

Patient Identification

- DICOM data reflects patient's legal name with supporting documentation

Patient Position

- Patient's toes internally rotated 15°
- Toes up, use positioning aids if available.
- Avoid pillows or sponges under the knee or ankle.
- Immobilization is essential, remind the patient to hold as still as possible.
- Remove foreign objects from field.



The use of a solid, firm positioning aid (as depicted by the black board in the image on this page) is recommended to help immobilize the feet and legs to prevent motion. There are many common objects that can be used for this purpose.

Exam Acquisition and Scan Review (also see side two)

- Scan Full Pelvis to mid Knee joints.
- Review all images before the patient leaves the scan table.
- Is there any metal in the field? If available, use an artifact reduction technique.
- Motion or positional changes detected? All anatomic areas must be reacquired in their entirety.



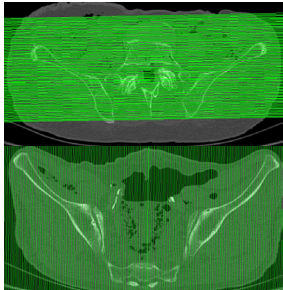
Exam Archive and Transfer | Send all images to restor3d ASAP

- Retain a permanent copy of the study. Retain the raw data for as long as possible.
- Send ALL acquired data including the scout, images and dose page.
- Send via restor3d secure web, cloud sharing networks, direct connection or overnight priority shipping.

This document is intended as a quick reference.
Please see the restor3d Hip CT Lower Extremity Protocol Guide for detailed information.

Protocol Build | We recommend building a restor3d protocol in your CT scanner(s) with all of the appropriate ranges. Table increment should not exceed slice thickness.

Minimum Settings - kV - 120 mAs - ~100-200

Series 1	Series 2
<p data-bbox="214 541 727 611">Scout—<i>LIMITED LEG, Top of the iliac crest through the tibial plateau</i></p> 	<p data-bbox="883 541 1425 724">Full Pelvis to mid Knee joint Bone algorithm Axial reconstruction projection 1mm X 0.5mm Or 1.25mm X 0.625mm ≈ FOV 38-45cm</p> 
Series 3-4	
<p data-bbox="279 1375 662 1444">MPR—<i>Sagittal and Coronal</i> 1mm X 1mm</p> 	

All scans should be acquired in the helical/spiral mode, pitch as close to 1:1 as possible, using the body filter (50cm SFOV). From the full leg scout the hip, knee and ankle images may be acquired in a single scan acquisition (alternatively these anatomic areas can be acquired in separate series). Then provide reconstructed series in the coronal and sagittal planes of the knee. Send all images that are acquired including the scout and dose page if available.

Contact restor3d Imaging Support | Mon.-Fri. 8am - 4pm Eastern | 781.345.9170 | imaging-support@restor3d.com