Tape or strap the patient’s feet together prior to scanning. The patient’s legs need to be as flat as possible. Include the hamstring attachment on the ischial tuberosity on the axial and coronal sequences. Send the four Large FOV sequences to both folders in Synapse.

**Axial Scans: T1, T2 Fat Sat (both hips)**

**Average Scanning Parameters:**
- 360 mm FOV
- 5 mm slice thickness
- 1 mm slice gap
- 36 slices
Axial slices need to be parallel to the superior surfaces of the femoral heads. Scan from above sacrum down through the hamstring attachment on the ischium.

**IR and T1 Coronal to include both hips**

**Average Scanning Parameters:**
- 360 mm FOV
- 4 mm slice thickness
- No gap
- 28 slices
Coronal slices need to be parallel to the anterior surfaces of the femoral heads.

**PD (TE 40-45) Fat Sat Axial Left Hip**
**PD (TE 40-45) Fat Sat Axial Right Hip**
Scan each hip separately
**Average Scanning Parameters:**
- 200 mm FOV
- 4 mm slice thickness
- 1 mm slice gap
- 24 slices

**PD (TE 40-45) Fat Sat Sagittal Left Hip**
**PD (TE 40-45) Fat Sat Sagittal Right Hip**
Scan each hip separately
**Average Scanning Parameters:**
- 200 mm FOV
- 4 mm slice thickness
- 1 mm slice gap
- 24 slices

**PD (TE 40-45) Fat Sat Coronal Left Hip**
**PD (TE 40-45) Fat Sat Coronal Right Hip**
Scan each hip separately
**Average Scanning Parameters:**
- 200 mm FOV
- 4 mm slice thickness
- 1 mm slice gap
- 24 slices