Snip from

X-ray Positioning in OFA Hip Dysplasia Grading: The Devil is in the Details

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Positioning of the Dog to Produce an Anatomically True Hip Image

An accurate assessment of hip conformation begins with correct positioning of the dog so that the image captured for evaluation is that of the dog's true hip anatomy. Errors in hip grading can occur easily if positioning is not done correctly. For that reason, OFA is quite specific on what is required of the veterinary staff taking the radiographs:

> In this standard hip extended position (ventrodorsal view), the animal is placed on its back with the pelvis symmetrical, both femurs extended and parallel, and with the stifles (knees) rotated internally placing the patellas (knee caps) on the midline. The radiograph should include the last two lumbar vertebra and the stifle joints. **It is essential, particularly in marginal cases, to obtain proper position** and radiographic technique.[2]

This ventrodorsal position is endorsed by the American Veterinary Medical Association and the American Animal Hospital Association.

Dr. Davis writes that it is "essential" to obtain proper position. But, what he writes and what he does are 2 very different positions!

When Dr. Davis receives a client that failed on hip laxity the 1st time thru and there is no arthritis present, he uses his "Precise Positioning". This positioning is wrong and tightens up the hip socket. Study after study confirms this. Dogs get a better grade (falsely) and pass OFA. Those dogs are then within the COE and are bred. The disease continues.

His Precise positioning over rotates the patellas to the inside of the femurs, so they face each other or at least, very off center. In order to do this he has to raise the femurs nearly vertical, and strong arm them into the sockets. The over rotation cause the "V" in femurs that Cathy Turner phrased. No where in any literature does it say a slight V is okay. Legs are to be parallel.