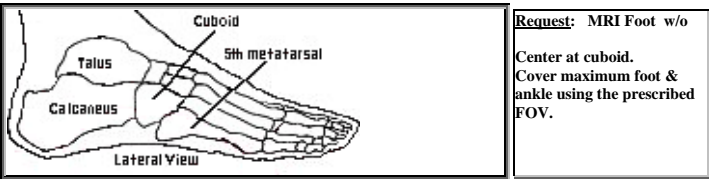


Ensure extremity of interest is as isocenter as possible SHIM all Fat sat scans!!
Make Sure to have patient's foot positioned in Dorsi Flexion

NON SPECIFIC FOOT PAIN



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

1. 3 Plane loc			
2. Straight Sag T1	3/1.5	20 FOV	
3. Straight Sag FSTIR	3/1.5	20 FOV	
4. Oblique Ax T1	3/1.5	20 FOV	
5. Oblique Ax T2 FLEX (IDEAL if flex not available)	3/1.5	20 FOV	
6. Oblique Cor T1	3/1.5	16 FOV	
7. Oblique Cor T2 FLEX (IDEAL if flex not available)	3/1.5	16 FOV	

OCD - LOOSE BODY - LIGAMENT TEAR

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	
▶ Use Sag and AXIAL images to GRx CORONAL scans			
6. Mortise Cor T1	3/0.5	16 FOV	
7. Mortise Cor T2 cl fat sat	3/0.5	16 FOV	
8. Mortise Cor PD (2/5 or 2/2 10 FOV) High rez for cartilage			
▶ keep TR @ 3000 (give or take 100)			
▶ cover joint only (about 20 slices)			
Synovitis Optional Contrast (Covp GRx from pre):			
9. Mortise Sat T1 cl Fat			
10. Straight Ax T1 cl Fat			

Request: MRI Ankle w/o
MARKER at site of maximum pain

OPT Contrast:
 Multihance
 1 mmol/kg
 Max 20 mL
 Low eGFR inpatient
 Dose: No Change

PLANTAR FASCIITIS - FIBROMA - HEEL PAIN

1. 3 Plane loc			
2. Mortise Sag PD THIN	3/0.5	14 FOV	
3. Mortise Sag T2 85% dk fat THIN	3/0.5	14 FOV	
4. Straight Cor T1	3/0.5	16 FOV	
5. Straight Cor T2 cl fat sat	3/0.5	16 FOV	
6. Straight Ax T2 cl fat sat	4/1	16 FOV	

Request: MRI Foot w/o
MARKER at site of max pain
COVER: Hindfoot, ankle, calcaneus, cuboid, soft tissue

STRESS FX - MIDFOOT

1. 3 Plane loc			
2. Mortise Sag T1	4/1	16 FOV	
3. Mortise Sag FSTIR	4/1	16 FOV	
4. Oblique Ax T1	3/1	14 FOV	
5. Oblique Ax T2 cl fat sat	3/1	14 FOV	
6. Oblique Cor T1	3/0.5	14 FOV	
7. Oblique Cor T2 FLEX (IDEAL if flex not available)	3/0.5	14 FOV	
▶ Opt: Rad to specify coverage: THIN SA T1 2/0.2, Thin Sag PD FS 2/2, or Thin LA PD FS 2/2			

Request: MRI Foot w/o
MARKER at site of maximum pain
 Ant ankle joint through proximal metatarsals

STRESS FX - METATARSALS

1. 3 Plane loc			
2. Straight Sag T1	4/1	16 FOV	
3. Straight Sag FSTIR	4/1	16 FOV	
▶ Use SAGITTAL T1 to GRx SHORT AXIS			
4. Short Axis T1	3/1	16 FOV	
5. Short Axis T2 cl fat sat	3/1	16 FOV	
▶ Use SHORT AXIS to GRx LONG AXIS			
6. Long Axis T1	3/0.2	16 FOV	
7. Long Axis T2 FLEX (IDEAL if flex not available)	3/0.2	16 FOV	
▶ Opt: Rad to specify coverage: THIN SA T1 2/0.2, Thin Sag PD FS 2/2, or Thin LA PD FS 2/2			

Request: MRI Foot w/o
MARKER at site of max pain
COVER: Bases of proximal phalanges to the talonavicular joint.

