**Soft Tissue Mass**

Mark location of mass with skin markers
**Second plane T1 (sagittal or coronal) based on location of lesion (Anterior or posterior lesions = sagittal. Medial or lateral lesions = coronal.)**

Ax T2 FS (TR 3000 to 4000 msec, a TE 40 to 50 msec, and an echo train of 6-8)
Ax T1
Cor STIR
Sag STIR
**Sag/Cor T1**
Axial T1 post contrast
**Sag/Cor T1 FS post contrast**

**Bone Mass**
Same as Soft Tissue Mass but add:
Lg FOV Cor T1 (from joint above lesion to joint below) in body coil

**Infection (Cellulitis, Osteomyelitis, Abcess)**

Mark location of any open wounds with skin markers
**Second plane (sagittal or coronal) based on location of affected part (Anterior or posterior lesions: sagittal. Medial or lateral lesions: coronal.).**

Ax T2 FS (TR 3000 to 4000 msec, a TE 40 to 50 msec, and an echo train of 6-8)
Ax T1
Cor STIR
Sag STIR
**Sag/Cor T1**
Axial T1 post contrast
Sag T1 FS post contrast
Cor T1 FS post contrast

**Shoulder**

Cor Loc
3 Plane Loc
Shim
Map
Ax PD Fs
Cor T1
Cor T2 Fs
Cor PD Fs
Sag T2 Fs
Sag PD Fs

**Shoulder Arthrogram**

Cor Loc
3 Plane Loc
Shim
Map
Ax T1 Fs
Cor T1 Fs
Cor T2 Fs
Cor Pd Fs
Sag T1 Fs
Aber View-Cor Loc
3 Plane Loc
Shim
Ax T1 Fs-Aber

**Humerus (Arm, Forearm, Thigh, Tib/Fib)**

Cor Loc
3 Plane Loc
Shim
Cor T1
Cor Stir
Ax T2 FS (TR 3000 to 4000 msec, a TE 40 to 50 msec, and an echo train of 6-8)
Ax T1
Sag PD Fs
Sag T1

**Elbow**

<table>
<thead>
<tr>
<th><strong>Post Arthrogram Elbow</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cor Loc</td>
</tr>
<tr>
<td>Ax T1 Fs</td>
</tr>
<tr>
<td>Cor T1 Fs</td>
</tr>
<tr>
<td>Sag T1 Fs</td>
</tr>
<tr>
<td>Cor PD FS</td>
</tr>
</tbody>
</table>
Cor PD Fs  Ax T2 FS
Sag STIR
Ax PD Fs
Ax T2 Fs (TR 3000 to 4000 msec, a TE 40 to 50 msec, and an echo train of 6-8)
Cor T2 Fs (TR 3000 to 4000 msec, a TE 40 to 50 msec, and an echo train of 6-8)

**Wrist**

<table>
<thead>
<tr>
<th>Cor Loc</th>
<th>Ax T1 Fs</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Plane Loc</td>
<td>Cor T1 Fs</td>
</tr>
<tr>
<td>Shim</td>
<td>Sag T1 Fs</td>
</tr>
<tr>
<td>Map</td>
<td>Cor PD FS</td>
</tr>
<tr>
<td>Ax T1</td>
<td>Cor T1</td>
</tr>
<tr>
<td>Ax T2 Fs (TR 3000 to 4000 msec, a TE 40 to 50 msec, and an echo train of 6 to 8)</td>
<td>Ax T2 Fs (TR 3000-4000,TE 40-50,ETL6-8)</td>
</tr>
<tr>
<td>Ax PD Fs</td>
<td>Sag STIR</td>
</tr>
<tr>
<td>Cor T1</td>
<td>Cor T1</td>
</tr>
<tr>
<td>Cor PD Fs</td>
<td>Sag PD FS</td>
</tr>
</tbody>
</table>

