Gundersen Health System

Hand / Wrist Pronated

Siemens Flash

Application Examples: fracture

Technical Factors

Detector Collimator	Acq 128 x 0.6 mm
Care kV	Off / 120 kV
Care Dose 4D	On / 100 mAs
Rotation Time (seconds)	1.0
Pitch	0.8
Typical CTDIvol	6.75 mGy ± 50%

Topogram: Lateral &AP, 256 mm

Extremity	Recon Type	Width / Increment	Algorithm	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 1	Axial	1 x 1	B70s	Off	Extremity	100	AXIAL	PACS	None
Recon 2	3D:COR	2 x 2	B70s	Off	Extremity	-	COR	PACS	Coronal MPR
Recon 3	3D:SAG	2 x 2	B70s	Off	Extremity	-	SAG	PACS	Sagittal MPR
Recon 4	Axial	0.6 x 0.6	B30s	Off	Extremity	100	AXIAL 0.6 STND	TeraRecon	None

If patient arrives in cast or splint, check with ordering provider if scan should be done in or out of cast.

Patient Position: Patient lying in prone or decubitus position, with affected arm extended above head. Place body off-centered in effort to set affected hand in isocenter. Hand is pronated with fingers straight and close together. Emphasis is acquiring area of interest in true axial position. If scaphoid follow up, deviate fingers toward lateral side in effort to position scaphoid in a true axial. Note, although the patient is physically prone or decub position, scanner orientation is supine head first. This scanner orientation is only used on unilateral studies.

Scan Range: Scan range will be depending on affected anatomy.

Hand: Typical scan range for hand is DRUJ (distal radial-ulnar joint) through entire metacarpal.

Wrist: Typical scan range for wrist is carpal bones through DRUJ to include entire fracture.

Reformations: Coronal and sagittal MRPs. Axial MPR if not scanned in true orthogonal plane. See specific post processing protocols for further detail.