



# Joint Injections (*simplified*)

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**St. Michael's**

Inspired Care.  
Inspiring Science.

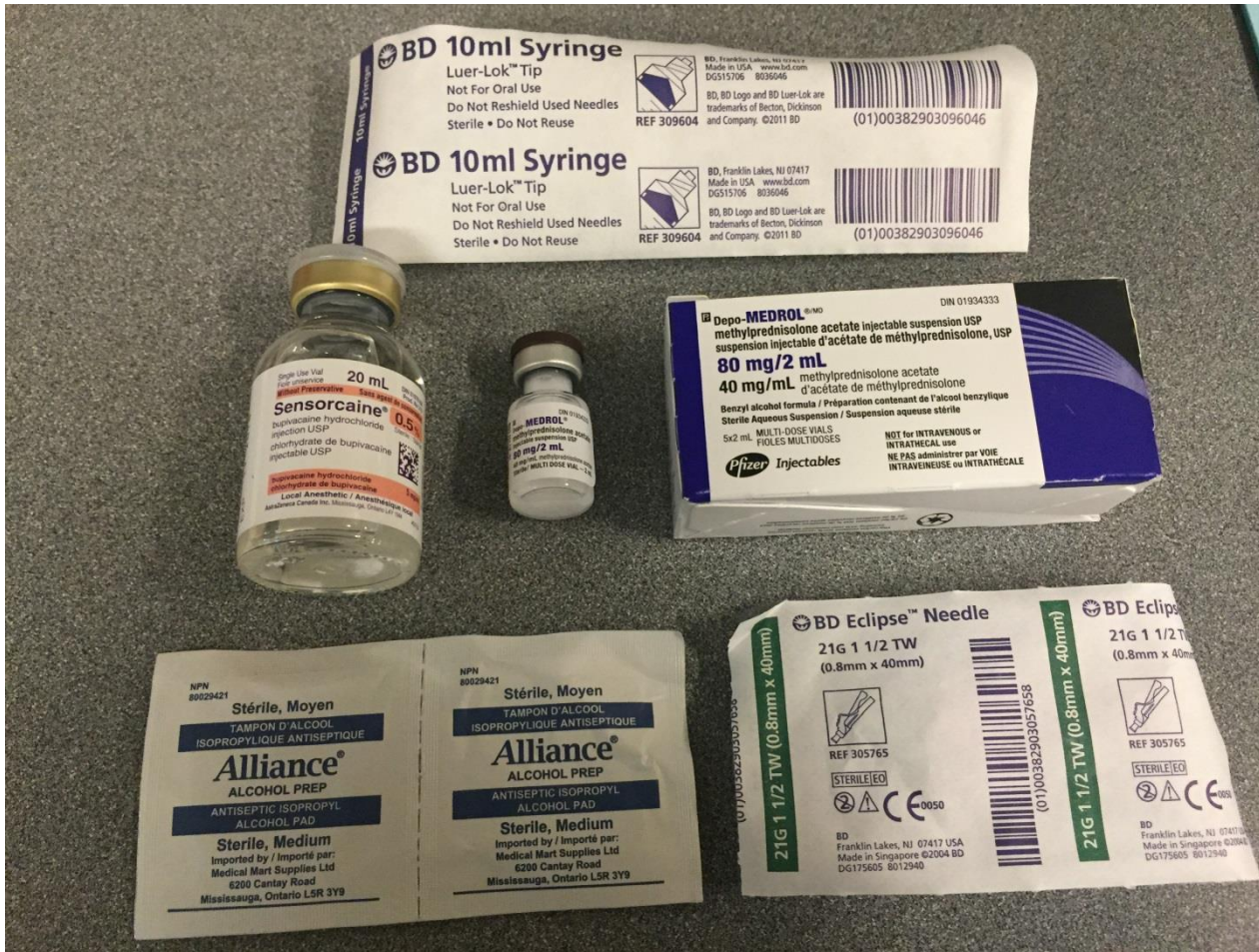
# Faculty/Presenter Disclosure

- **Faculty: Medicine**
- **Relationships with commercial interests:  
Nothing to disclose**