TENDON: PERONEAL or FLEXOR

1. 3 Plane loc			
2. Mortise Sag T1	3/1.5	16 FOV	
3. Mortise Sag T2 85% dark fat	3/1.5	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	
▶ Use Sag and AXIAL images to GRx MORTISE CORONAL PD			
7. Mortise Cor PD classic fat sat	3/0.5	16 FOV	

Request: MRI Foot w/o or MRI Ankle w/o
MARKER at site of maximum pain

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			
▶ A 2nd set of axial should be done to cover marker if needed			
4. Straight Ax PD	4/1	14 FOV	
5. Straight Ax T2 classic fat sat	4/1	14 FOV	
▶ Use Sag and Ax images to GRx MORTISE CORONAL			
6. Mortise Cor T2 classic fat sat	3/1.5	16 FOV	

Request: MRI Ankle w/o
MARKER at site of maximum pain
COVER: All of Achilles tendon, heel, & to the metatarsal bases

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	
▶ 30 slices with the most inferior slice at the distal tip of fibula			

Request: MRI Ankle w/o
Coil: Foot/Ankle coil
MARKER at site of maximum pain

HINDFOOT: HEEL ULCER or MALLEOLAR ULCER Osteo-Tumor-Abscess-Mass
 If ER or IP, ensure there has been an x-ray within the last 6 months. If not, request that one be ordered. OK to proceed with MRI if x-rays are ordered and not completed

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	14 FOV	
5. Straight Ax T2 classic fat sat	3/1.5	14 FOV	
6. Straight Cor T1	3/1.5	14 FOV	
7. Straight Cor T2 classic fat sat	3/1.5	14 FOV	
FOR TUMOR—PRE AX T1 FAT (1 nex, ok if grainy)			
8. +C Mortise Sag T1 classic fat sat	3/1.5	16 FOV	
9. +C Straight Ax T1 classic fat sat	3/1.5	14 FOV	
10. +C Straight Cor T1 classic fat sat	3/1.5	14 FOV	

Request: MRI Foot w/o & w
MARKER over ulcer (It is not necessary to remove dressing)
Contrast: Multihance
 1 mmol/kg
 Max 20 mL
 Low eGFR inpatient
 Dose: No Change

FOREFOOT: TOE ULCER Osteo-Tumor-Abscess-Mass

If ER or IP, ensure there has been an x-ray within the last 6 months. If not, request that one be ordered. OK to proceed with MRI if x-rays are ordered and not completed

1. 3 Plane loc			
2. Straight Sag T1	3/1.5	16 FOV	
3. Straight Sag FSTIR	3/1.5	16 FOV	
▶ Use SAGITTAL T1 to GRx Short Axis			
4. Short Axis T1	3/1.5	16 FOV	
5. Short Axis T2 FLEX (IDEAL if flex not available)	3/1.5	16 FOV	
▶ Use SHORT AXIS to GRx LONG AXIS (near area of pain)			
6. Long Axis T1	3/1.5	16 FOV	
7. Long Axis T2 FLEX (IDEAL if flex not available)	3/1.5	16 FOV	
FOR TUMOR—PRE AX T1 FAT (1 nex, ok if grainy)			
8. +C Straight Sag T1 classic fat sat	3/1.5	16 FOV	
9. +C Short Axis T1 classic fat sat	3/1.5	16 FOV	
10. +C Long Axis T1 FLEX (IDEAL if flex not available)	3/1.5	16 FOV	

