

**ORDERABLE-
Joint or Non-
joint extremity**

Anatomy: **UPPER or LOWER EXTREMITY** - Exams
 Sub-Anatomy: **LONG BONES UPPER OR LOWER** - Routine

Coil: **Joint specific (avg pt) / mFlex or torso coil (large pt)**

SEQUENCE - BASICS				VARIABLE PARAMETERS														
PLANE	SEQ	Slice Thickness (mm)	Misc / Comment	MT X	Gap	% RFOV	Slices	Pixel size (mm)	T R	TE	FA/TI	Nex Avg Acq	NS	ETL Turbo Factor	Phase Encode	Scan TIME (min)	Pixel Shift	
ROUTINE																		
1	3 plane scout		Only use GRE															
2	Sagittal STIR	4mm			0.4			0.5x0.6										
3	Ax 2D T1	3-4mm			0.4													
4	Ax fsT2W or mDixon	3-4mm			0.4			0.5x0.6										
5	Cor 2DT2 FS or mDixon	3-4mm			0.4			0.5x0.6										
6	Cor dual FFE/in-out phase	4 mm																
7	Axial DWI	4mm	B values – 0,400,800															
8	3D axial mdixon / VIBE pre- contrast	1.0 mm iso																
9	3D axial mdixon / VIBE post contrast	1.0 mm iso																

Instructions: FOV and Coverage- On axials, coronal or sag, try to cover from skin to skin surface

Large subject: Can increase pixel-0.6-0.7 mm for 2D and 2 mm iso for 3D fs T1W

Reconstruction for 3D post mDixon/Vibe- 1.0 mm / acquired voxel in all 3 planes.

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.

Bilateral lower extremities can be scanned together in axial and coronal planes