NOTE:

- If the diagnosis or patient history (particularly when the patient is under the age of 60) indicates possible hip pathology such as labral tear, cartilage abnormality, etc., consult with an MSK Radiologist to see if a Hip protocol should be used instead.
- Tape or strap patient’s feet together prior to scanning. Patient’s legs need to be as flat as possible.
- Include the hamstring attachment on the ischial tuberosity on all sequences.

**T1 Axial, T2 FS Axial (STIR Axial for Espree)**

Average Scanning Parameters:
- 360 mm FOV
- 6 x 1 mm slice thickness

Axial slices need to be parallel to the superior surfaces of the femoral heads. Include entire bony pelvis.

**T1 Sag, T2 FS Sag**

Average Scanning Parameters:
- 6 x 1 mm slice thickness

Include entire bony pelvis.

*Only include T1 Sag for coccyx or sacrococcygeal indications.*

**STIR Cor, T1 Cor**

Average Scanning Parameters:
- 360 mm FOV
- 5 x 1 mm slice thickness

Coronal slices need to be parallel to the anterior surfaces of the femoral heads. Include entire bony pelvis.