

- 1 ☐ **Gonstead Radiological Analysis**
Thoracic Spine
- 2 ☐ **Goals when analyzing the Thoracic spine**
 - Locate Possible Posteriorities (lateral film)
 - Derive an accurate listing (A-P view)
 - Disk Analysis (D1 - D6)
 - Watch for pathologies or other items that will affect your adjustment
- 3 ☐ **Goal 1: Locate Possible Posteriorities**
- 4 ☐ **The Theory...**
 - This is a more difficult problem on the film.
 - We are dealing with a kyphosis, rather than a lordosis as in the cervical and lumbar spine.
 - When a segment is subluxated (posteriorly) we will have a hard time seeing it on the film.
- 5 ☐ **Remember:**
 - If it ain't posterior, it ain't subluxated (according to Dr. Gonstead)
- 6 ☐ **So how do we tell on a film?**
 - Georges line
 - D1-D6 disk
 - Schmorle's nodes
- 7 ☐ **Goal 2: List the subluxation on the A-P view**
 - Use the same points on either side of the vertebrae for the landmarks on the listing and base lines
 - Use the point where the transverse process meets the vertebral body
 - Use the bottom of the pedicle shadows.
 - ONLY mark the segment you want to list and its immediate neighbor below
- 8 ☐ **Listing the rotational component**
 - It's not a great idea to use the spinous processes for rotation
 - They tend to be long and overlap in the thoracic spine, and it's difficult to sort out which vertebra a given spinous belongs to
 - Because they are long, there is more opportunity for deformity – this makes the spinous even more unreliable
- 9 ☐ **So just what do I do?**
 - List the rotation based on the shapes of the pedicles, and comparison to the segment below.
 - THEN use the spinous, if you can (or have to)
- 10 ☐ **Listing the wedge**
 - If the spinous is on the open wedge side, it's listed as superior
 - If the spinous is on the closed wedge side, it's listed inferior
- 11 ☐ **Examples**
 - PR
 - PRS
 - PRI-T
 - PL-T