



## Use of anatomical side markers

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### Summary

Best practice is that anatomical side markers should be present in the primary beam for all images and SCoR expects this to be the case unless there are exceptional circumstances.

### Use of anatomical side markers

The Society and College of Radiographers (SCoR) publishes this statement in response to queries and the perceived decline in use of anatomical side markers in the primary beam in plain film imaging.

Best practice is that anatomical side markers should be present in the primary beam for all images and SCoR expects this to be the case unless there are exceptional circumstances.

In 2011, SCoR issued a joint statement with the Royal College of Radiologists on Imaging for non-accidental injury (NAI): use of anatomical markers<sup>1</sup> and while this statement was specific to imaging for NAI, the principle that it is best practice for the anatomical side marker to be included on the image at the time of exposure applies for all imaging procedures and every possible effort should be made to achieve this on every occasion.. It is therefore reasonable to apply the same medico-legal standard to any image given its potential use as a piece of evidence in a court of law.

Radiographers are reminded of their responsibilities to uphold the highest professional standards in their work and that markers applied to an image at the post-processing stage should be regarded as a safety net and as not standard practice. Being able to identify the anatomical right and left side on an image is a basic radiographic requirement and the Outcomes for Autonomous Practice (Practitioner)<sup>2</sup> include the need to monitor and assess the adequacy of images (outcome 19). Checking that an anatomical marker is both present and visible is part of the image assessment process.

Radiology departments should provide its staff with the appropriate equipment to meet this recommendation and should carry out regular audits of practice.

Radiography education providers have a part to play in underlining the importance of the anatomical marker being within the primary beam.

Where the radiographer has followed the proper process and the image quality is satisfactory except for the visibility of anatomical markers, the radiographer needs to consider whether a repeat exposure is necessary. If it is absolutely clear that right and left can be accurately identified there is normally no need for repeat imaging. If the radiographer is unsure or there is any anatomical doubt, repeat imaging will be necessary.

Radiographers are right to be concerned about additional patient irradiation and this statement emphasises the importance of ensuring the correct anatomical marker is exposed simultaneously with the body part under examination. Local steps should be taken to ensure that this is standard practice.

## References

1. Society and College of Radiographers, Royal College of Radiologists Imaging for non-accidental injury (NAI): use of anatomical markers. London: SCoR/RCR, 2011  
<http://www.sor.org/learning/document-library/imaging-non-accidental-injury-nai-use-anatomical-markers>
2. Society and College of Radiographers Education and Career Framework for the Radiography Workforce London: SCoR, 2013  
<http://www.sor.org/learning/document-library/education-and-career-framework-radiography-workforce/9-autonomous-practice-practitioners>

## Additional reading

Titley AG, Cosson P. Radiographer use of anatomical side markers and the latent conditions affecting their use in practice. *Radiography* 2014;20 (1):42-47

Tugwell J, Maddison A. Radiographic markers-A reservoir for bacteria? *Radiography* 2011;17 (2):115-120

Miles C. Missing in Action: Are you still using lead markers in the digital age? *Synergy*. (Online)

<http://itp.sor.org/september2013/markers> (accessed 24/0414)

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