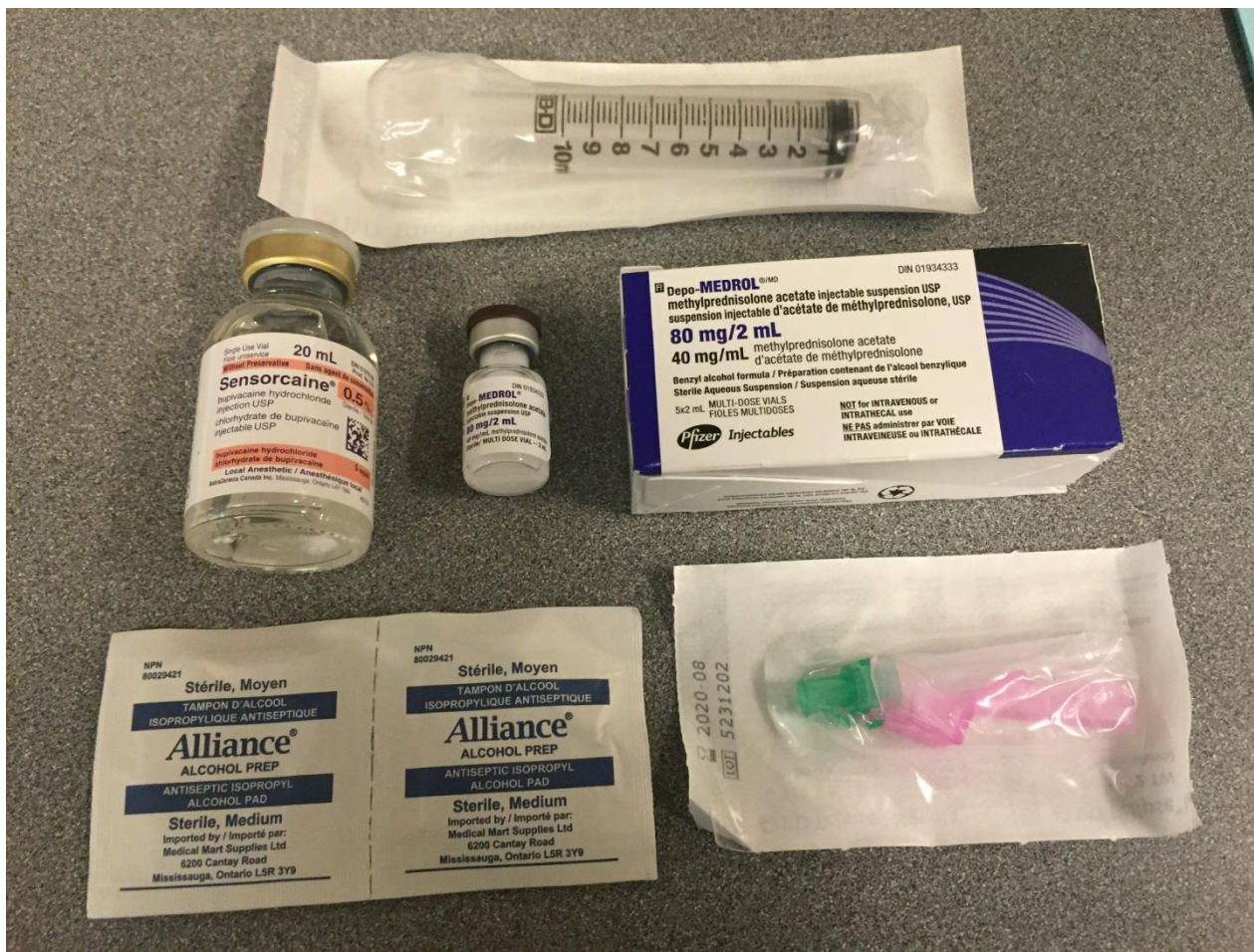
# What are the barriers to Joint injection?

