

MRI FOREFOOT WITHOUT CONTRAST

Mark site or region of symptoms.

Cover from forefoot through toes; all of foot dorsal to plantar; all of foot medial to lateral.

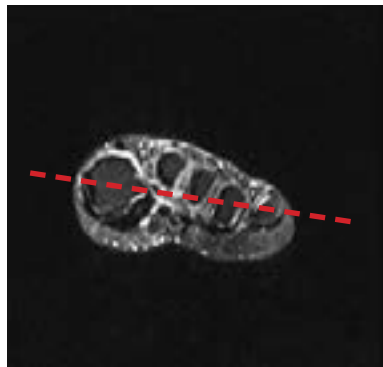
Patient Position Prone when possible, especially if question of morton’s neuroma - place pt foot in coil so that metatarsals are near center, if possible. Remove socks or stockings, if any.

Localizer 3 - plane scout localizer

Plane	Sequence	Fat Sat	SLT / SP	**FOV	Notes
Axial	T1		3mm	14 cm	
Axial	PD	Y	3 mm	14 cm	
Sagittal	STIR		3 mm	14 cm	
Sagittal	T1		3 mm	14 cm	
Coronal	T1		3 mm	14 cm	
Coronal	T2	Y	3 mm	14 cm	

**Increase FOV if needed for pt size/pathology

POSITIONING AND PLANES



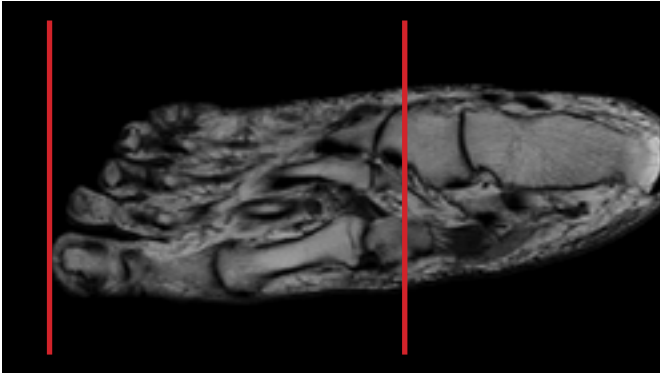
Prescribe AXIALS off sagittal and coronal scout

Example resulting image

AXIALS - LONG AXIS

- Use Sag LOC and angle parallel to the shaft of either the 2nd or 3rd metatarsals and at least cover the soft issues superior and inferior to the MTP joints
- Cover all of the toes and as far proximal as the field of view allows. THIS SHOULD BE TO THE METATARSAL BONES
- Look at the sagittal or longitudinal STIR images before you prescribe the transverse sections so that you can be sure you’ve covered all the pathology (bright signal on STIR = edema = pathology)

POSITIONING AND PLANES



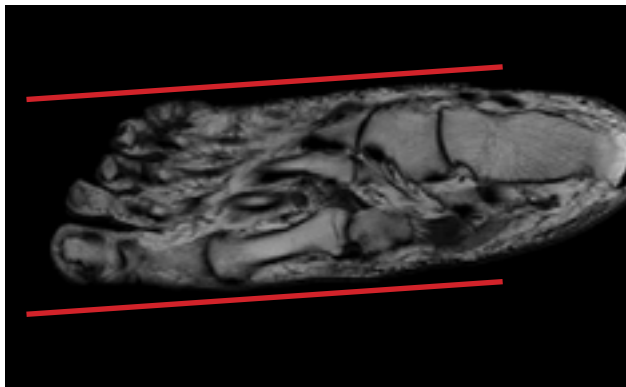
Prescribe CORONAL off axial plane



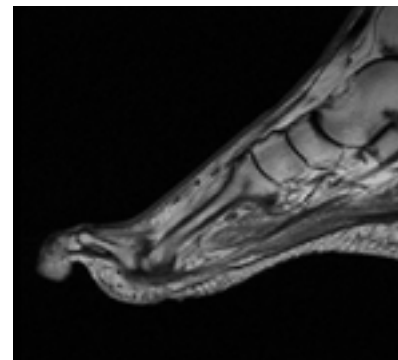
Example resulting image

CORONAL - SHORT AXIS

- Perpendicular to Axial - long axis
- Angled perpendicular to 2nd metatarsal shaft
- Cover to end of toes



Prescribe SAGITTAL off axial plane



Example resulting image

SAGITTAL

- Parallel to 2nd metatarsal shaft on Axial sequence
- Cover from tips of the toes as far proximal as the FOV allows
- Cover from medial margin of 1st MTP joint as far lateral as the slices go (cover all of the MTP joints)