**Patient Positioning**

**For Success**

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### Patient Positioning

**SKULL CLAMP POSITIONING**

- **APPROACH**
  - Upper lateral suboccipital.
  - Head is maintained in 0-degrees of rotation ("Park Bench" position).

- **ACCESS TO**
  - Cerebellopontine angle and the lateral brainstem.

- **SKULL CLAMP APPLICATION**
  - Single pin side superior. Head resting on 2-pin rocker arm of skull clamp.

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**APPROACH**

- Posterior, parietal, occipital...

- **ACCESS TO**
  - Exposure to parietal and occipital lobes.

- **SKULL CLAMP APPLICATION**
  - Skull clamp is applied parallel to the floor.

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**APPROACH**

- Pterional, frontal, temporal and parietal approaches.

- **ACCESS TO**
  - Frontal, parietal, and temporal regions.

- **SKULL CLAMP APPLICATION**
  - Single pin side superior. Head resting on 2-pin rocker arm of skull clamp.

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**APPROACH**

- Posterior, lateral suboccipital...

- **ACCESS TO**
  - Exposure to parietal and occipital lobes.

- **SKULL CLAMP APPLICATION**
  - Single pin side superior. Head resting on 2-pin rocker arm of skull clamp.

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### "Sweatband" = Stability

When positioning the MAYFIELD Skull Clamp to a patient’s head, visualize a sweatband on the patient. The skull pins should be applied within the area covered by the sweatband.

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**EQUAL FORCES = STABILITY**

If the two skull pins on the rocker are equidistant from the centerline, then the forces on these pins will be equal and stable, applied within the area covered by the sweatband.

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**UNEQUAL FORCES = UNSTABLE**

If the two skull pins on the rocker are not equidistant from the centerline, the forces on these pins will NOT be equal and could be unstable.