- Comfort with techniques
- Concerns re adverse events
- Access to “core” medications and related supplies
- Patient driven concerns

# The Essentilas



# The Essentilas (2)



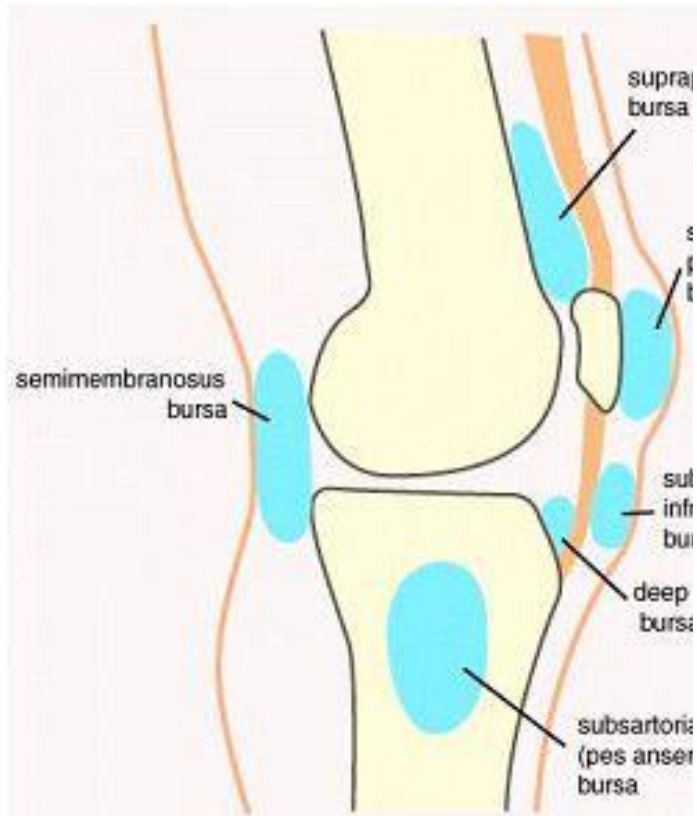
# Gloves



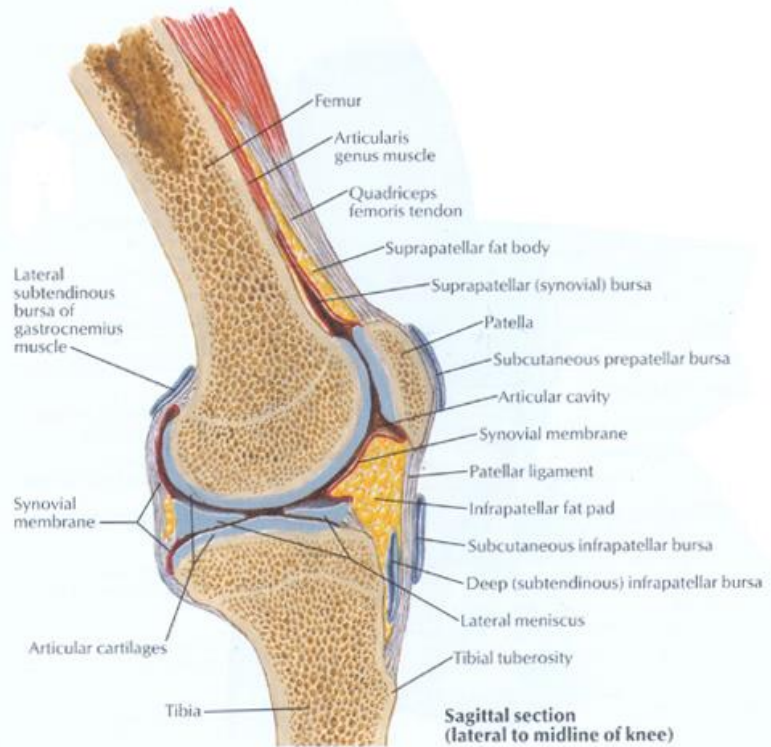
- I recommend these, but remember they don't protect from a needle stick!