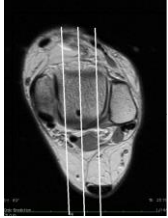
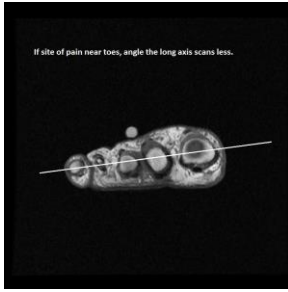
Request: MRI Foot w/o & w
MARKER over ulcer (It is not necessary to remove dressing)
Include Metatarsals through toes
Contrast: Multihance
 1 mmol/kg
 Max 20 mL
 Low eGFR inpatient
 Dose: No Change

FOREFOOT

1. 3 Plane loc			
2. Straight Sag T1	4/1	16 FOV	
3. Straight Sag FSTIR	4/1	16 FOV	
▶ Use SAGITTAL T1 to GRx SHORT AXIS			
4. Short Axis T1	3/1	16 FOV	
5. Short Axis T2 cl fat sat	3/1	16 FOV	
▶ Use SHORT AXIS to GRx LONG AXIS			
6. Long Axis T1	3/0.2	16 FOV	
7. Long Axis T2 FLEX (IDEAL if flex not available)	3/0.2	16 FOV	
Rad to choose specific optional sequence and will specify coverage: Morton's Neuromas: THIN SA T1 2/0.2 Plantar Plate or Sesamoiditis: Thin Sag PD FS 2/2 or Thin LA PD FS 2/2			

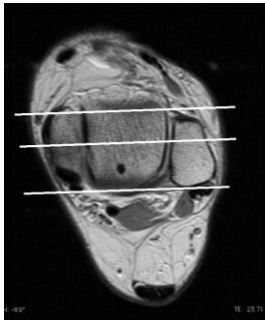
Request: MRI Foot w/o
MARKER at site of max pain
COVER: Entire phalanges and most of metatarsals

Forefoot LA:



Mortise Sagittal

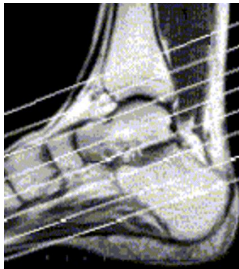
**Angle parallel to the talus bone (will also end up being the
Cover skin to skin**



Mortise Coronal:

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

Cover entire calcaneus to metatarsals

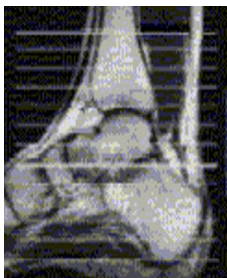


OBQ Axial:

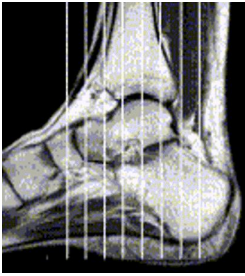
**Angle parallel to the sustentaculum tali (between the talus and calcaneus
bones)**

Cover a 5 slices above the ankle joint through the entire calcaneus

Straight Axial:

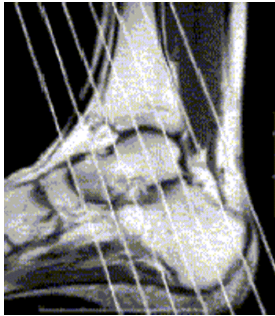


Cover 5 slices above ankle joint through the entire calcaneus.



Straight Coronal

Cover posterior to calcaneus to the metatarsal bones

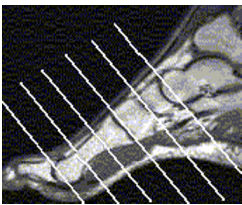


OBQ Coronal:

Angle perpendicular to the sustentaculum tali (between the talus and calcaneus bones)

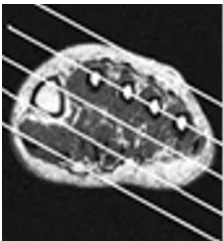
Tendon Protocol: Cover posterior to calcaneus to the metatarsal bones

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.

