



WESTERN REGIONAL URGENT CARE CONFERENCE JOINT INJECTIONS



WESTERN REGIONAL URGENT CARE CONFERENCE

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LIVE LIKE THE DOODLE

- ▶ Be Happy
- ▶ Love Unconditionally
- ▶ Live In The Moment



CORTICOSTEROID INJECTIONS

INDICATIONS

ARTHRITIS

BURSITIS

GOUT

CONTRAINDICATIONS/PRECAUTIONS

INFECTION

DIABETES

ANTICOAGULATION THERAPY

POSSIBLE SIDE EFFECTS

Hypopigmentation of the skin

Elevated blood sugar in diabetics

Pain (steroid flare)

**Avascular necrosis in intraarticular hip injections



NORMAL HIP XRAY



HIP WITH AVASCULAR NECROSIS



MEDICATIONS USED

Methylprednisolone (Depo-Medrol) 40 to 80 mg

Triamcinolone (Kenalog) 10 to 40 mg

Dexamethasone 2 – 4 mg



BEFORE YOU START

Reassure the patient



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KNEE INJECTION

- Sitting with the leg dangling
- Anterolateral approach
- Palpate the joint line
- Mark the injection site
- Alcohol swab
- Cold spray
- Inject
- 22 gauge x 1 ½ inch needle



TAKE YOUR TIME

YOU WANT TO AVOID THIS REACTION...









SUBACROMIAL INJECTION

- Sit with arm dangling
- Posterior approach
- Palpate the posterior aspect of the acromion
- Inject just inferior to the acromion
- 22 gauge x 1 ½ inch needle





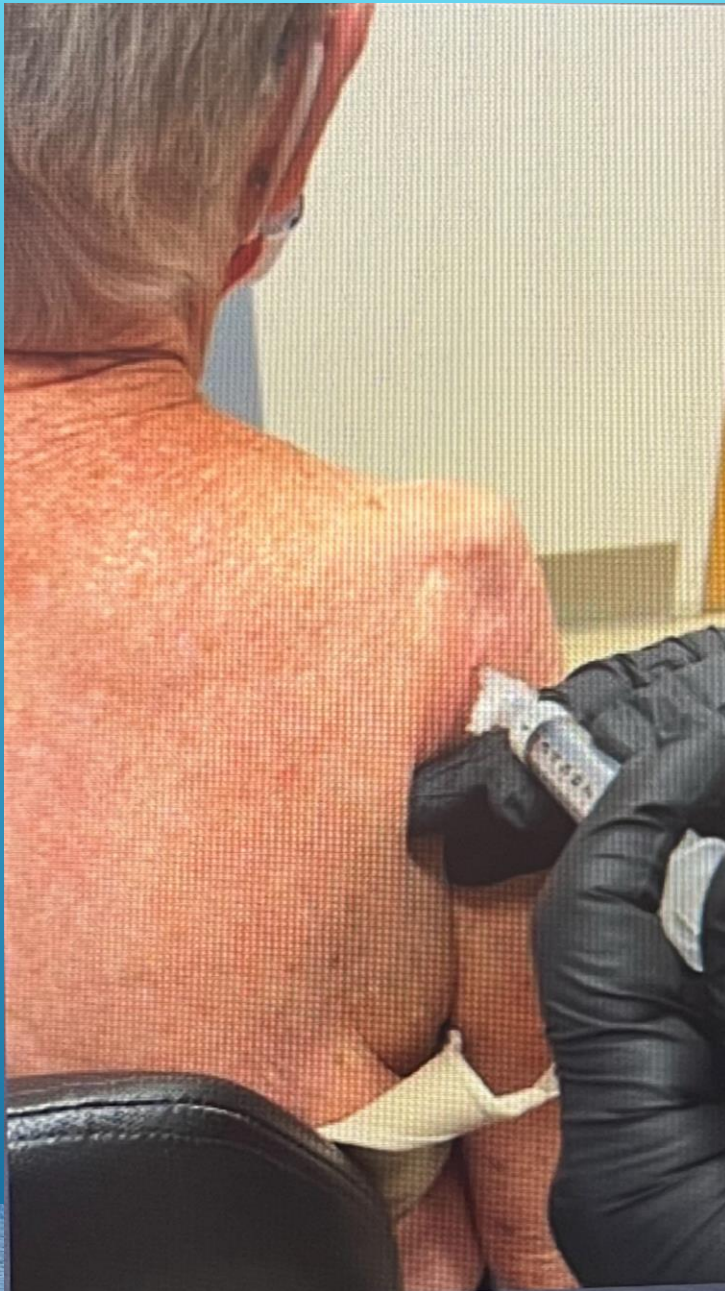


GLENOHUMERAL INJECTION

- Sit with arm dangling
- Internally/externally rotate the humerus to palpate the humeral head
- Posterior approach
- Aim for the coracoid process
- 22 gauge x 1 ½" needle