# Anatomy of the Knee Joint



Interactive Knee 1.1 © 2000 Primal Pictures Ltd.



F. N. G.  
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“the simplest approach”—ie no aspiration planned

## Knee joint injections





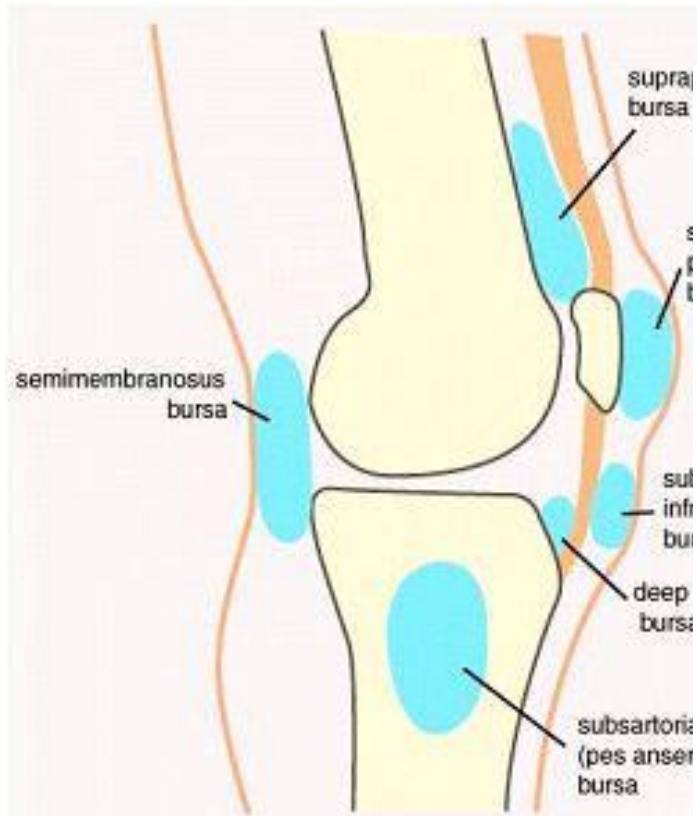
# Knee Joint Injection via the Anterolateral approach



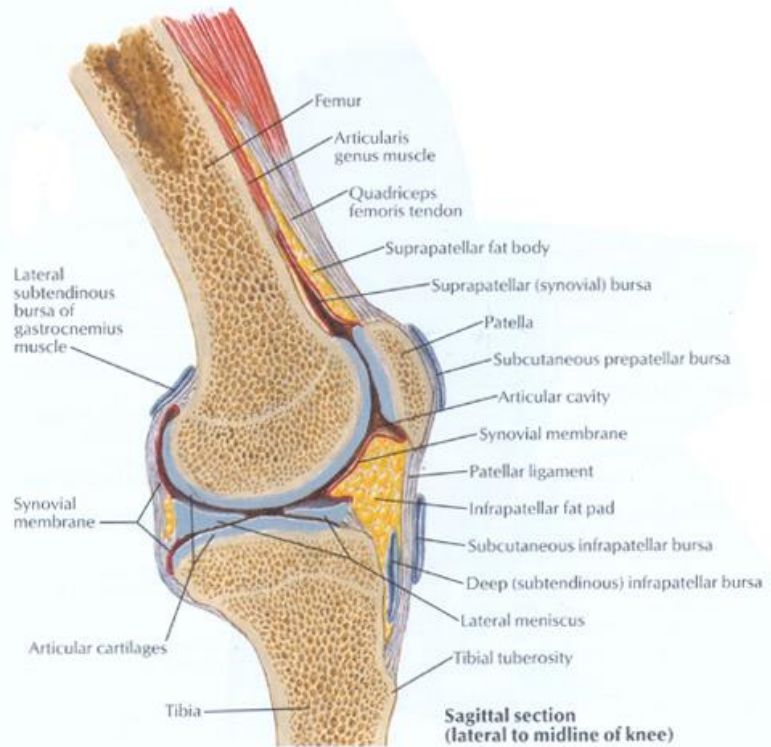
# Knee Joint Injection via the Anterolateral approach



