

Medial Femorotibial (MFT) Joint

Quantity of Local Anesthetic: 20 to 30 mL

Needle Size: 1-1/2 inches, 20 gauge

Injection Technique:

- **Medial approach (Figure 3.92):** The site for injection of the MFT joint is located in the space between the medial patellar and medial collateral ligaments just above the palpable proximomedial edge of the tibia in the weight-bearing limb. The needle is inserted just caudal to the medial patellar ligament, 1 cm proximal to the tibia, and directed perpendicular to the long axis of the limb. The needle may need to be repositioned slightly cranially or caudally to help obtain synovial fluid. This approach may be performed from the same side (facing the stifle) or from the opposite side, reaching under the horse's belly.
- **Sartorius muscle approach:** Another approach to the MFT joint is located 1/2 to 1 inch proximal to the medial tibial plateau in the depression between the medial patella ligament and the tendon of insertion of the sartorius muscle. The needle is directed in a cranial to caudal direction parallel to the ground and

parallel to a plane that bisects the limb. The needle enters a medial outpouching of the MFT joint and avoids inadvertent penetration of the medial meniscus and the medial femoral condyle.

Pitfalls:

1. Hitting bone—needle inserted too low (tibia) or too high (medial condyle)
2. Inability to obtain synovial fluid—needle may be entering meniscus
3. Contacting the medial meniscus if the needle is inserted too far caudally or too close to the proximal tibia
4. Difficulty in finding the medial outpouching of the MFT joint using the sartorius muscle approach