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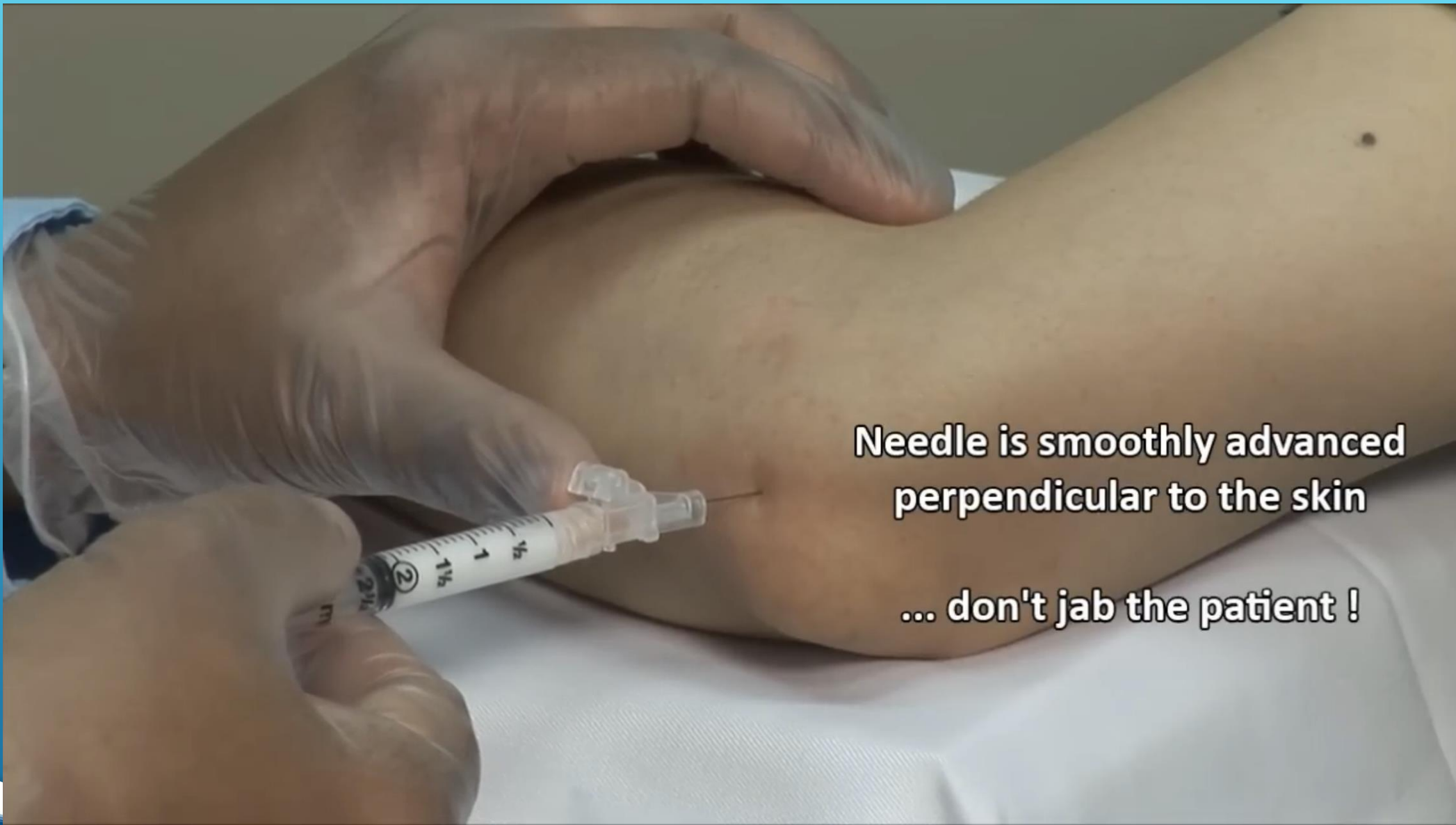
ELBOW INJECTION

- Lateral approach
- Elbow at 90 degrees
- Locate your landmarks
- 27 gauge x 5/8" needle





Access point for lateral elbow injection



**Needle is smoothly advanced
perpendicular to the skin**

... don't jab the patient !



THANK YOU!



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