

MR Ankle (Routine)

Last Updated: 1/2021

Name	Plane	Sequence	Slice	Gap	FOV	Matrix	TE	TR	ETL
AX T2	Axial	T2	2-3 mm	0.2-0.3 mm	12-14 cm	224 x 256	60	>3000	10-12
AX PD FATSAT	Axial	PD Fat Sat	2-3 mm	0.2-0.3 mm	12-14 cm	256 x 256	42	>3000	6-8
COR PD FATSAT	Coronal	PD Fat Sat	2-3 mm	0.2-0.3 mm	10-12 cm	256 x 256	42	>3000	6-8
COR T1	Coronal	T1	2-3 mm	0.2-0.3 mm	10-12 cm	256 x 256	15	500-700	4
SAG T1	Sagittal	T1	3-4 mm	0.3-0.4 mm	12-14 cm	256 x 256	15	500-700	4
SAG STIR	Sagittal	STIR	3-4 mm	0.3-0.4 mm	12-14 cm	160 x 224	42	>3000	6-8
AX OBL T2	*Optional Axial Oblique (for trauma/instability, see Figures 7 and 8 below)	T2	2-3 mm	0.2-0.3 mm	12-14 cm	224 x 256	60	>3000	10-12

Notes:

- Note that Coronal PDFS uses a slightly smaller FOV.
- Zero gap is preferred. If necessary, gap can be up to 10% slice thickness
- If fat saturation is poor, add a QUICK low-res fast-spin-echo STIR in the sagittal plane.

- For Achilles tears, please add a large FOV Sag T2 if necessary (or if in doubt) to include a retracted tendon.

Axial Plane: Prescribe plane parallel to axis of calcaneus. Scan from distal tibia through subcutaneous soft tissues. Include plantar fascia. (see Figures 1 and 2)

Coronal Plane: Prescribe the coronal plane perpendicular to the axial plane and perpendicular to the long axis of the calcaneus (sagittal plane). (see Figures 3 and 4)

Sagittal Plane: Prescribe plane parallel to line bisecting the calcaneus. Scan through the entire foot. (see Figures 5 and 6)

Figure 1: Axial

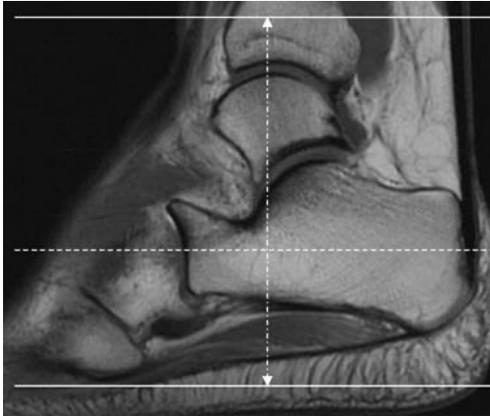


Figure 3: Coronal

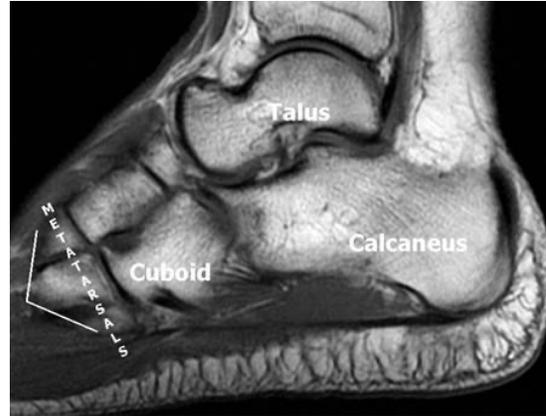


Figure 2: Axial

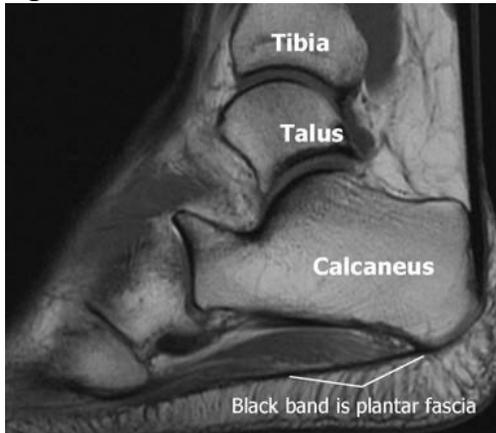


Figure 4: Coronal

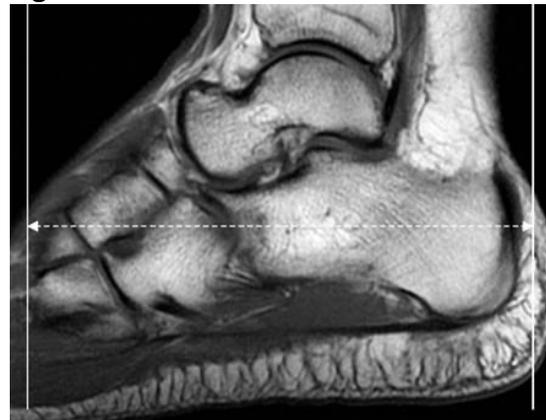


Figure 5: Sagittal



Figure 7: Scout For Axial Oblique



Figure 6: Sagittal

(Dashed line is the coronal plane, approximately perpendicular to the sagittal plane/long axis of the calcaneus)

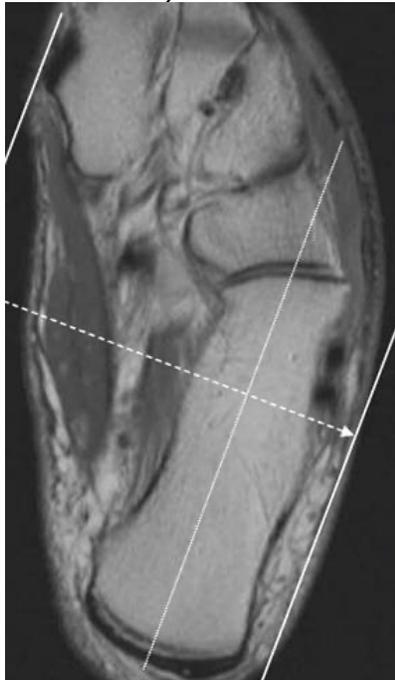


Figure 8: Axial Oblique Image Through ATFL