# Anatomy of the Knee Joint



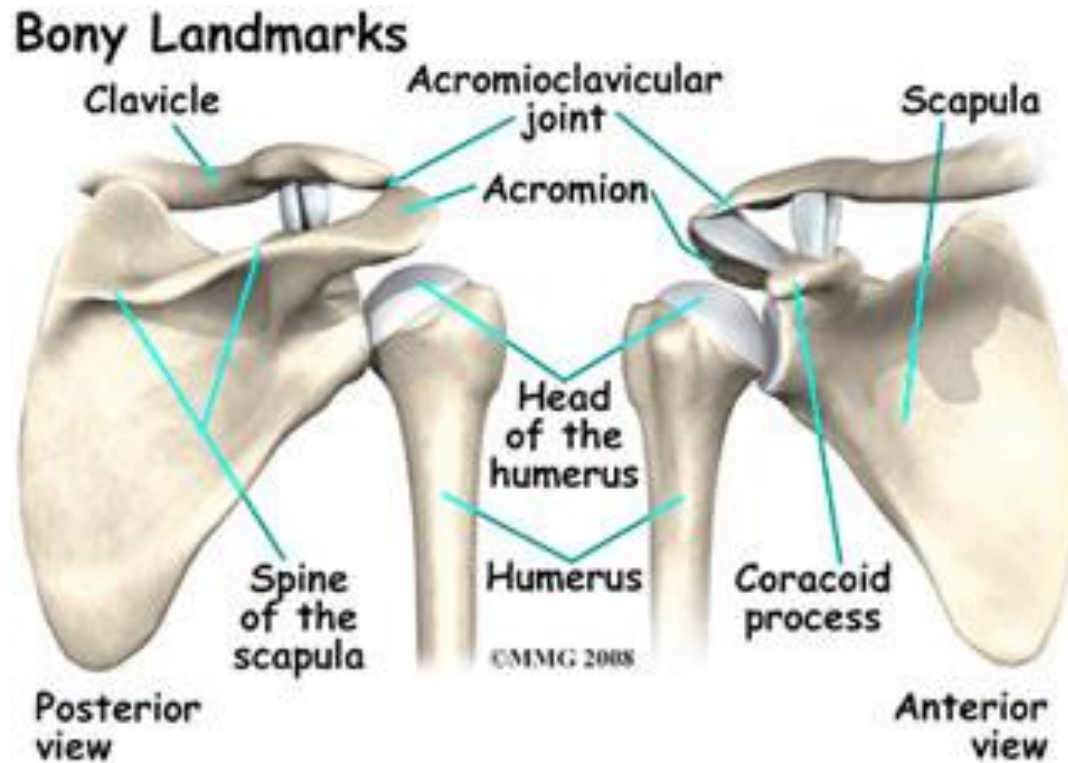
Interactive Knee 1.1 © 2000 Primal Pictures Ltd.



Aspiration at the Supra patellar Bursa  
Why? Because that is where the fluid is!!

