

Xray Positioning Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Which positioning technique is used for the PA wrist examination?**
 - A. Wrist rotated at 45° angle**
 - B. Wrist flat on the film with fingers extended**
 - C. Wrist flat while making a fist**
 - D. Arm raised above shoulder**

- 2. What instructions should be given to patients during an APOM procedure?**
 - A. Breathe normally and blink**
 - B. Hold breath and do not swallow**
 - C. Speak softly during the exposure**
 - D. Adjust head position as directed**

- 3. What is the cassette size for a lateral wrist X-ray?**
 - A. 1/2 of 10" x 12" vertical orientation**
 - B. 1/4th of 10" x 12" horizontal orientation**
 - C. 1/3rd of 10" x 12" horizontal orientation**
 - D. Full 10" x 12" vertical orientation**

- 4. What is the required FFD for an AP knee imaging?**
 - A. 36"**
 - B. 40"**
 - C. 39"**
 - D. 42"**

- 5. What is the required measurement for the AP lumbo-pelvic view below the iliac crest?**
 - A. 1 inch**
 - B. 2 inches**
 - C. 3 inches**
 - D. 4 inches**

- 6. For a medial oblique hand x-ray, how should the patient position their fingers?**
- A. Fingers spread wide apart**
 - B. Fingers curled into a fist**
 - C. Fingers approximated but not touching**
 - D. Fingers extended straight**
- 7. What is the FFD for a medial oblique ankle X-ray?**
- A. 30"**
 - B. 40"**
 - C. 50"**
 - D. 60"**
- 8. What positioning is required for a patient during the Swimmer's View?**
- A. Patient stands upright facing the bucky**
 - B. Patient supine with arms at sides**
 - C. Patient stands lateral with one arm moved forward**
 - D. Patient is seated with arms across the chest**
- 9. How should the patient's arms be positioned for a lateral thoracic x-ray?**
- A. At their sides**
 - B. Extended overhead**
 - C. Out in front of the body**
 - D. Crossed over the chest**
- 10. What is the focal film distance (FFD) for an AP Semiaxial Clavicle projection?**
- A. 30"**
 - B. 38"**
 - C. 40"**
 - D. 44"**

Answers

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1. C
2. B
3. C
4. C
5. A
6. C
7. B
8. C
9. C
10. B

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Explanations

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1. Which positioning technique is used for the PA wrist examination?

- A. Wrist rotated at 45° angle**
- B. Wrist flat on the film with fingers extended**
- C. Wrist flat while making a fist**
- D. Arm raised above shoulder**

The correct answer is that the PA wrist examination requires the wrist to be flat on the film with fingers extended. In this positioning technique, the arm should be positioned so that the wrist is parallel to the imaging receptor, which ensures accurate visualization of the carpal bones, joints, and other anatomical structures within the wrist. Keeping the wrist flat allows for uniform exposure and minimizes distortion, which is essential for diagnostic quality radiographs. Additionally, extending the fingers helps in spreading the carpal bones and improves visibility of the anatomical details in the resulting image. This positioning technique is critical for obtaining a clear and accurate representation of the wrist for evaluation by a radiologist or physician. Other options involve either rotating the wrist or applying tension that could obscure crucial anatomical detail, leading to potential misinterpretation of the images. Therefore, the flat position with extended fingers is the established standard for effective PA wrist examinations.

2. What instructions should be given to patients during an APOM procedure?

- A. Breathe normally and blink**
- B. Hold breath and do not swallow**
- C. Speak softly during the exposure**
- D. Adjust head position as directed**

During an Anteroposterior Open Mouth (APOM) procedure, it is crucial that patients understand how to minimize motion and ensure optimal imaging quality. In this context, instructing the patient to hold their breath and not swallow serves multiple purposes. Holding the breath helps to prevent any movement of the diaphragm, which could blur the diagnostic image, and it eliminates the risk of swallowing, which might alter the positioning of the spine and surrounding structures after the image has been taken. The APOM view specifically aims to visualize the odontoid process and the upper cervical spine, and any movement or interference during the exposure could compromise the clarity of these critical structures. While breathing normally or blinking (as suggested in one of the other options) may be acceptable during certain imaging procedures, they are not suitable for the precise requirements of an APOM. Speaking softly does not align with the needs for immobility during the exposure, and although adjusting the head position is necessary for proper alignment, it is the directive to hold the breath and avoid swallowing that is paramount during the actual imaging to enhance the chances of obtaining a high-quality diagnostic image.

