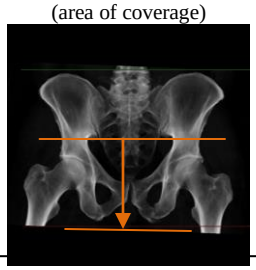
Bony Pelvis for FAI

Application Examples: cam or pincer FAI	
Scan Protocol (See for Technical Factors)	**Bony Pelvis**

Femoroacetabular Impingement or FAI:

FAI is a condition of *too much friction* in the hip joint. Essentially, the femoral head and acetabulum rub abnormally creating damage to the hip joint. FAI generally occurs as two forms: Cam and Pincer. Cam describes the femoral head and neck relationship as aspherical or not perfectly round. This loss of roundness contributes to abnormal contact between the head and acetabulum. Pincer describes the situation where the acetabulum has too much coverage of the ball or femoral head. This over-coverage typically exists along the front-top rim of the acetabulum and results in the labral cartilage being "pinched" between the rim of the socket and the anterior femoral head-neck junction. Also, Cam and Pincer forms can exist together; this is referred to as mixed impingement.

Topogram
(area of coverage)



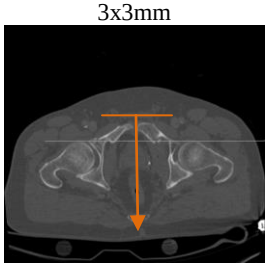
Patient Position: Patient supine, feet first with legs flat on the table (no cushions or wedges).

Scan Range: Above acetabulum through lesser trochanters.

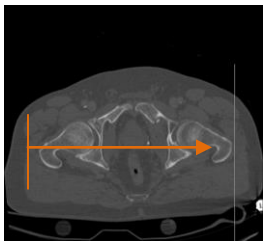
Recons: Axial images displayed in bone and soft tissue kernel and window.

2D Reformations: First, align all viewport lines to be orthogonal to bony pelvis. Next, make coronal and sagittal MPRs. If patient is not in ideal position, create an axial MPR data set—3x3mm. Also, create axial oblique data sets through each femoral neck.

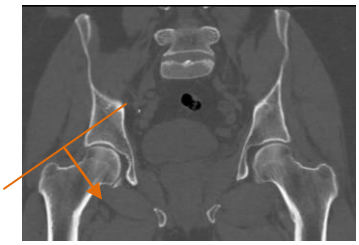
Coronal MPR
3x3mm



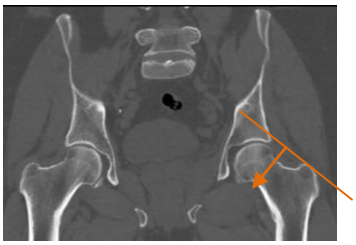
Sagittal MPR
3x3mm



Oblique Axial RT MPR
2x2 mm



Oblique Axial LT MPR
2x2 mm



3D: VR and angle measurement image captures. Contact La Crosse Imaging Lab.