

Clinical Patient Exam Data Table

Facility Name:

Instructions:

Surveyor: Request the facility to collect the following exposure data for a set of clinical x-ray exams for lumbar spine AP projection. Data should include all technique factors for each exam over a period of approximately two weeks (longer if x-ray exams are infrequent). We recommend to send this form to the site PRIOR to your onsite visit. If done following your visit leave TWO COPIES of this page with the site, and provide your contact information for collection following completion. The site can provide these data for prior exams if they have such records. Please ensure you provide your contact information for return of this form to you.

Facility staff: We request x-ray technique factors for routine adult or pediatric x-ray exams of any spinal regions for patients at your facility. Please include all projections (eg. A-P, lateral) taken for a complete exam (see example 2 below). You can either provide these data for subsequent exams you do following the NEXT surveyor's visit, or review your records for past exams and provide those data. In the first column please enter an ANONYMOUS Patient Identifier (NO NAMES) so that we can understand whether two or more rows of data pertain to the same patient. We suggest simple numbers, eg. 1, 2, 3... or letters, eg. A, B, C... refer to the two examples below. There are two columns to specify the size of the patient. Please indicate approximate patient size in the third column: Average size adult (A), Large Adult (L) or Child under 12 yrs (C). NOTE: A large adult is considered to have an anteroposterior dimension of approximately 40 cm (16 inches) or greater in the lumbar region. Older adolescents may be identified as an Adult (A or L). For the fourth column (anatomical measurement) you are NOT asked to measure patients however if this is a routine practice at your facility please enter your measurements for patient dimension for the specific projection in that column below. IF YOU HAVE COMMENTS you would like to add to this form please enter them on the last page- Thank you for your participation!

Facility Staff: Please enter in the space at right the date range for the x-ray exams you report below:

	Patient Identifier	Exam Date	Patient size: Avg Adult (A) Large Adult (L) Child under 12yr (C)	Patient anatomical measurement for X-ray projection (specify IN or CM)	Age (child only)	Patient position- Supine or Upright (S/U)	Projection description	SID (CM/IN)	kVp	mA	Exposure time (milliseconds)	mAs	Exposure Index (Digital systems only)
EX 1:	A	11/4/2017	A	NA	NA	U	A-P Cervical	77 inches	80	400	100	not displayed	179
Ex 2:	B	11/5/2017	L	42 cm	NA	U	A-P Lumbar	40 inches	85	NA	NA	120	118
	B	11/5/2017	L	39 cm	NA	U	LAT Lumbar	40 inches	90	Not displayed	not displayed	145	123
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Facility Name:

Patient Identifier	Patient size:		Patient anatomical measurement for X-ray projection (specify IN or CM)	Age (child only)	Projection Description (eg. A-P)	SID (CM/IN)	kVp	mA	Exposure time (milliseconds)		Exposure Index (Digital sytems only)
	Avg Adult (A)	Large Adult (L)							Child under 12yr (C)	mAs	
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Facility Name:

Patient size:

2018 NEXT Chiropractic Survey

Patient Identifier	Avg Adult (A) Large Adult (L) Child under 12yr (C)	Patient anatomical measurement for X- ray projection (specify IN or CM)	Age (child only)	Projection Description (eg. A-P)	SID (CM/IN)	kVp	mA	Exposure time (milliseconds)	mAs	Exposure Index (Digital sytems only)
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