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Table 1 Definitions of each MRI feature and semi-quantitative score

MRI Feature and anatomical location	Definition	Score
<p>Joint space narrowing (JSN)</p> <p>All the joints of the hindfoot, tarsus, midfoot and metatarsophalangeal joints.</p>	<p>Increased signal in T2-weighted sequences (fat suppressed or inversion recovery sequences) and or loss of joint space as a partial or complete loss on T1-weighted images and or gradient echo sequence. Visible in two planes.</p>	<p>JSN was scored as 0 to 3:</p> <p>0 = Normal thickness and signal</p> <p>1 = Increased signal</p> <p>2 = Partial-thickness focal loss</p> <p>3 = Full thickness loss of joint space (>=75% of the region)</p>
<p>Osteophytes</p> <p>All of the joints of the hindfoot, tarsus, midfoot and metatarsophalangeal joints</p>	<p>Abnormal bone formation in the periarticular region on T1-weighted images.</p>	<p>Osteophytes were scored as 0 to 3:</p> <p>0 = None, 1 = Mild, 2 = Moderate, 3 = Large</p>
<p>Effusion/synovitis</p> <p>All of the joints of the hindfoot, tarsus, midfoot and metatarsophalangeal joints</p>	<p>The presence of increased intra articular fluid, demonstrated as high signal intensity on T2-weighted sequences (fat suppressed or inversion recovery sequences). Visible in two planes: coronal</p>	<p>Effusion/synovitis was scored as 0 to 1:</p> <p>0 = Absent and 1 = Present</p>

	and sagittal.	
Subchondral cyst All of the joints of the hindfoot, tarsus, midfoot and metatarsophalangeal joints	A sharply marginated subchondral bone lesion that showed increased signal intensity on T2-weighted images (fat suppressed or inversion recovery sequences). Visible in two planes, without a cortical break.	Cysts were scored as 0 to 1: 0 = Absent and 1 = Present
Bone marrow lesion (BML) All bones of the hindfoot, tarsus, midfoot and metatarsals.	An area of ill delineated signal within the trabecular bone that shows decreased signal intensity on T1-weighted images and increased signal intensity on T2-weighted images (fat suppressed or inversion recovery sequences). Visible in at least in two planes.	BML was scored as 0 to 3, according to the proportion of bone with abnormal signal: 0 = None, 1 = 1%–33%, 2 = 34%–66%, 3 = 67%–100% Except in the long bones of the metatarsals, where the BML was scored in three regions per bone:

		<p>(i) At the proximal joint, the base (up to the epiphysis and metaphysis) was included in the tarsometatarsal and scored 0-3.</p> <p>(ii) At the central region, metatarsal shaft (diaphysis) was divided into proximal, central and distal in one third increments (33%) on a bone level and scored 0-3.</p> <p>(iii) At the distal region the head (to the epiphysis and metaphysis) was included in the metatarsophalangeal joint and scored 0-3.</p>
<p>Bone erosion</p> <p>All bones of the hindfoot, tarsus, midfoot and metatarsals.</p>	<p>A bone defect in the cortical and juxta-cortical region, with sharp margins visible on T1-weighted images and with a loss of normal low signal intensity of cortical bone</p>	<p>Erosions were scored from 0 to 3: according to the volume of the erosion as a proportion of the joint margin.</p> <p>0 = No erosion; 1 = 1%–33%,</p>

	and loss of normal high signal intensity of marrow fat. Visible in two planes with a cortical break seen in at least one plane.	2 = 34%–66%, 3 = 67%–100%
<p>Enthesopathy</p> <p>Locations at the insertion of the tendons: posterior tibial, anterior tibial, flexor digitorum, flexor hallucis, extensor digitorum, extensor hallucis, peroneus longus and peroneus brevis;</p> <p>Sites at the attachments of the Lisfranc and intertarsal ligament complex.</p>	<p>A BML pattern, where altered signal intensity within the bone was adjacent to insertions of anatomically defined ligaments and/or tendons of the foot.</p> <p>Visible in at least two planes.</p>	<p>Enthesopathy scored as 0 to 1:</p> <p>0 = Absent and 1 = Present</p>
<p>Sub-tendon BML (functional enthesopathy)</p> <p>All bones of the hindfoot, tarsus, midfoot and metatarsals adjacent to the course of a tendon at the medial (posterior tibial, and</p>	<p>A BML pattern where increased signal intensity within the bone was adjacent to the course of a tendon and away from an articular surface. Shown as hyperintensity</p>	<p>Sub-tendon BML was scored as 0 to 1:</p> <p>0 = Absent and 1 = Present</p>

<p>anterior tibial tendons), lateral (peroneus longus and peroneus brevis), plantar (flexor digitorum and flexor hallucis longus tendons) and dorsal (extensor digitorum and extensor hallucis longus tendons) regions.</p>	<p>on T2 weighted sequences and decreased signal intensity on T1-weighted images. Visible in at least two planes.</p>	
<p>Tenosynovitis Tendon locations: Posterior tibial, anterior tibial, flexor digitorum, flexor hallucis, extensor digitorum, extensor hallucis, peroneus longus and peroneus brevis</p>	<p>Decreased signal intensity on T1-weighted images and increased signal on T2-weighted (fat suppressed or inversion recovery sequences) in a region of the tendon with an enclosing tendon sheath. Visible in at least two planes.</p>	<p>Tenosynovitis was scored 0 to 3: 0 = Normal 1 = <2 mm peritendinous effusion. 2 = > 2 and <5 mm peritendinous effusion and/or thickening and high intra-tendinous signal intensity on T2-weighted sequences. 3 = > 5 mm peritendinous effusion and/or higher thickening and high intra-tendinous signal intensity.</p>

Ligament abnormality Ligament locations: Lisfranc and inter-tarsal ligament complex.	Thickening and high signal intensity seen on T2-weighted images (fat suppressed or inversion recovery sequences) with or without disruption. Visible in at least two planes: axial and coronal.	Ligament abnormality was scored 0 to 1: 0 = Absent and 1 = Present