



Figure 2(a). Sagittal fat saturated PD image. Acute tear of the anterior cruciate ligament. Note the characteristic pivot shift bone bruise pattern on the lateral side of the knee (white arrows) and the slightly deepened notch of the lateral femoral condyle (black arrow).



Figure 2(b). Sagittal fat saturated PD image. This shows the complete tear through the proximal anterior cruciate ligament (arrows).



Figure 3. Isolated posterior cruciate ligament injury. Sagittal fat saturated PD image. Note the diffusely enlarged edematous posterior cruciate ligament (arrows).



Figure 4(a). Dislocation of the long head of biceps tendon. Axial proton density weighted image. The long head of biceps tendon is dislocated medially (straight white arrow) and sits anterior to the subscapularis tendon. Note the absence of the biceps tendon in the bicipital groove (curved white arrow). The dislocated biceps tendon sits posterior to the short head of biceps (black arrowhead). Note there is a prominent middle glenohumeral ligament (white arrowhead).

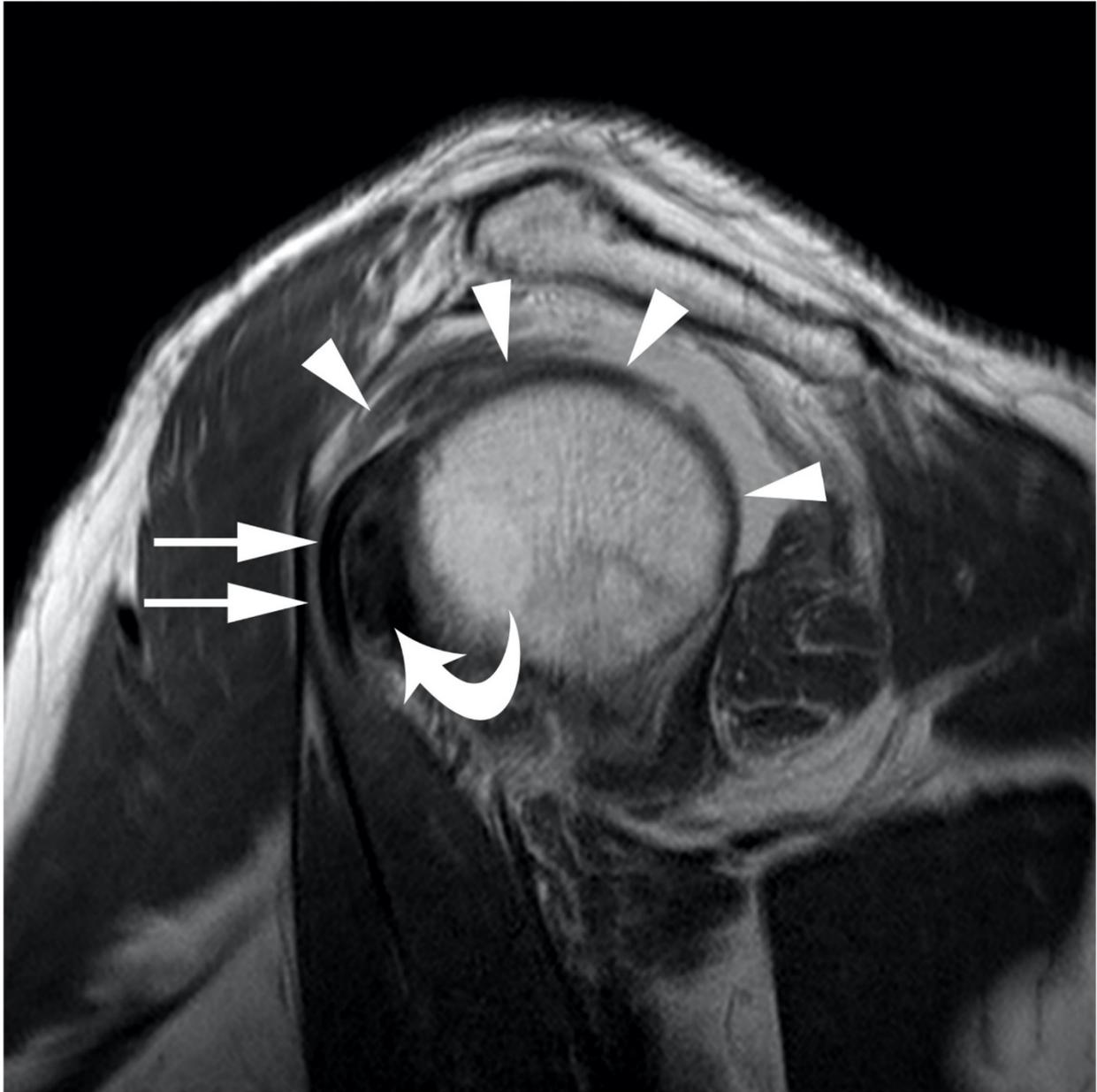


Figure 4(b). Sagittal PD image. This image clearly demonstrates the dislocated long head of biceps tendon (straight white arrows) sitting anterior to the subscapularis tendon (curved white arrow). The findings are consistent with an injury to the biceps pulley, and in particular, to the lateral strut of the coracohumeral ligament. Note also the associated very large tear of the supraspinatus and infraspinatus tendons (white arrowheads).

