

NORTHERN PACIFIC RAILWAY COMPANY

ORDER FOR ROENTGEN EXAMINATION

Station _____ Date _____ 19__

Dr. _____ Roentgenologist at _____

Please make x-ray examination as follows of the lower back of Mr. _____
applicant for position of FIREMAN (), BRAKEMAN (), SWITCHMAN (), or SWITCHTENDER (), (Check one)
SINGLE 14" x 17" ANTEROPOSTERIOR VIEW OF LUMBAR SPINE INCLUDING 11TH DORSAL VERTEBRA AND SACRUM,
SINGLE 14" x 17" LATERAL VIEW OF LUMBAR SPINE INCLUDING 11TH DORSAL VERTEBRA AND SACRUM,
SINGLE 10" x 12" LATERAL VIEW CENTERING AT THE LUMBOSACRAL JOINT,
and submit a report of the x-ray findings to me on the attached form, to be included with my report for this applicant, who has already been examined as to other physical and visual requirements.

Signed _____ M.D.

Authorized Examiner, Northern Pacific Railway Company

Please attach the above order to your statement on N.P. Form 838 at the end of each month and forward to the District Accountant, Northern Pacific Railway Company, for the territory involved.

Detach lower portion and return to the authorized examiner.

REPORT OF ROENTGEN EXAMINATION

Please have applicant sign this form
in the office of the roentgenologist _____
Signature of Applicant

Roentgen examination of
Mr. _____ Date _____ 19__

APPLICANT for the position of _____ Northern Pacific Railway Company

A roentgen examination of the lower back was made as follows:

Single 14" x 17" anteroposterior view of the lumbar spine including 11th dorsal vertebra and sacrum.

Single 14" x 17" lateral view of the lumbar spine including 11th dorsal vertebra and sacrum.

Single 10" x 12" lateral view centering at the lumbosacral joint.

The findings were: NORMAL-ABNORMAL (Cross out word not applying. Please record abnormal findings below.)

THE ABNORMAL FINDINGS WERE AS FOLLOWS:

(If additional space is needed, mark
"over" and write on back).

SIGNED _____ M.D.
Roentgenologist

ADDRESS _____

After this report is received by the authorized examiner, he will attach this form and forward it with Form 1380 for this applicant.

Space below this line is for use of Chief Surgeon.

X-Ray Examination Approved (); Disapproved (). If disapproved, Chief Surgeon will underline or check that portion of the above abnormal findings on which disapproval is based.

Chief Surgeon

Date

_____ 19__

Spondylolisthesis and associated congenital disturbances at the lumbosacral joint are prime sources of trouble which we wish to avoid. Degenerative disturbances of the intervertebral discs are precursors of trouble.

I. CONGENITAL CONDITIONS.

- (a) Disqualifying.
 - Spondylolisthesis.
 - Prespondylolisthesis.
 - Spondylolysis at lumbosacral joint.
 - Defect in posterior arch at lumbosacral joint.
 - Posterior displacement of the fifth lumbar vertebra on the first sacral vertebra.
 - Over development of the first sacral segment.
 - Sacralization of fifth lumbar vertebra on one side only.
 - Sacralization of fifth lumbar vertebra.
 - Lumbarization of first sacral vertebra unilateral.
 - Hyperlordosis with steep lumbosacral angle (45 degrees or over) indicating an increase in shearing strain at lumbosacral junction.
- (b) May be disqualifying.
 - Spina bifida occulta of fifth lumbar vertebra.
 - Bony fusion of vertebral bodies.
 - Bony fusion of vertebral arches.
 - Bony fusion of vertebral apophyseal joints.
 - Ununited epiphysis.
 - Increase in the angle of the sacrum indicating an increase in shearing strain at lumbosacral junction.
 - Congenital deformity of the body of a vertebra.
 - Hemivertebra.
 - Scoliosis.
 - Complete sacralization of L 5.
 - Complete lumbarization of S 1.
 - Sacralization of L 5 with false joints.
 - Lumbarization of S 1 with false joints.
- (c) Not disqualifying.
 - Spina bifida occulta of upper sacral segment.
 - Scoliosis or tilt slight.
 - Lumbar ribs, supernumerary ribs.
 - Congenital deformity of sacrum.
 - Supernumerary vertebrae.
 - Deformity of transverse process.
 - Deformity of the coccyx congenital.

2. CONDITIONS DUE TO DISEASE.

- (a) Disqualifying.
 - Opaque material in the spinal canal.
 - Degeneration of the nucleus pulposus with narrowing of the intervertebral space.
 - Reverse spondylolisthesis, usually associated with arthritis and narrowing of disc spaces.
 - Evidence of surgical laminectomy or partial laminectomy.
 - Evidence of surgical fusion of the spine.
 - Ankylosing arthritis of the spine.
 - Arthritis of the spine—severe or moderate.
 - Calcification of vertebral ligaments (Marie-Strumpel).
 - Scoliosis, marked.
 - Osteomyelitis of the spine.
 - Syphilis of the spine.
 - Tuberculosis of the spine.
 - Tuberculosis of pelvic bones.
 - Tumors of the spine—benign, malignant, primary and metastatic.
 - Opaque material in the buttocks.
- (b) May be disqualifying.
 - Arthritis of the spine—slight.
 - Increase or decrease in bony density.
 - Disturbances in growth, infections, metabolic disease or osteochondritis.
 - Herniation of nucleus pulposus into vertebral body (Schmorl's nodes.)
- (c) Not disqualifying.
 - Hypertrophic arthritis of the spine—slight, in patients over 40 years of age.
 - Narrowing of lumbosacral interspace—slight.

3. CONDITIONS DUE TO INJURY.

- (a) Disqualifying.
 - Compression fractures of vertebral bodies severe and moderate.
 - Fracture dislocations of spine.
 - Fractures of articular processes of spine.
 - Post traumatic kyphosis.
- (b) May be disqualifying.
 - Compression fractures of vertebral bodies—slight.
- (c) Not disqualifying.
 - Fractures of transverse processes healed.
 - Fractures of transverse processes ununited.
 - Fractures of spinous processes.