

Technical Standards

The following standards are capabilities related to successful practice in the radiography profession. These are non-academic criteria and include physical capabilities required of radiography students and radiography professionals. Students must be able to meet these standards in order to successfully complete the program. Please read each item carefully to determine if you are able to meet each requirement.

Motor Function Ability – good manual dexterity, motor skills, and eye-hand coordination are necessary in order to:

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Stand up and walk unassisted for 8+ hours on a tiled or carpeted surface. |
| <input type="checkbox"/> | <input type="checkbox"/> | Lift up to 25 lbs. of medical equipment and carry a distance of 20+ feet several times per hour. |
| <input type="checkbox"/> | <input type="checkbox"/> | Wear a 10 pound leaded apron for duration of 3+ hours. |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide strength to move and operate equipment and patient care carts and wheelchairs. |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide strength to transfer and position patients without placing patient at risk. |
| <input type="checkbox"/> | <input type="checkbox"/> | Bend, stoop, or crouch to reach a lower object several times per hour. |
| <input type="checkbox"/> | <input type="checkbox"/> | Rotate your forearm to manipulate machine locks and control knobs. |
| <input type="checkbox"/> | <input type="checkbox"/> | Reach overhead in order to manipulate an x-ray tube. |
| <input type="checkbox"/> | <input type="checkbox"/> | Handle various sized objects (i.e. image receptors, sand bags, sponges, sliding boards, etc.). |
| <input type="checkbox"/> | <input type="checkbox"/> | Don surgical gloves, fill syringes, and handle sterile trays and equipment. |

Communication Ability – The ability to communicate both orally and in writing as it relates to:

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Obtaining and recording patient history. |
| <input type="checkbox"/> | <input type="checkbox"/> | Explaining or discussing procedures. |
| <input type="checkbox"/> | <input type="checkbox"/> | Discussing patient consent forms. |
| <input type="checkbox"/> | <input type="checkbox"/> | Providing clear verbal instructions to patients either face-to-face or from the radiography control area, which is a distance away from the patient. |

Visual Acuity – The ability to see fine lines and to distinguish gradual changes in blacks, grays, and whites necessary to evaluate:

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Radiographic images in dimmed lighting |
| <input type="checkbox"/> | <input type="checkbox"/> | Assess the direction of the central ray to the anatomical part being imaged |
| <input type="checkbox"/> | <input type="checkbox"/> | Read department protocols for imaging procedures, examination requests, monitors, and any written directions or orders. |

Hearing Ability – The ability to hear sounds is necessary in order to:

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Respond to patient questions, concerns and needs. |
| <input type="checkbox"/> | <input type="checkbox"/> | Respond to physician directions, questions, and needs. |

***MRI Safety – The ability to perform magnetic resonance imaging (MRI) requires not having any contraindications that would be adversely impacted by being around a strong (1.5-3 tesla) magnetic field. Do you have any of the following:**

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Pacemakers, ICD, or pacing wires |
| <input type="checkbox"/> | <input type="checkbox"/> | Aneurysm clips prior to 2000 |
| <input type="checkbox"/> | <input type="checkbox"/> | Cochlear ear implants |
| <input type="checkbox"/> | <input type="checkbox"/> | Non-removable neurostimulators or bone growth stimulators |
| <input type="checkbox"/> | <input type="checkbox"/> | Other metal implants and magnetic makeup: _____ |

If you would like to request accommodations, please speak with a BSRS academic advisor and contact disabilities resource and educational services (DRES) at (818)677-4932 for assistance. Upon acceptance into the program and your functional abilities change, please meet with the RS program director for assistance.

Print Name

Signature

Date