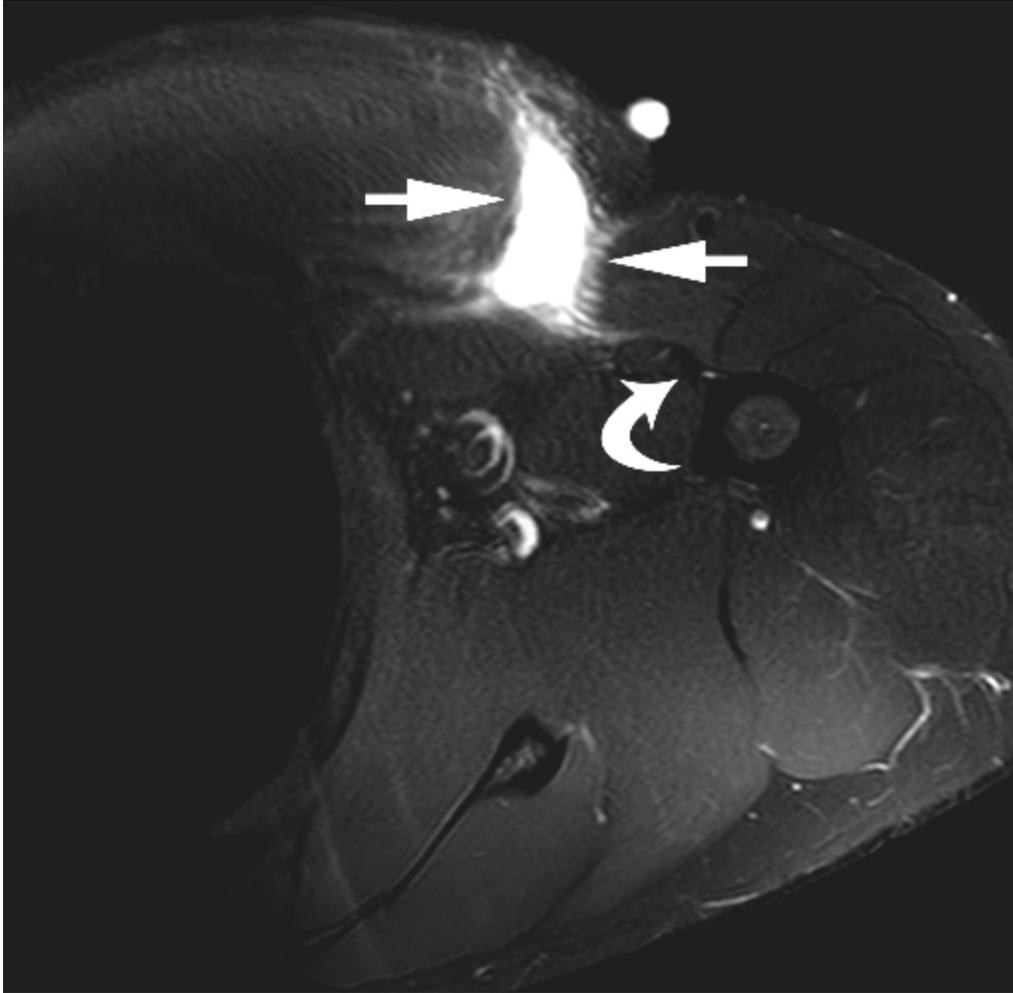


Figure 5. Pectoralis major tear. Axial fat saturated PD image. Note the complete tear of the pectoralis major tendon at the musculotendinous junction with hemorrhage/edema (straight arrows). Note also the retracted distal stump (curved arrow).



Figure 6. Complete tear of Achilles tendon in the midportion. Sagittal fat saturated PD image. Note the complete transection of the mid Achilles tendon with retraction (arrows).

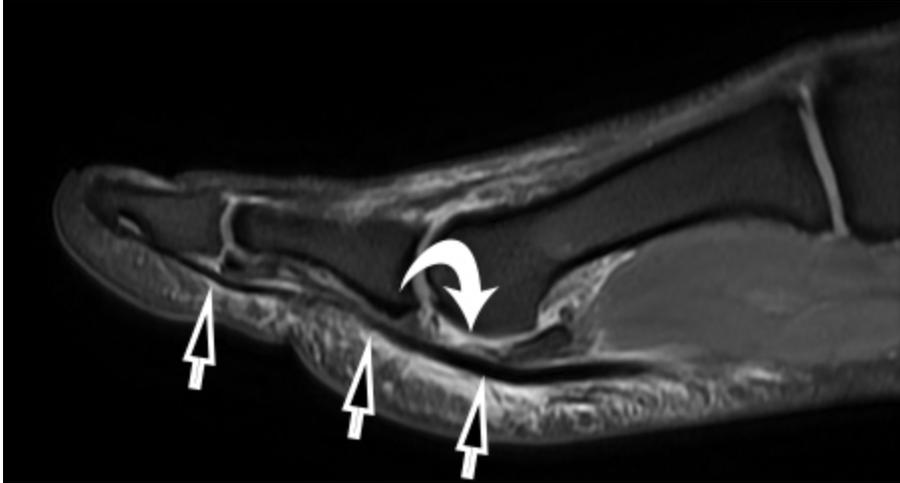


Figure 7. Turf toe injury. Sagittal fat saturated PD image. Note the complete transection of the plantar plate with tear of the sesamoid proximal phalanx ligament (curved arrow). There is secondary mild retraction of the sesamoids. Note the intact flexor hallucis longus tendon (straight arrows).