The Cardinal rule:

NEVER invade a patient's _personal space_ when placing a marker

1. Hanging protocols determine marker placement (i.e. don't place markers upside down)

2. AP, PA, and Oblique projections: place markers on the patients **lateral** side

3. **Lateral projections:** place markers on the **anterior** side, indicating the side *closest* to the IR

4. The marker cannot superimpose essential anatomy (i.e. when possible, do NOT place markers under "anatomy shadow")

5. An arrow is required for the axial clavicle projection

Considerations:

- Markers should always be placed directly inside a lateral edge of the collimated light field

- A patients lateral side is determined from anatomic position
    - *Example: marker is placed on the "thumb side" for hand projections*

- Adjust marker placement if the rules cause an invasion of a patient's personal space
    - *Example: marker is placed on posterior side for the lateral humerus projection*

- Markers will superimpose non-essential anatomy when imaging larger body parts
    - *Example: marker is placed on the patient for the AP Pelvis projection*

- Marker rules change from workplace to workplace. Always familiarize yourself with site-specific rules