PELVIS – MSK ATHLETIC PUBALGIA, *3T PREFERRED
(Updated 8/20/19)

NOTE:

- Use this protocol for Sports Hernia, Athletic Pubalgia, Osteitis Pubis, Groin Pain, or if the word “adductor” (such as adductor muscle or adductor tendon) is used in the patient’s DX or S&S.
- Tape or strap patient’s feet together prior to scanning. Patient’s legs need to be as flat as possible.

**T2 FS Axial (STIR Axial acceptable for Espree)**

360 mm FOV
6 x 1 mm slice thickness

Axial slices need to be parallel to the superior surfaces of the femoral heads. First/last slice must be completely out of bony pelvis.

**T1 Cor, STIR Cor**

360 mm FOV
5 x 1 mm slice thickness

Coronal slices need to be parallel to the anterior surfaces of the femoral heads. First/last slice must be completely out of bony pelvis.

**T2 FS Hires Obl Ax**
**T2 FS Hires Obl Cor**
**T2 FS Hires Sag**

Scanning Parameters:
160 mm FOV
4 x 0.5 mm slice thickness