

Guidelines for MR Imaging of Sports Injuries

European Society of Skeletal Radiology Sports Sub-committee

2016

Contributors



- Ara Kassarjian, Spain
- Lars Benjamin Fritz, Germany
- P. Diana Afonso, Portugal
- Andrea Alcalá-Galiano, Spain
- María José Ereño, Spain
- Andrew Grainger, UK
- Eva Llopis, Spain
- Eugene McNally, UK
- Claudia Schüller-Weidekamm, Austria
- Reto Sutter, Switzerland

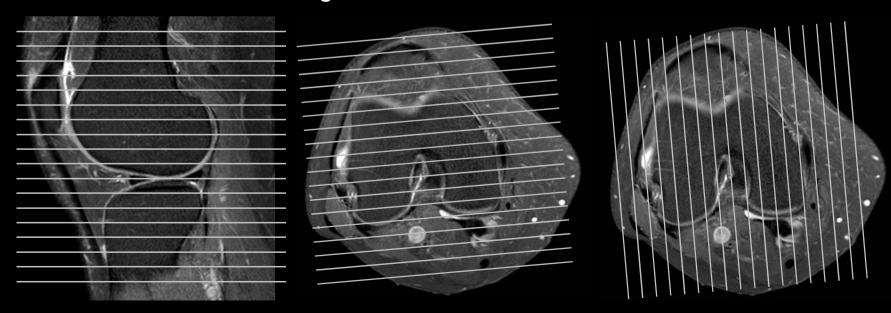
Abbreviations and clarifications***

- Ax = axial
- Cor = coronal
- Sag = sagittal
- FOV = field of view
- PD = proton density
- TE = time to echo in milliseconds
- FS = fat suppressed
- Int = intermediate
- Int FS: this is a fat suppressed sequence with a long TR and a TE between that of a traditional PD (e.g. TE= 10-20) and a traditional T2 (e.g. TE=80-100). The advantage of this sequence is that the TE is short enough to maintain sufficient signal for visualisation of the anatomy (like a PD) yet long enough to be more fluid sensitive (like a T2)
- For STIR sequence, TI (inversion time) should be 140-150 at 1.5T

Knee



- Patient in supine position use dedicated knee coil
- Axials parallel to knee joint line include whole patella and fibular head
- Coronals parallel to posterior aspect of femoral condyles include entire patella to 2 cm posterior to femoral condyles
- Sagittal obliques parallel to medial aspect of lateral condyle
 - include both collateral ligaments



Knee



	FOV (max)	Slice (max)	TE	Matrix (min)
Ax Int FS	16 cm	4 mm	40-50	256x256
Cor Int FS	18 cm	4 mm	40-50	288x288
Cor T1	18 cm	4 mm	min	288x288
Sag Obl Int FS	16 cm	4 mm	40-50	288x288
Sag Obl PD	16 cm	4 mm	20-30	288x288
Cor Obl PD optional parallel to ACL	16 cm	4 mm	20-30	288x288

Knee



