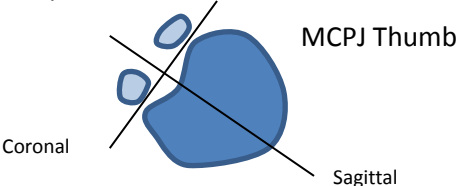
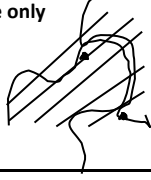
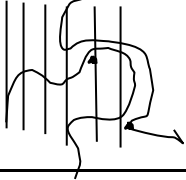
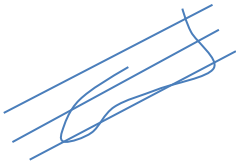
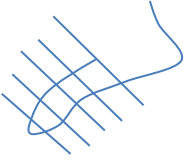
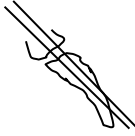



Protocols agreed with MSK Radiologists - Final Jun 2015

Area	Time	Orientation	Weighting	Misc.
Shoulder		COR OBL	T1 SE	Transverse and sagittal oblique sequences MUST include AC jt. Sagittal oblique sequences MUST include glenoid.
		COR OBL	T2 FS TSE	
		SAG OBL	PD FS FSE	
		TRA	PD FS FSE	
Elbow		SAG	PD FS TSE	
		COR	T1 SE	
		COR	T2 FS TSE	
		TRA	PD FS TSE	
Wrist general		SAG	PD FS TSE	
		COR	T1 SE	
		COR	PD FS TSE	
		TRA	PD FS TSE	
?AVN ?ganglion	add	TRA/COR	T1 FS GD	
Wrist synovitis only		COR	T1 SE	
		TRA	PD FS TSE	
		SAG	PD FS TSE	
		TRA	T1 FS GD	
		COR	T1 FS GD	
Wrist Protocol 3		COR	T1	ACUTE scaphoid fracture only
		COR	STIR	
Thumb and fingers		COR	T1 SE	FOV should be as small as possible. Matrix should be as large as possible. 
		COR	PD FS TSE	
		TRA	T1 SE	
		TRA	PD FS TSE	
		SAG	PD FS TSE	
		COR	3D FFE T1	
Hips/Pelvis general		COR	T1 TSE	for ?AVN, #, hip pain, etc
		COR	STIR	
		TRA	T1 TSE	
		TRA	PD FS TSE	

Hips for labral tear only	160mm FOV 160mm FOV 160mm FOV	COR	T1	Bilateral hips large FOV.	
		TRA	STIR		
		COR	PD FS TSE	Affected side only tra oblique  Sag orthogonal 	
		TRA OBLIQUE	PD FS TSE		
		SAG ORTHOGONAL	PD FS TSE		
Ankle		SAG	T1 SE		
		SAG	STIR		
		COR	PD FS TSE		
		TRA	T1 SE		
		TRA	PD FS TSE		
Foot		SAG	T2 TSE	Transverse	Coronal
		COR	PD FS TSE		
		TRA	T1 SE		
		TRA	STIR		
?synovitis ?infection	add	TRA/COR	T1 FS GD		
Morton's neuroma		COR	T1 SE	These patients are usually for U/S. Check with radiologist	
		COR	T2 FS TSE		
		COR	T1 FS GD		
SI Joints		COR	T1 SE	Cor 	Tra 
		COR	STIR		
		TRA	T1 SE		
		TRA	PD TSE FS		