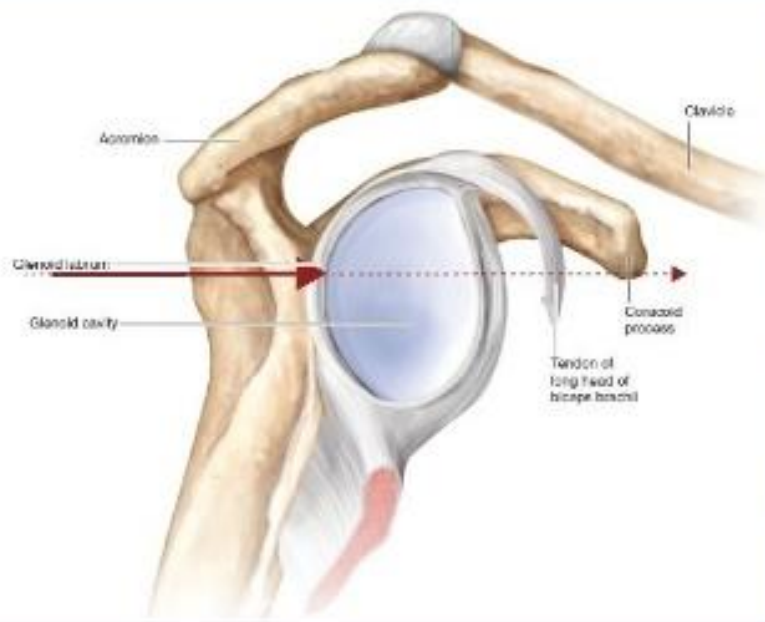


# Shoulder Anatomy



# Glenohumeral joint injection – Posterior Approach

- Preparation, needle positioned perpendicular to the skin and directed anterior towards the coracoid process