3. What is the cassette size for a lateral wrist X-ray?

- A. 1/2 of 10" x 12" vertical orientation
- B. 1/4th of 10" x 12" horizontal orientation
- C. 1/3rd of 10" x 12" horizontal orientation**
- D. Full 10" x 12" vertical orientation

For a lateral wrist X-ray, the correct cassette size typically used is indeed a full 10" x 12" in a vertical orientation. This size ensures that the entire wrist is adequately captured within the frame, providing the necessary detail and clarity for diagnostic purposes. When performing a lateral wrist X-ray, using a full-sized cassette allows for optimal visualization of the wrist anatomy, including the carpal bones, distal radius, and ulna. This is crucial for identifying any potential fractures or abnormalities. The other options suggested smaller sections of the cassette, which would not adequately cover the anatomy of interest in a lateral view. Using anything less than the full 10" x 12" size might lead to inadequate imaging, resulting in loss of information essential for diagnosis. Therefore, choosing the full cassette size maximizes the chances of capturing all necessary details for a proper examination.

4. What is the required FFD for an AP knee imaging?

- A. 36"
- B. 40"
- C. 39"**
- D. 42"

The required focal-film distance (FFD) for an anteroposterior (AP) knee imaging is typically 40 inches. In radiographic imaging, maintaining the correct FFD is crucial for achieving optimal image quality and ensuring adequate exposure. The standard distance helps in minimizing geometric distortion while maximizing resolution. In the case of knee imaging, a 40-inch FFD is often utilized as it strikes a balance between the need for proper detail and the reduction of magnification effects due to distance. Additionally, it's in accordance with standard imaging protocols established for knee radiography that assist in providing consistent and diagnostic-quality images. Using a different FFD, such as 36 inches or 42 inches, may lead to variations in image quality and could potentially affect diagnostic capabilities. The choice of 39 inches is not standard for knee imaging, and while it may provide some results, it does not align with the conventional FFD practices that yield the best outcomes. Therefore, the most appropriate response to the requirement for AP knee imaging is indeed 40 inches.

5. What is the required measurement for the AP lumbo-pelvic view below the iliac crest?

- A. 1 inch**
- B. 2 inches**
- C. 3 inches**
- D. 4 inches**

The required measurement for the AP lumbo-pelvic view below the iliac crest is typically set at 1 inch because this measurement effectively captures the areas of interest, providing a clear view of the lumbar spine and pelvis without including excessive surrounding tissue. The positioning of the X-ray beam is crucial in achieving the desired anatomical visualization and ensuring the image encompasses the necessary structures such as the lumbar vertebrae, sacrum, and proximal femurs. Using a measurement that is too large, such as 2, 3, or 4 inches, could lead to several complications. It may result in clipping important anatomical structures, resulting in suboptimal images or necessitating re-exposure. Correctly identifying the 1-inch measurement ensures adequate coverage for accurate diagnostics while minimizing unnecessary radiation exposure to surrounding tissues. This careful consideration underscores the importance of precision in radiographic techniques to enhance patient safety and diagnostic outcomes.

6. For a medial oblique hand x-ray, how should the patient position their fingers?

- A. Fingers spread wide apart**
- B. Fingers curled into a fist**
- C. Fingers approximated but not touching**
- D. Fingers extended straight**

For a medial oblique hand x-ray, having the fingers approximated but not touching is essential for achieving optimal imaging of the hand's anatomy. This positioning allows for sufficient separation between the phalanges of the fingers while still providing a clear view of the bone structures. When the fingers are approximated, it minimizes superimposition of the soft tissues, facilitating better visualization of important landmarks and joints, which is crucial for accurate assessment and diagnosis. This positioning also helps to reduce distortion of the finger bones and allows the x-ray beam to penetrate effectively, capturing details of the metacarpals and the phalanges in a way that is beneficial for medical evaluation. Maintaining fingers close but not in contact strikes a balance between clarity and avoidance of artifacts that could obscure diagnostic details.

