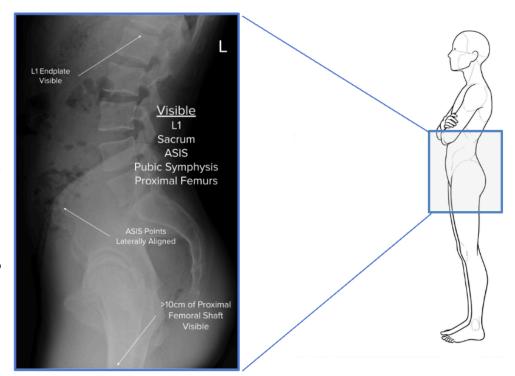
Formus X-ray Protocol – Preoperative Standing Lateral



To facilitate optimal and correct use of Formus Navigator, please adhere to the following protocol. This protocol is applicable for pre-operative referrals. If the patient is unable to stand, do not take any X-rays.

An example radiograph with primary requirements is presented at right, with detailed specifications in the table below.

If you have any questions, please do not hesitate to contact support@formuslabs.com for assistance.



X-ray Requirements	Landmarks that should be visible:
Patient Position	 Standing, feet shoulder width apart, neutral positioning (0° toeing out), upper body relaxed Arms folded across chest or away from the pelvis to not obstruct the view No pelvic rotation (trans-ASIS line perpendicular to detector) Affected (referred) side closest to the plate and furthest from the tube
Central Ray	Midcoronal, at the level of the iliac crest
Collimation	 14 x 17 (35 x 43 cm) L.W. T12 to proximal ⅓ of femur (L1 must be visible)
Fixed focal distance (FFD)	 Must be set to capture all required landmarks within the image Typically an FFD of 100cm is suitable, but this may be increased up to 180 cm, if required for taller patients
Respiration	Expose at end of exhalation
File format	DICOM or any common image formats, e.g. JPEG, PNG

Formus X-ray Protocol – Preoperative Flexed-Seated Lateral

Annotated Example

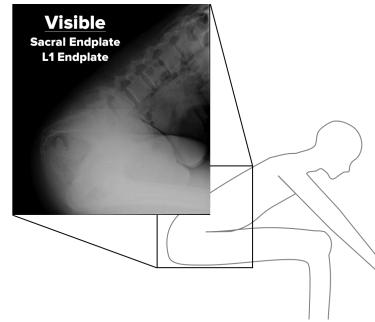
Radiograph Specifications

formus

To facilitate optimal and correct use of Formus Hip, please adhere to the following protocol. This protocol is applicable for pre-operative referrals.

An example radiograph with primary requirements is presented at right, with detailed specifications in the table below.

If you have any questions, please do not hesitate to contact support@formuslabs.com for assistance.



X-ray Requirements	 Landmarks that should be visible: Superior endplate of the sacrum Superior end plate of L1 Do not flip or mirror the image if the affected side is incorrectly positioned (i.e. furthest from the plate) Focus should be on the lumbar spine and not the femurs
Patient Position	 Seated, feet and knees shoulder width apart. Femurs parallel to floor (no rotation or abduction) Arms reached out over knees (to avoid lumbar occlusion) Trunk flexed maximally forward (limit of lumbar flexibility within patient comfort). No pelvic rotation (trans-ASIS line perpendicular to detector) Affected side towards the detector
Central Ray	Sagittal midpoint of the L5 vertebra.
Collimation	 Suggestion: 14 x 17 (35 x 43 cm) C.W. Sacral endplate and all lumbar vertebrae (L1-L5) must be fully visible. Note: Collimator must expose all lumbar vertebrae at their position in maximal flexion, regardless of alignment; if the above is not suitable, similar square or L.W. collimation is recommended.
Fixed focal distance (FFD)	Must be set to capture all required landmarks within the image
Respiration	Expose at end of exhalation
File format	DICOM or any common image formats, e.g. JPEG, PNG