

**ORDERABLE-  
SHOULDER**

- Exams  
- Routine

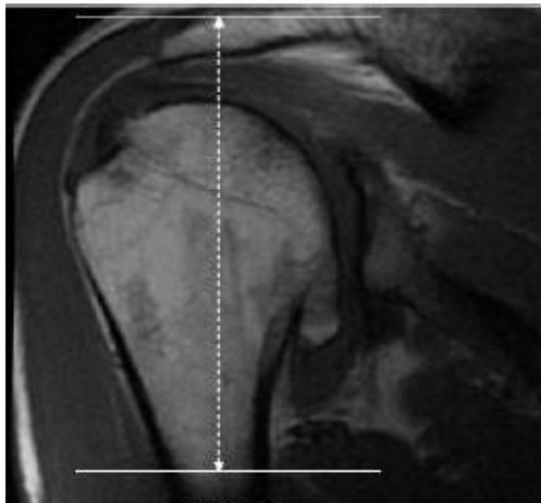
Anatomy: **UPPER EXTREMITY**  
Sub-Anatomy: **Shoulder- 1.5T Metal**

Coil: **Shoulder/Flex coil**

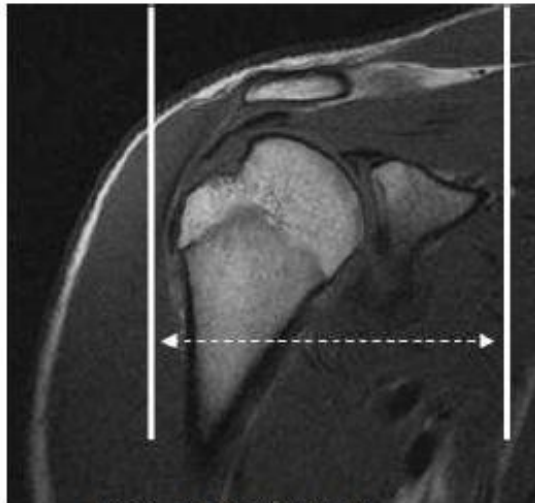
SEQUENCE - BASICS				VARIABLE PARAMETERS														
PLANE	SEQ	Voxel (mm)	Misc / Comment	MTX	FOV (cm)	Gap	Slices		TR	TE		Nex Avg Acq	NS	ETL Turbo Factor	Phase Encode	Scan TIME (min)	Pixel Shift BW-kHz	
<b>ROUTINE</b>																		
	<b>3 plane scout</b>		Only use GRE															
<b>1</b>	<b>Ax STIR</b>	<b>4x0.5x0.6</b>				10%			4000	20-25								
<b>2</b>	<b>Ax PD</b>	<b>4x0.5x0.6</b>				10%			4000	25-30								
<b>3</b>	<b>Cor STIR</b>	<b>4x0.5x0.6</b>				10%			4000	20-25								
<b>4</b>	<b>Cor PD</b>	<b>4x0.5x0.6</b>				10%			4000	25-30								
<b>5</b>	<b>Sag PD</b>	<b>4x0.5x0.6</b>				10%			4000	25-30								
<b>6</b>	<b>Cor T1</b>	<b>4x0.5x0.6</b>				10%			600	7-9								
<b>↓ OPTIONAL ↓</b>																		
	<b>Sag STIR</b>	<b>4x0.5x0.6</b>	Failed fat sat			10%			4000	20-25								

**Instructions: FOV and Coverage-** On axials, cover from humeral meta-diaphyseal junction to the skin surface. On coronals, cover skin to skin- oblique, parallel to scapula. On sagittals, cover from skin to chest wall- oblique- perpendicular to scapula. Keep high ETL, low TE, high bandwidth, freq encoding gradient along metal, small echospacing. NO FREQUENCY Selective FS or SPIR

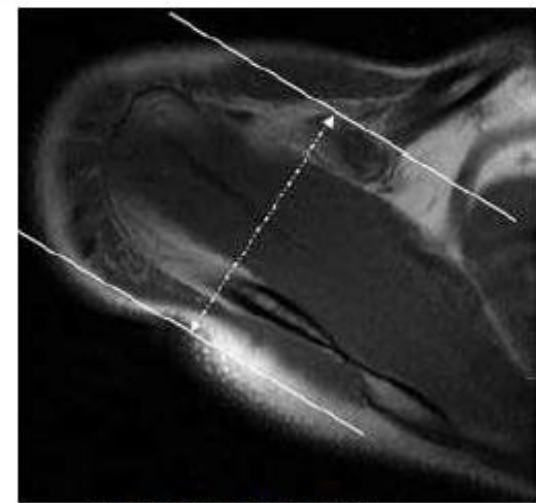
**Others-** Always put marker at the site of most pain, injury or swelling. If motion observed, stop the scan, instruct patient to lay still and repeat the sequence.



**AXIAL Coverage**



**SAGITTAL OBLIQUE Coverage**



**CORONAL OBLIQUE Coverage**