

Protocol Name: TIBIAL TORSION-FEMORAL ANTEVERSION ADULT	
INDICATIONS:	Evaluation of tibial torsion-femoral anteversion.
IV CONTRAST:	None
ORAL CONTRAST:	None
PATIENT POSITIONING AND SCAN AREA:	Patient supine. Feet first. Tape ankles together with plantar surfaces of feet perpendicular to the table and hips internally rotated to a true AP position. Landmark at crest. No gantry angle. Scan 5x5 through both hips, both knees, and both ankles making sure the X and Y coordinates, FOV, and window settings are the same for all three series.
GENERAL EXAM GUIDELINES:	5 x 5 mm axial images. 400 DFOV.
TRIGGER OR CONTRAST DELAY:	None
TECHNIQUE GUIDELINES:	120 kvp. 400 ma at 0.4 seconds
LABEL:	SCOUT*, EXT*. The * means anything after these beginnings will hang correct in pacs
RECON 1:	.625mm thick/.625 mm interval. Bone recon at 2000ww/200wl.
RECON 2:	5mm thick /5 mm interval. Bone recon 2000ww/200wl.
ADDITIONAL POST PROCESSING:	None
SEND EXAM:	Send scout, 5mm axials of hips, knees, and ankles to pacs
ARCHIVE:	
BILL AS:	Usually lower extremity CT without contrast

SCOUT PROTOCOL SET IN SCANNER

Scan Type	Start Loc	End Loc	kV	mA	Scout Plane	Voice Lights Timer
Scout	S0.00	I1000.00	120	10	90 and 0	N
	Iliac crest	Below ankles				

AXIAL IMAGE PROTOCOL SET IN SCANNER

Scan Type	Start Loc	End Loc	Thick Speed	Interval (mm)	Gantry Tilt	SFOV	kv	ma	DFOV	Show Recon1	Show Rocon2	Show Rocon3	Direct Vis
Helical Full 0.4 sec rotation	S0.0	I250.0	5.0 20.62 0.512:1	5	S0.0	Large Body	120	400 DR 50%	40.0	5mm Bone 2000w 200l SS40 Send to Pacs	0.625m m Bone 2000w 200wl SS40 For recons	5mm Std 400w 35l SS40	