Patellar Flexion

Siemens 16 Slice

Application Examples: Patellar Tracking Disorder

Technical Factors

Detector Collimator	Acq 24 x 1.2 mm
kV / mAs / Rotation Time	110 kV / 55 mAs / 1.0 seconds
Care Dose 4D	Off
Pitch	0.9
Typical CTDIvol	4.0 mGy

Topogram: AP & Lateral, 256 mm

0 Degrees	Width / Increment	Kernel	Window	FoV	Series Description	Networking
Recon 1	2 x 2	B70s	Bone	300	AXIAL 0 Degrees	PACS

Topogram: AP & Lateral, 256 mm

30 Degrees	Width / Increment	Kernel	Window	FoV	Series Description	Networking
Recon 1	2 x 2	B70s	Bone	300	AXIAL 30 Degrees	PACS

Topogram: AP & Lateral, 256 mm

60 Degrees	Width / Increment	Kernel	Window	FoV	Series Description	Networking
Recon 1	2 x 2	B70s	Bone	300	AXIAL 60 Degrees	PACS

Topogram: AP & Lateral, 256 mm

90 Degrees	Width / Increment	Kernel	Window	FoV	Series Description	Networking
Recon 1	2 x 2	B70s	Bone	300	AXIAL 90 Degrees	PACS

Patellar tracking disorder occurs when the patella (kneecap) shifts out of place as the leg bends or straightens. Under normal conditions the patella should track straight down the middle of the femoral groove.

Patient Position: Supine, feet first, tibias facing anterior with ankles comfortably spaced. Use a strap to immobilize if necessary. Do not internally rotate. Use sponges to achieve the required flexion degrees. Use a goniometer to measure the angles. *Helpful Hint:* On the 60 and 90 degrees series, scoot the patient down closer to the end of the table and position the patient so the ankles are off the table but without touching the gantry.

Scan Range: For the 0 degrees series, scan from the top of the patella through the tibia tubercle. For all remaining series, scan only the patella and trochlear groove.

Scan Instructions: Adjust display FoV to include both knees.

Patella

Trochlear Groove