## SHOULDER ARTHROGRAM **Images**
1. 3 Pl loc
2. Cor T1 cl fat sat **OBLIQUE**
3. Sag T2 cl fat sat **OBLIQUE**
4. Cor T2 cl fat sat **OBLIQUE**
5. Ax PD cl fat sat **OBLIQUE**
6. Ax T1 no fat **STRAIGHT**
7. ABER 3 pl loc Arm over head
8. ABER Sag T1 cl fat sat 
   **Set up off of Coronal Loc**
   - If patient is unable to raise arm, copy GRx of Ax PD fat and have patient externally rotate arm
7. Ax PD cl fat sat **OBLIQUE**

## HIP ARTHROGRAM (3T) **Images**
1. 3 Pl loc
2. Ax cal scan
3. Cor T1 cl fat sat 4/0.4 20 FOV
4. Cor T2 cl fat sat 4/0.4 20 FOV
5. Sag PD cl fat sat 4/0.4 18 FOV
6. **OBLIQUE** Ax T1 cl fat 4/0.4 18 FOV GRx on cor, parallel to fem neck
7. Ax T1 no fat sat 4/0.4 18 FOV Axial through lesser trochanter
8. Ax T2 cl fat sat 4/0.4 18 FOV Axial through lesser trochanter
9. Sag 3d SPGR IDEAL
   - Reformat: Water series into 1.5 mm in all 3 planes
   - ALI: Water series & reformats
   - ALI_SOURCE: Remaining source images

## KNEE ARTHROGRAM
1. 3 Pl loc
2. Ax T2 cl fat sat--4 slices above patella through tib/fib joint
3. Cor T1 cl fat sat --Popliteal Artery through patella
4. Sag PD--Include all bone through ligaments
5. Sag T2 cl fat sat
6. Sag T1 cl fat sat
7. ABER 3 pl loc Arm over head

## ANKLE ARTHROGRAM
1. 3 Pl loc **Images**
2. Ax T1 cl fat sat 3/1 14 FOV
   - Cover 5 slices above ankle joint through the entire calcaneus.
3. Sag FSTIR **MORTISE** 3/0.5 14 FOV
4. Sag T1 cl fat sat **MORTISE** 3/0.5 14 FOV
5. Cor T1 cl fat sat **MORTISE** 3/0.5 14 FOV
6. Cor PD no fat sat **MORTISE** 3/0.5 16 FOV
7. Cor T1 cl fat sat

## ELBOW ARTHROGRAM
1. 3 Pl loc
2. Ax T1 cl fat sat
   - **Axial to humerus, GRx on coronal from 3 pl loc**
3. Ax T2 cl fat sat
   - **Axial to humerus, GRx on coronal from 3 pl loc**
4. Sag T1
   - **Sagittal to distal humerus on an axial image**
5. Cor T1 cl fat sat
   - **Cor (parallel) to distal humerus on an axial image**
6. Cor PD cl fat sat
7. Cor (parallel) to distal humerus on an axial image

## WRIST ARTHROGRAM (3T)
1. 3 Pl loc Midline
2. 3T only—Cor PD Cube Fat (60 slices) 1/0 14 FOV
   - **do not decrease # of slices. It will decrease SNR**
3. Ax T1 cl fat sat 3/0.5 10 FOV
4. Ax T2 cl fat sat 3/0.5 10 FOV
5. Cor T1 cl fat sat 2/0.2 10 FOV
6. Cor T2 cl fat sat 2/0.2 10 FOV
7. Sag T1 no fat sat 3/0.5 10 FOV
   - **IF at 1.5T run 8. Cor T1 SPGR fat 3d 1.2/0 10 FOV**
   - **FOV might be larger at CSC due to coils available**

## COIL:
- 8HRBRN
- Opt: 2 x3" circular coils w/dual sleeve connector box

## CORONAL PLANE
1. 3 Pl Loc
2. Ax CAL
3. Ax T1 Quick localizer
   - CLOSED JAW
   - **Coronal: PARALLEL to condyles**
4. LEFT Cor T1 OBL 3/0.2 9 slices
5. RIGHT Cor T1 OBL 3/0.2 9 slices
7. LEFT & RIGHT: Sag PD OBL 3/0.2 9 slices
8. LEFT & RIGHT: Sag T2 fat OBL 3/0.2 9 slices

## TMJ: TEMPOROMANDIBULAR JOINTS
**Images**
1. 3 Pl loc
2. Ax CAL
3. Ax T1 Quick localizer
   - CLOSED JAW
   - **Coronal: PARALLEL to condyles**
4. LEFT Cor T1 OBL 3/0.2 9 slices
5. RIGHT Cor T1 OBL 3/0.2 9 slices
7. LEFT & RIGHT: Sag PD OBL 3/0.2 9 slices
8. LEFT & RIGHT: Sag T2 fat OBL 3/0.2 9 slices

## Coil:
- 8HRBRN
- Opt: 2 x3" circular coils w/dual sleeve connector box
Shoulder Arthogram Set Up:

Obl Cor: perpendicular to glenohumeral joint
Obl Sag: parallel to joint

Set up Obl Ax off of "Tear Drop" on Sag series

Obl Axial Looks like this

Set up Aber View off of Coronal Loc
Perpendicular through Joint

Aber view should look like this!!
Hip Arthrogram Set up:

Cor Set up: try to keep femoral head in center of FOV. For larger patients shift lateral so wrap doesn't go into ROI. Increase FOV if necessary.

Obl Ax set up parallel to femoral neck.

Obl Ax: Image may flip due to angle.

Ensure straight axials are through the lesser trochanter.

Lesser Trochanter

Sagittal Coverage

Straight Axial
**TMJ Set Up:**  Prior to test have patient open TMJ device to their max comfort. Have resting on patient’s chest during the exam.

**TMJ Coronal:**

**TMJ Sagittal:**

Have patient open the TMJ device. Instruct them to not move their head.
Ankle Arthrogram:

**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