WEIGHT-BEARING FOOT RADIOGRAPHS

Resting Stance vs. Corrected Hindfoot Alignment

Imaging Protocol

PURPOSE

Obtain a matched pair of weight-bearing DP and lateral foot radiographs that show how talar alignment changes between the patient's **natural resting stance** and an **actively corrected hindfoot position**. The corrected view demonstrates the foot's capacity for realignment under load. **Corrected alignment is not necessarily neutral.**

01 RESTING STANCE

The foot as the patient naturally stands



1. Patient stands naturally with weight evenly on both feet and relaxes.
2. **Do not** ask the patient to lift the arch or correct foot position.
3. Do not coach posture beyond safe, balanced standing.
4. Obtain weight-bearing **DP** and **lateral** views.

RESTING WEIGHT-BEARING

02 CORRECTED HINDFOOT ALIGNMENT

The same foot, actively realigned



1. Position **one foot at a time**, matching the resting setup.
2. Ask the patient to gently roll weight toward the **outside edge** of that foot until the arch rises.
3. Keep the **entire heel** on the platform; maintain full weight-bearing.
4. Hold the position and obtain **matching DP and lateral** views.

CORRECTED HINDFOOT ALIGNMENT

PATIENT CUE — CORRECTED VIEW

“Roll your weight toward the outside of your foot. Keep your heel down. Hold that position.”

CHECKLIST

- Use **comparable foot placement, beam angle, and projection** for each paired view so the images can be compared directly.
- Keep the heel in contact with the platform — the patient should not rise onto the toes or lift the foot.
- Provide verbal cues and balance support as needed. **Do not force the foot** into position.
- Keep the patient comfortable and stable. **Stop** if correction causes pain or instability.
- Document the corrected position, including **obvious oversupination** if present.
- Repeat on the opposite foot if bilateral imaging is ordered.

IMPORTANT

The aim is a **visible, reproducible change in talar alignment** — not perfect neutral. These paired images demonstrate positional change.