

Anatomy: LOWER EXTREMITY  
 Sub-Anatomy: HIP - Ortho 3T

- Exams **ORDERABLE- HIP – Unilateral**  
 - Routine Coil: HIP (Torso coil)

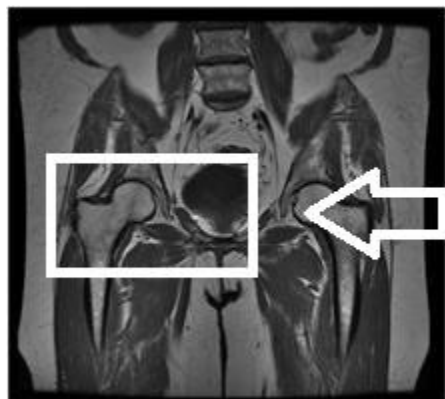
SEQUENCE - BASICS														
PLANE	SEQ	Slice thickness (mm)	Misc / Comment	M T X	Gap	Voxel size (mm)	TR	TE			ETL Turbo Factor	Phase Encode	Scan TIME (min)	Pixel Shift BW-kHz
<b>ROUTINE</b>														
	3 plane scout		Only use GRE											
AX	mDIXON	3.5	BILATERAL											
COR	PD mDIXON	3.5	unilateral		10%	0.5x0.6	3000	35-40						
SAG	PD FS	3.5	unilateral		10%	0.5x0.6	3000	35-40						
AX	T2 mDIXON	3-4	Unilateral-BE SURE TO COVER SYMPHYSIS		10%	0.5x0.6	3000	55						
SAG	3D PD SPAIR	3D	unilateral		0	0.65 iso								
<b>↓ OPTIONAL ↓</b>														
	STIR	3.5	Failed fat sat		10%	0.5x0.6	3000							

**Instructions: FOV and Coverage-** On axials, cover the entire hip joint to the symphysis. On coronals, just anterior to femoral vessels to behind the ischial spine/tuberosity. On sagittals, cover from medial to acetabulum to slightly lateral to greater trochanter.

**Large subject:** Use torso coil, increase voxel size to 0.75mm or resort to 2D imaging; if problem with SNR or wrap, etc- call OPB/PMH for remote monitoring help.

**Reconstruction for 3D-** 0.65 mm axial and sagittal. Also create oblique axial along the mid femoral neck from Cor 3D PD TSE (1) as in image below.

**Others-** Always put marker at the site of most pain, injury or swelling. If motion observed, stop the scan, instruct patient to lay still and repeat the sequence.

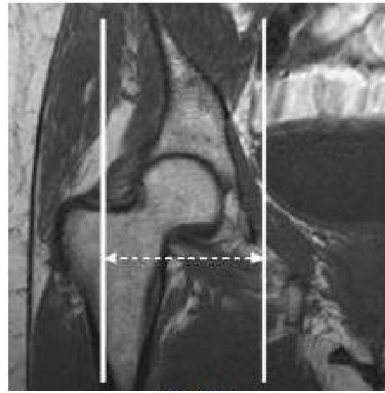


**COVER SYMPHYSIS**

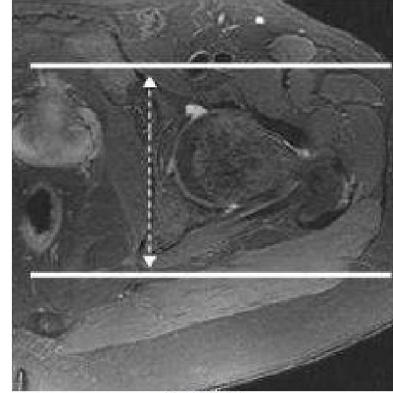
Axial Coverage 1/12/18



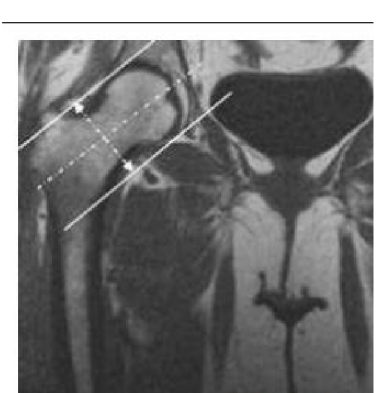
**Axial Image Coverage**



**Sagittal**



**Coronal**



**Oblique Axial**