**Post Arthrogram Wrist**

**Hand**

<table>
<thead>
<tr>
<th>Cor Loc</th>
<th>Ax T1 Fs</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Plane Loc</td>
<td>Cor T1 Fs</td>
</tr>
<tr>
<td>Shim</td>
<td>Sag T1 Fs</td>
</tr>
<tr>
<td>Map</td>
<td>Cor PD FS</td>
</tr>
<tr>
<td>Cor T1</td>
<td>Cor T1</td>
</tr>
<tr>
<td>Cor STIR</td>
<td>Sag T1</td>
</tr>
<tr>
<td>Ax PD Fs</td>
<td>Sag STIR</td>
</tr>
<tr>
<td>Ax T1</td>
<td>Cor T1</td>
</tr>
<tr>
<td>Ax T2 FS (TR 3000 to 4000 msec, a TE 40 to 50 msec, and an echo train of 6-8)</td>
<td>Sag T2 FS (TR 3000 to 4000 msec, a TE 40 to 50 msec, and an echo train of 6-8)</td>
</tr>
</tbody>
</table>

**Wrist & Hand Arthritis**

FOV to cover from proximal to the distal radioulnar joint to the metacarpophalangeal joints distally, inclusive (8 -10 cm)

Axial T1
Axial T2 (TR 3000 to 4000 msec, a TE 40 to 50 msec, and an echo train of 6-8)
Cor STIR
Sag PD FS
Cor T1  
Cor PD FS  
Ax T1 Post Gad  
Cor T1 FS Post Gad  

**Finger**

Use small FOV. Planes are configured to particular finger, e.g., thumb is a different plane than 2-5 fingers.  

Cor Loc  
3 Plane Loc  
Shim  
Map  
Cor T1  
Cor STIR  
Ax T1  
Ax T2 Fs (TR 3000 to 4000 msec, a TE 40 to 50 msec, and an echo train of 6 to 8)  
Sag T1  
Sag T2 Fs (TR 3000 to 4000 msec, a TE 40 to 50 msec, and an echo train of 6 to 8)  
Sag PD Fs  

**SI Joints (arthritis, sacroilitis)**

3 Plane Loc  
Shim  
Map  
Cor STIR Lg FOV  
Ax T1 Fs Sm FOV  
Ax STIR Sm FOV  
Cor Pd Fs (angled) Sm FOV  
Cor T1 (angled) Sm FOV  
Ax T1 Fs-post contrast Sm FOV  
Cor T1 Fs-post contrast (angled) Sm FOV  

**Post Arthrogram Hip**  
Coronal STIR Lg FOV
Coronal T1 Lg FOV
Ax T1 FS – Sm FOV
Cor T1 FS – Sm FOV
Sag T1 FS – Sm FOV
Cor PD FS - Sm FOV
Ax T2 Fs (TR 3000 to 4000, TE 40 to 50, echo train of 6 to 8) - Sm FOV

Pelvis/Hip
Cor Loc
Ax Loc
Shim
Map
Cor T1 Lg FOV
Cor STIR Lg FOV
Cor T2 Fs Affected (TR 3000 to 4000 msec, a TE 40 to 50 msec, and an echo train of 6 to 8)
Ax T2 Fs Affected (TR 3000 to 4000 msec, a TE 40 to 50 msec, and an echo train of 6 to 8)
Sag PD FS Affected
Axial T1 Affected

Knee
Cor Loc
3 Plane Loc
Shim
Ax PD Fs
Cor T1
Cor PD Fs
Cor T2 Fs
Sag PD FS SE (Spin Echo)
Sag PD Fs
Note: Facilities than can not do Spin Echo or if spin echo images are not satisfactory, then use Sag T2 Fs (TE 50-60)

Ankle
Cor Loc
3 Plane Loc
Shim
Cor PD Fs
Ax T1
Ax T2 Fs (TR 3000 to 4000 msec, a TE 40 to 50 msec, and an echo train of 6 to 8)
Ax PD Fs
Sag STIR
Sag T1

Foot

ROUTINE
Note: Coronal of foot is same plane as axial of ankle.

Cor Loc
3 plane Loc
Shim
Cor T2 FS (TR 3000 to 4000 msec, a TE 40 to 50 msec, and an echo train of 6 to 8)
Ax T2 FS (TR 3000 to 4000 msec, a TE 40 to 50 msec, and an echo train of 6 to 8)
Ax PD Fs
Ax T1
Sag STIR
Sag T1

If specifically evaluating for stress fracture, substitute for Cor PD Fs above:
Small FOV sequence from talonavicular joint to MTPs

Cor T1
Cor STIR