the ability to perform or prescribe all imaging procedures needed to formulate a diagnosis.

Of significant importance in the event of radiological examination, is the mandatory use of proper protective shielding.

Radiography in children from birth to 10 years of age:

- **Indications** - the overall justification for radiography is considered low due to the high radiosensitivity and the juvenile appearance of ossification of the spine. However, in the presence of developing or idiopathic scoliosis, developmental or congenital defects producing aberrant spinal curvatures, marked locomotor disturbances of the spine and pelvis, suspicion of pathology and significant trauma including suspected fracture or child abuse, justification may be high. The clinical examination and history is of the utmost importance in determining the clinical judgment for the use of diagnostic imaging in this age group.
- **Contraindications** - prior exposure to high radiation dosage and/or positioning difficulty which can be challenging in infants because of the physical and/or mental state that prevents proper immobilization of positioning for good radiographic detail. Routine screening examinations or re-examinations would be contraindicated unless clinically justified.



SP 8.0 Continued

Radiography in children 10 to 18 years of age:

- **Indications** - justification for radiography would be decreased in the absence of marked spinal pelvic locomotor defects, idiopathic or developmental scoliosis, marked inter-related spinal lesions or development defects, congenital abnormalities, suspicion of pathology including the epiphyseal or growth centre diseases, significant trauma including suspected fracture. Multiple symptom complexes, altered spinal curvatures, suspicion of pathology would result in increased justifications.

Due consideration must be given to females with reproductive capacity and appropriate shielding must be utilized.

- **Contraindications** - prior exposure to high radiation dosage. Routine screening examinations or re-examinations would be contraindicated unless clinically justified.

**Enforceability**

Any member identified to the Complaints Director as non-compliant in the Standard of Practice related to radiography of children is subject to the investigations and complaints process under Part 4 of the *Health Professions Act*. Identification of non-compliance may occur as a result of the Practice Visit process, patient complaint or any other means by which this information may be brought to the attention of the Complaints Director.

