### Plantar Fasciitis - Fibroma - Heel Pain

1. 3 Plane loc
2. Mortise Sag T1 3/0.5 14 FOV
3. Mortise Sag T2 85% dark fat 3/0.5 14 FOV

**Use SAGITTAL T1 to Grx AXIAL scans**
4. Straight Ax PD 3/0.5 14 FOV
5. Straight Ax T2 classic fat sat 3/0.5 14 FOV
6. Oblique Cor T2 classic fat sat 3/0.5 14 FOV
7. Mortise Cor T2 IDEAL 3/0.5 14 FOV

**Use Sag and AXIAL images to Grx CORONAL scans**
6. Mortise Cor T1 3/0.5 16 FOV

**Sag and Ax with the most inferior slice at the distal tip of fibula**
8. Mortise Sag T1 IDEAL 3/1.5 16 FOV
9. Straight Ax T1 IDEAL 3/1.5 16 FOV

**Synovitis Optional Contrast (Copy Grx from pre)**
3 Plane loc
5. Mortise Sag T1 3/1.5 20 FOV
6. Mortise Sag FSTIR 3/1.5 20 FOV
7. Oblique Ax T1 3/1.5 20 FOV
8. Oblique Ax T2 IDEAL 3/1.5 20 FOV
9. Oblique Cor T1 3/1.5 16 FOV
10. Oblique Cor T2 IDEAL 3/1.5 16 FOV

**Request:** MRI Foot w/o Center at cuboid. Cover maximum foot & ankle using the prescribed FOV.

### Achilles (Tendon)

1. 3 Plane loc
2. Mortise Sag T1 THIN 3/0.2 16 FOV
3. Mortise Sag T2 85% dark fat THIN 3/0.2 16 FOV

**Use SAGITTAL T1 to Grx AXIAL scans**
4. Straight Ax PD 3/0.5 16 FOV
5. Straight Ax T2 classic fat sat 3/0.5 16 FOV
6. Oblique Cor T2 classic fat sat 3/0.5 16 FOV
7. Mortise Cor PD classic fat sat 3/0.5 16 FOV

**Use Sag and AXIAL images to Grx MORTISE CORONAL PD**
8. Mortise Cor T2 IDEAL 3/0.5 16 FOV
9. Mortise Cor T2 IDEAL 3/0.5 16 FOV
10. Mortise Cor T2 IDEAL 3/0.5 16 FOV

**MARKER at site of maximum pain**

### Quick High Ankle Sprain

1. 3 Plane loc
2. Straight Sag SSFSE 4/0 24 FOV

**Inferior aspect of FOV should be at the distal tip of fibula**
3. Straight Ax T2 classic fat sat 3/0.5 16 FOV
4. Mortise Sag T2 classic fat sat 3/0.5 16 FOV
5. Mortise Sag T1 classic fat sat 3/0.5 16 FOV

**MARKER at site of maximum pain**

### Osteo-Tumor-Absscess-Mass

1. 3 Plane loc
2. Mortise Sag T1 3/1.5 16 FOV
3. Mortise Sag FSTIR 3/1.5 16 FOV
4. Straight Ax T1 3/1.5 16 FOV
5. Straight Ax T2 classic fat sat 3/1.5 16 FOV
6. Mortise Cor T1 3/1.5 16 FOV
7. Mortise Cor T2 classic fat sat 3/1.5 16 FOV
8. Mortise Cor T2 IDEAL 3/1.5 16 FOV
9. Mortise Cor T1 IDEAL 3/1.5 16 FOV
10. Mortise Cor T1 IDEAL 3/1.5 16 FOV

**MARKER over ulcer**

- It is not necessary to remove dressing
- Contrast: Multihance 1 mmol/kg
- Max 20 mL
- Low eGFR inpatient
- Dose: No Change

### Foot & Ankle

- 3 Plane loc
- Straight Sag T1 3/1.5 16 FOV
- Straight Sag FSTIR 3/1.5 16 FOV
- Use SAGITTAL T1 to Grx Short Axis
- 4. Straight Ax T1 3/1.5 16 FOV
- 5. Short Ax T2 IDEAL 3/1.5 16 FOV
- Use SHORT AXIS to Grx Long Axis
- 6. Long Ax T1 3/1.5 16 FOV
- 7. Long Ax T2 IDEAL 3/1.5 16 FOV
- Use OPT: THIN Sag Metatarsal or joint as specified 3/0.2

**Request:** MRI Foot w/o & w MARKER over ulcer

- Include Metatarsals through toes
- Contrast: Multihance 1 mmol/kg
- Max 20 mL
- Low eGFR inpatient
- Dose: No Change
Mortise Sagittal

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

Cover skin to skin

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)
Tendon Protocol: Cover posterior to calcaneus to the metatarsal bones
Metatarsal Stress Fx: Ant ankle joint through proximal metatarsals

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.