Patient’s Name: ____________________ UW Med Rec #: ____________ Right □ Left □

Protocoles by: □ R. Lange □ DB □ KD □ ADS □ RK □ KL □ HR □ KS □ MT

MSK Fellow: ___________ Rad Resident: ___________

Choose one (or more) of the following Reformatting Protocols:

[A] Ankle/Distal Tibia (centered on Ankle Joint)
Appropriate for: ✓ Distal Tibial Fractures (Pilon, Malleoli, Triplane, Juvenile Tillaux)
✓ Talar Dome Fractures (OCD)

1) Straight Axial
   (off a sagittal)
   □ Standard: 3x3mm
   □ For OCD: 3x3mm

2) Mortise Coronal
   (off an axial)
   3x3mm

3) Mortise Sagittal
   (off an axial)
   3x3mm

[B] Hindfoot/Midfoot (centered on Chopart’s Joint)
Appropriate for: ✓ Hindfoot Fractures (Calcaneus, Talar Body, Sub-Talar Joint)
✓ Tarsal Coalitions

1) Straight Sagittal
   (off an axial)
   Standard: 3x3mm

2) Oblique Coronal
   (off a sagittal)
   3x3mm

3) Straight Axial
   (off a sagittal)
   3x3mm

4) Oblique Axial
   (off a sagittal, parallel to MT)
   3x3mm

[C] Forefoot/Midfoot (centered on Lisfranc’s Joint)
Appropriate for: ✓ Forefoot Fractures (Lisfranc Dislocation, Metatarsals)

ALL PLANES RELATIVE TO 1<sup>st</sup> METATARSAL! (May have to oblique reference image to see 1<sup>st</sup> MT)

1) Axial (Long Axis)
   (off a sagittal)
   Standard: 3x3mm

2) Short Axis
   (off a sagittal)
   3x3mm

3) Sagittal
   (off an axial)
   3x3mm

D) “Navicular” (StressFx)
✓ Reformat 6cm FOV
✓ Reformat 1x1mm
1&2) Coronal & Axial 3) Sagittal off Sagittal axial
Positioning

- **Use the Foot Holder!**
- Patient Supine.
- Feet together, centered in scanner.
- Toes pointing straight up.
- Gantry straight up (0°).
- In most cases we scan both feet together.
  
  - If feet cannot be brought together, position the patient such that the foot/ankle of interest is centered in the scanner.

Scanning Parameters

- Helical (as with most UW bone CTs).
- Thin, overlapping slices (as with most UW bone CTs).
  
  - For Feet/Ankles (as well as wrists) the helical slices should be:
    - 0.625 mm thick, at
    - 0.3 mm intervals
- “Small” Scanning Field of View (SFOV)
- 25 cm Display Field of View (DFOV)
- 200 mA; 120 kV
- “BonePlus” and “Standard” Algorithms

Coverage

- From above Syndesmosis (Tib/Fib Joint)
  
  - **Higher for Pilon Fractures.**
- To below Calcaneus

2D Reformat

- Reformat in 3 planes as specified on other side of this sheet.
  
  - Use “BonePlus” images for all 2D reformat.
    
    - (In general, the “Standard” images are used solely for 3D reformat).
  - Use a “Bone Window” (1500/300).
- Reformat just the side that is requested. Annotate as to “Right” or “Left”.
- **Do not create “Standard” 2D reformat unless requested by radiologist.**
- If the clinical service requires both sides, you need:
  
  - Two separate requisitions (each with a unique accession number).
  - Two separate protocol sheets (each side must be protocolled individually).
  - To send each Foot/Ankle to separate ALI folders
    
    - (i.e. Right reformat to one folder; Left reformat to a separate folder)

Sending to the PACS (ALI)

- Send the **source images only** to the “Source Folder”.
  
  - **Do Not Send the Source Images to the “CT Folder”.**
- Send the 3 set of Reformatted images to the “CT Folder”.
  
  - Also send the AP and Lateral Scout images to the “CT Folder”.
- Confirm the images have passed to the transmission queue.
- Once all images are sent to the PACS, end the requisition.
  
  - A green copy of the requisition should then print in the reading room.

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