7. What is the FFD for a medial oblique ankle X-ray?

- A. 30"
- B. 40"**
- C. 50"
- D. 60"

The focus-to-film distance (FFD), more commonly referred to as the source-to-image distance (SID), is a crucial measurement in radiography that helps ensure the quality and clarity of the images obtained. For a medial oblique ankle X-ray, an FFD of 40 inches is standard. This distance allows for an adequate geometric representation of the ankle joint while minimizing distortion and maximizing image sharpness. At 40 inches, the X-ray beam is able to penetrate the area of interest effectively, while the distance also helps reduce radiation dose to the patient compared to shorter distances. In practice, using a 40-inch FFD is common in most limb radiography, striking a balance between achieving sufficient detail for diagnostic purposes and keeping patient exposure to radiation at a minimum. This standard has been established based on extensive research and practical experience in the field, allowing radiologists and technicians to rely on it for consistent and quality imaging results.

8. What positioning is required for a patient during the Swimmer's View?

- A. Patient stands upright facing the bucky
- B. Patient supine with arms at sides
- C. Patient stands lateral with one arm moved forward**
- D. Patient is seated with arms across the chest

The Swimmer's View is specifically designed to visualize the cervicothoracic region and is particularly useful for assessing the upper thoracic vertebrae and the surrounding structures. For this view, the patient is positioned laterally with one arm positioned forward while the other arm is either extended downward or placed behind the back. This positioning helps to reduce the overlapping of the shoulders and allows for a clearer view of the area of interest. By bringing one arm forward, the scapula is moved away from the spine, creating a more unobstructed path for the X-ray beam to capture the desired anatomical details. Overall, this technique is vital for obtaining high-quality images of the cervicothoracic junction, which can often be obscured by the shoulders in standard positioning.

9. How should the patient's arms be positioned for a lateral thoracic x-ray?

- A. At their sides**
- B. Extended overhead**
- C. Out in front of the body**
- D. Crossed over the chest**

For a lateral thoracic x-ray, positioning the patient's arms out in front of the body is important for several reasons. This arm placement helps to avoid superimposition of the arms over the thoracic structures, which could obscure critical anatomical details in the imaging. By positioning the arms in front, the radiographer ensures that the thoracic cavity is prominently displayed, allowing for clearer visualization of the lungs, heart, and other structures within the thoracic region. This position also contributes to the comfort of the patient and helps to maintain stability during the exposure. Furthermore, having the arms in front allows for a more natural alignment of the body for the lateral view, reducing strain and minimizing motion that could degrade image quality. Thus, this technique is essential for obtaining accurate and diagnostic radiographs of the thorax.

10. What is the focal film distance (FFD) for an AP Semiaxial Clavicle projection?

- A. 30"**
- B. 38"**
- C. 40"**
- D. 44"**

The focal film distance (FFD), also known as the source-to-image distance (SID), is crucial for obtaining high-quality radiographs, as it influences the magnification and sharpness of the image. For an anteroposterior (AP) semiaxial projection of the clavicle, the appropriate FFD is typically set at 38 inches. This specific distance is chosen to achieve an optimal balance between image clarity and geometric distortion, especially for the angled positioning required in this projection. Using a 38-inch distance helps to minimize tissue overlap and provide a clearer depiction of the clavicle in conjunction with the surrounding anatomy. This is particularly important in the semiaxial projection, where the clavicle is often projected at an angle to avoid superimposition with adjacent structures. In contrast, the other distances listed may not yield the same level of detail and clarity necessary for accurate diagnosis of clavicular conditions. Utilizing the correct FFD is vital in aligning the radiographic technique with the anatomical structures being examined.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://xraypositioning.examzify.com>

We wish you the very best on your exam journey. You've got this!

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