Procedure Name: Spine (pedi)

Updated 8/07/08

**Indications:**
May include but not limited to congenital abnormalities, follow up to prior exam, or any other valid medical reason. Contra-indicator based on patient age (generally performed from 0-4 months age range).

**General Description:**
This is a survey of the pediatric spine. A complete examination of the pediatric spine includes assessment and imaging of the lumbar, sacrum and coccyx areas.

**Patient Preparation:**
NPO 3 hrs prior to study. Feeding (with bottle) at start of study to help induce calming effect.

**Imaging Sequence:**
The following imaging sequence is for a normal exam. Include additional images of pathology to demonstrate dimensions in three planes, texture, size, shape, and relationship to adjacent anatomy.

- Count from the top down and verify by counting from bottom up.
- In sag find the last rib and follow over to the ML spine. This vertebrae is T12. The next vertebrae is L1, L2 and so forth all the way thru L5, then through S1-S5. Coccyx usually will not be ossified, but occasionally if there is an extra ossification inferior to S5, this will be coccyx.
- Take several images in sag starting at T12 and moving down, labeling every vertebrae in the image each time, making sure to document the level of the conus medullaris. This should be above L3 by 3 months old. Verify counting from top to bottom and from bottom to top due to possibility of an additional rib noted on some patients. Also need to note cord movement. This can't really be documented by an image but does need to be mentioned on the worksheet. Pay close attention to any lipomas or solid masses in the spinal canal.
- Take sag and trv images of the area of the dimple (if that is the reason for the exam).
- Finish with trv images at every vertebrae starting at T12- L5, making sure again the conus ends at the appropriate level and for TEEPEE shape of posterior elements of each vertebra.