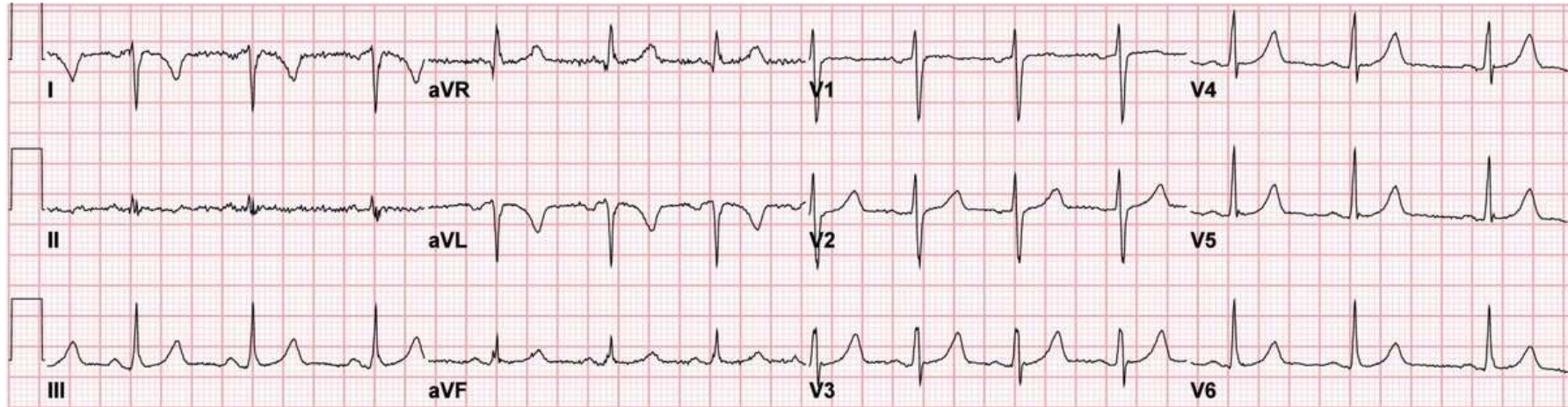
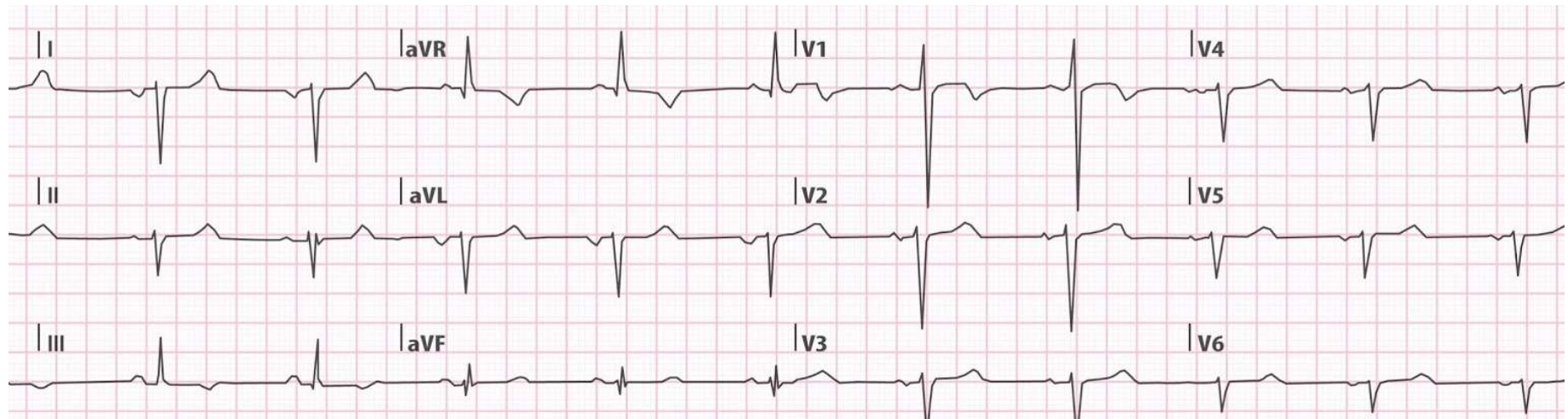


- Incorrect electrode placement

*Limb lead reversal:*



*Limb lead reversal with upside-down P-QRS-T in leads I and aVL, but normal R wave progression in precordial leads*



*Dextrocardia with similar upside-down P-QRS-T in leads I and aVL, but reverse R wave progression in precordial leads*

Reversal of right and left arm leads:

- Resultant ECG mimics dextrocardia in limb leads with inversion of the P-QRS-T in leads I and aVL
- Leads II and III transposed
- Leads aVR and aVL transposed

To distinguish between these conditions, look at precordial leads: dextrocardia shows reverse R wave progression (with gradual loss of R wave voltage from V1–V6); limb lead reversal shows normal R wave progression.

The net negative QRS voltage in lead I in incorrect electrode placement (right arm/left arm switch) and dextrocardia is consistent with right axis deviation. However, right axis deviation should not be scored with incorrect electrode placement, as it is a technical error, not a true axis shift. In contrast, for dextrocardia the right axis deviation is real, and should be scored.

- Reversal of left arm and left leg leads:
  - Leads I and II transposed
  - Leads aVF and aVL transposed
  - Lead III inverted
- Reversal of right arm and left leg leads:
  - Leads I, II, and III inverted
  - Leads aVR and aVF transposed

*Precordial lead reversal:*

Typically manifests as an unexplained decrease in R wave voltage in two consecutive leads (e.g., V1, V2) with a return to normal R wave progression on the following leads.

