FOOT & ANKLE

MORTISE SAG  MORTISE COR  STRAIGHT AXIAL  STRAIGHT COR  OBLIQUE AXIAL  OBLIQUE COR  SHORT AXIS  LONG AXIS

NON SPECIFIC FOOT PAIN

1. 3 Plane loc
2. Mortise Sag T1
3. Mortise Sag T2 85% dark fat

►Use SAGITTAL T1 to GRx AXIAL scans
4. Straight Ax T1
5. Straight Ax T2 classic fat sat

►Use SAGITTAL T1 to GRx OBLIQUE CORONAL T2
6. Oblique Cor T2 classic fat sat

►Use AXIAL images to GRx MORTISE CORONAL PD
7. Mortise Cor PD classic fat sat

**18 and Under—Sag T2 Map if avail **see 2nd page for instructions** OK not to scan Mortise Cor PD FAT if ran.

OCD - LOOSE BODY - LIGAMENT TEAR

1. 3 Plane loc
2. Mortise Sag T1
3. Mortise Sag T2 85% dark fat

►Use SAGITTAL T1 to GRx AXIAL scans
4. Straight Ax T1
5. Straight Ax T2 classic fat sat

►Use AXIAL images to GRx CORONAL scans
6. Mortise Cor T1
7. Mortise Cor T2 efl sat fat

**18 and Under —Sag T2 Map if avail **see 2nd page for instructions**

Optional Contrast (Copy GRx from pre): 8. Mortise Sat T1 efl Fat
9. Straight Ax T1 efl Fat
10. Mortise Cor T1 efl Fat

PLANTAR FASCIITIS - FIBROMA - HEEL PAIN

1. 3 Plane loc
2. Mortise Sag PD THIN
3. Mortise Sag T2 85% dk fat THIN

►Use SAGITTAL T1 to GRx COR & AX scans
4. Straight Cor T1
5. Straight Cor T2 efl fat sat
6. Straight Ax T2 efl fat sat

►Use AXIAL images to GRx CORONAL scans
7. Mortise Cor T1
8. Mortise Cor T2 classic fat sat

18 and Under —Sag T2 Map if avail **see 2nd page for instructions**

STRESS FX - MIDFOOT

1. 3 Plane loc
2. Mortise Sag T1
3. Mortise Sag FSTIR

►Use SAGITTAL T1 to GRx AX & COR scans
4. Oblique Ax T1
5. Oblique Ax T2 efl fat sat
6. Oblique Cor T1
7. Oblique Cor T2 IDEAL

►Use SAGITTAL T1 to GRx COR & AX scans
8. Mortise Sag T1
9. Mortise Sag FSTIR

MARKER at site of max pain

COVER:
- Hindfoot, ankle, calcaneus, cuboid, soft tissue

OSTEO-TUMOR-ABSCESSES

1. 3 Plane loc
2. Mortise Sag T1
3. Mortise Sag FSTIR

►Use SAGITTAL T1 to GRx AX & COR scans
4. Straight Ax T1
5. Straight Ax T2 classic fat sat
6. Straight Cor T1
7. Straight Cor T2 classic fat sat

FOR TUMOR—PRE AX T1 FAT (1 nex, ok if grainy)
8. +C Mortise Sag T1 classic fat sat
9. +C Straight Ax T1 classic fat sat
10. +C Straight Cor T1 classic fat sat

MARKER over ulcer
(It is not necessary to remove dressing)

Contrast:
- Multihance .1 mmol/kg
- Max 20 mL

STRESS FX - METATARSALS

1. 3 Plane loc
2. Straight Sag T1
3. Straight Sag FSTIR

►Use SAGITTAL T1 to GRx SHORT AXIS
4. Short Axis T1
5. Short Axis T2 efl fat sat

►Use SHORT AXIS to GRx LONG AXIS
6. Long Axis T1
7. Long Axis T2 IDEAL

►Opt: THIN Sag Metatarsal or joint as specified 3/0.2

MARKER at site of max pain

COVER:
- Bases of proximal phalanges to the talonavicular joint

FOREFOOT: TOE ULCER

1. 3 Plane loc
2. Straight Sag T1
3. Straight Sag FSTIR

►Use SAGITTAL T1 to GRx AX & COR scans
4. Short Ax T1
5. Short Ax T2 IDEAL
6. Long Ax T1
7. Long Ax T2 IDEAL

FOR TUMOR—PRE AX T1 FAT (1 nex, ok if grainy)
8. +C Straight Sag T1 classic fat sat
9. +C Short Ax T1 classic fat sat
10. +C Long Ax T1 IDEAL

MARKER over ulcer
(It is not necessary to remove dressing)

Include Metatarsals through toes

Contrast:
- Multihance .1 mmol/kg
- Max 20 mL
**Run a T2 Map sequence Knee, Ankle and Spondylo protocols in patients 18 and Under.**

Available on TAC 1, TAC 2, RP 1, RP 3, CSC 5, CSC 6, AFCH

Copy FOV, Slice Thickness and Spacing from the Sag T2 in protocol. Reduce number of slices to cover joint.

***Reduce phase to 192 or 160 if scan too long***

***OK to leave out Sag PD Cube Fat when adding T2 Mapping to a knee.***

**T2 MAP Post Processing**

Highlight series in Browser, Click Functool

Film Save Report

Functional Maps

Select "Left" next to Visible Maps

Select Multiple Locations

Select Next

Save as SCREENSAVE image

Select Save

Select Save as Processed images

Select Save

Send T2 Map Series and post processing to **SOURCE**

Color Map post processing can go to **ALI**

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**Mortise Sagittal**

Angle parallel to the talus bone (will also end up being parallel to the calcaneus.)

Cover skin to skin

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**Mortise Coronal:**

Angle Perpendicular to the talus bone (Will also end up being perpendicular to the calcaneus)

Cover entire calcaneus to metatarsals
OBQ Axial:
Angle parallel to the sustentaculum tali (between the talus and calcaneus bones)
Cover a 5 slices above the ankle joint through the entire calcaneus

Straight Axial:
Cover 5 slices above ankle joint through the entire calcaneus.

Straight Coronal
Cover posterior to calcaneus to the metatarsal bones

OBQ Coronal:
Angle perpendicular to the sustentaculum tali (between the talus and calcaneus bones)
Cover posterior to calcaneus to the metatarsal bones

Short Axis:
Prescribe off of Sagittal Scan. Try to angle perpendicular to metatarsals.

Long Axis:
Prescribe off of Short Axis Scan. Try to angle so the metatarsals are in one plane.