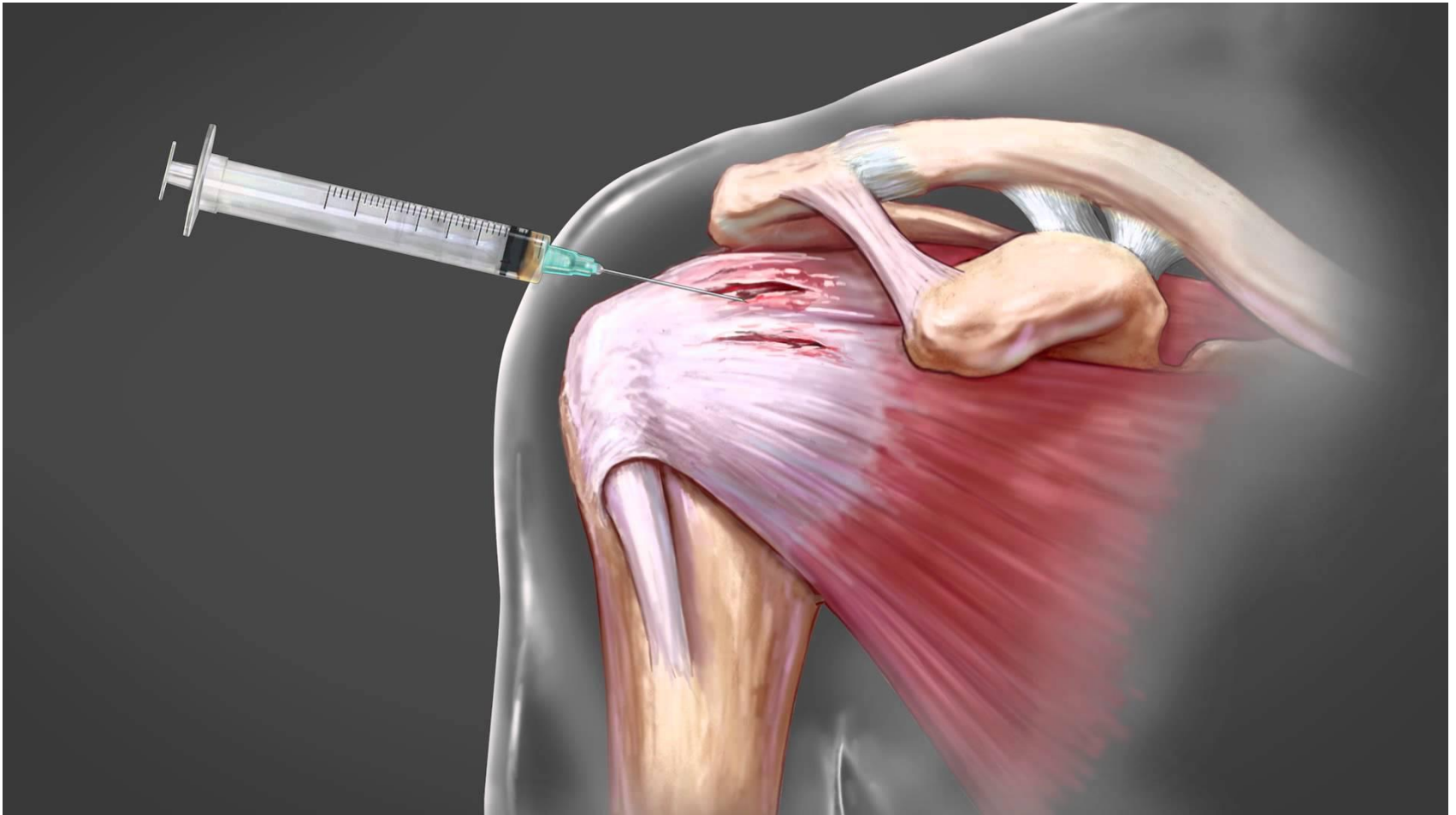


# Impingement Test

- Hawkin-kennedy test
- Injection test: Very effective test for diagnosis
- Approx 7-10 ml of Xylocaine injected in subacromial bursa
- Wait for 2-3 minutes
- Pain in ROM will be minimal
- D/D between impingement & RC tear

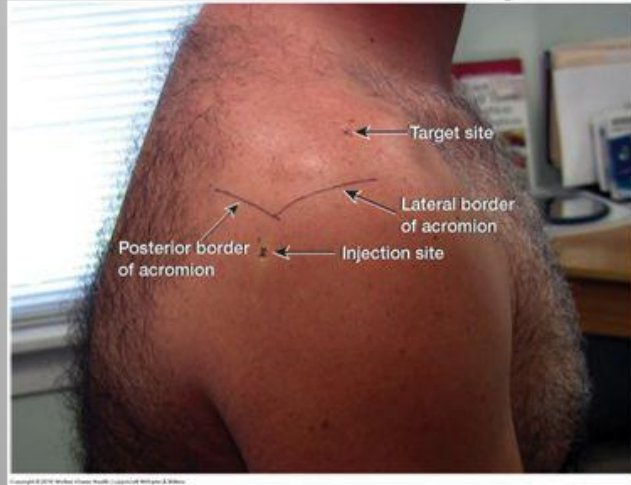


# Rotator Cuff (*itis*).....

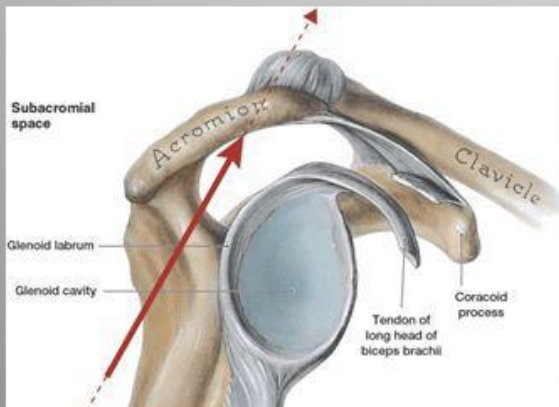




# Subacromial Injection Posterior Approach



- Find lateral edge of the acromion and mark
- Palpate posterior edge of the acromion and mark
- Find posterolateral edge of the acromion and mark a spot 2 cm below the corner



# Disposal!

