

AUSTRALIAN HIGH PERFORMANCE SPORT SYSTEM DXA – PRACTITIONER REFERRAL FORM

Reason for Referral...

Total body composition

Bone mineral density AP Spine Left femur Right femur Forearm Dual femur

Please confirm with your state-based radiation health guidelines requirements for medical referral

Athlete Details

Name:	Date of birth:
Sport:	Category/position (eg. U23 lightweight rowing):
Stature:	*If <195cm scan should be acquired capturing total body, including head. *If >195cm please measure following total body less head (TBLH) positioning protocol.
Body mass:	*Please measure body mass immediately prior to scan. If this is not possible, use body mass provided here.

> GE LUNAR ONLY: If athlete is too broad for AIS standard positioning protocol:

Offset scanning procedure (mirroring) – preferred method

*estimates missing side from complete side (assuming symmetry)

Two partial scans (left + right)

*requires acquisition of two TBC scans, exposing athlete to double the radiation dose

> Is a blinded scale mass measurement required?

YES

NO

Checklist

Athlete informed of testing

Athlete consent obtained

Athlete 18 years of age (or over)

*If <18y parent/guardian consent required

Total radiation exposure (12 months) does not exceed 1000 µSv

Athlete will not be exposed to nuclear medicine examinations or radiographic agents in the 48h prior to DXA

Repeat scan: Same machine, software, reference database, scan mode, and technician

Machine and technician precision error is available

Female only: Currently or at risk of becoming pregnant, or breastfeeding

Performance Health Support Practitioner

Name:	Date:
Email:	Organisation:

Total radiation exposure

Use the table below to estimate radiation exposure from imaging sources in the last 12 months. **Total exposure should NOT exceed 1000 μ Sv.** Furthermore, the number of DXA scans permitted in the radiation safety plan of the group in which scans are undertaken should not be exceeded, irrespective of the total annual exposure. Typically, this is 3-4 scans per annum.

RADIATION SOURCE	RADIATION EXPOSURE (μ Sv)	NUMBER (12 MTHS)	TOTAL EXPOSURE
DXA [total body]	3		
DXA [bone density]	9		
Dental x-ray	10		
Chest x-ray	20		
CT Scan	8000		
Total Exposure			

*DXA radiation exposure is based on iDXA standard scan mode. Bone density radiation exposure is based on spine + [1x] femur. Please see table below for radiation exposure from specific Hologic machines and different scan modes.

Indicative radiation dose to adult patients from common medical imaging procedures

REGION	HORIZON WI/W			HORIZON A (USV)		
	Express	Fast Array	Aray	Express	Fast Array	Aray
AP Spine	5	7	14	5	7	14
Femur	1.5	2	4	1.5	2	4
Dual Femur	3	4	8	3	4	8
Forearm	0.01					
Total Body	8			3		
BMD [Spine + Dual Femur]	8	11	22	8	11	22