

<b>CERVICAL SPINE</b>			
<b>Exam</b>	<b>Axial</b>	<b>Sagittal</b>	<b>Coronal</b>
<b>Routine</b>	- T2 - T2* MERGE	- T2 FSE - T1 - STIR	
<b>Post-op (without contrast)</b>	- T2 - 3D T2 COSMIC	- T2 FSE - T1 - STIR	- Bilateral coronal oblique T2 FSE
<b>Trauma or vertebral height loss: Routine plus →</b>	- T2* traditional GRE (spinal cord hematoma detection)		- T2 fat sat FSE - T1 FSE
<b>Flexion/extension: Routine plus →</b>		- T2 FSE flexion (labeled) - T2 FSE extension (labeled)	
<b>Routine with contrast (tumor/mets/infection/MS/post-op)</b>	- T2* MERGE - T2 FSE - T1 post	- T1 - T2 FSE - T1 post fat sat	

Note: If spinal hardware use metal suppression technique (IDEAL) if available

<b>THORACIC SPINE</b>			
<b>Exam</b>	<b>Axial</b>	<b>Sagittal</b>	<b>Coronal</b>
<b>Routine</b>	- T1 - T2 FSE	- T2 cervical spine localizer - T1 - T2 FSE - STIR	
<b>Routine with contrast</b> (tumor/mets/infection/MS/post-op)	- T1 pre - T2 FSE - T1 post	- T2 cervical spine localizer - T1 pre - T2 FSE - STIR - T1 post fat sat	
<b>Vascular Malformation</b>		- T1 whole spine - T2 whole spine (use to define tricks slab, usually cover T6-L2 discuss with radiologist)	- TRICKS (fov 34 craniocaudal, 3.2 mm thick, 1.6 mm gap, 256 x 128 matrix, TR 3.14 ms, TE 0.8 ms) - T1 for masking - T1 post with masking (3 mL/sec minimal delay)

Note: If spinal hardware use metal suppression technique (IDEAL) if available

<b>LUMBAR SPINE</b>			
<b>Exam</b>	<b>Axial</b>	<b>Sagittal</b>	<b>Coronal</b>
<b>Routine</b>	- T1 - T2 FSE	- T1 - T2 FSE - STIR	
<b>Routine with contrast</b> (tumor/mets/infection/MS/post-op)	- T1 pre - T2 FSE - T1 post	- T1 pre - T2 FSE - STIR - T1 post fat sat (if spinal hardware also include no fat sat)	

Note: If spinal hardware use metal suppression technique (IDEAL) if available

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<b>PEDIATRIC SPINE PROTOCOLS</b>			
<b>Exam</b>	<b>Axial</b>	<b>Sagittal</b>	<b>Coronal</b>
<b>Tethered cord or sinus tract</b>	- T1 lumbar spine through coccyx - T2 FSE lumbar spine through coccyx	- T1 whole spine through coccyx - T2 FSE whole spine through coccyx	
<b>Scoliosis entire spine</b>		Entire spine in 2 or 3 stations to cover from posterior fossa to S2: - T2 FSE - T1 FSE Call rad to check if additional imaging required	

Note: If spinal hardware use metal suppression technique (IDEAL) if available

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<b>BRACHIAL AND LUMBAR PLEXUS NEURO PROTOCOLS</b>			
	Axial	Sagittal	Coronal
<b>Brachial plexus:</b> - Bilateral coverage on axial and coronal - Coverage C3 - T3 - Sagittal: symptomatic side mid humeral head - midline spinal line	T1 pre and post	- T1 pre and post  - STIR	- T1 pre, post and post fat sat  - STIR
<b>Lumbar plexus</b> Field of view from L1 to the lesser trochanter, all angles straight	NFS T1 (6 x 1 mm)  FS T2 (6 x 1 mm)  FS T1 post	NFS T1 pre (6 x 1 mm)  FS T1 post (6 x 1)	NFS T1 (5 x 1 mm)  FS T2 (5 x 1 mm)  FS T1 (5 x 1 mm) pre and post

Note: If spinal hardware use metal suppression technique (IDEAL) if available