Distal Intertarsal (DIT) Joint

Quantity of Local Anesthetic: 3 to 5 mL
Needle Size: 5/8 to 1 inch, 22 to 25 gauge
Injection Techniques:

- Medial approach (Figure 3.90A): The medial approach to the DIT joint is used most often and is performed in the standing horse. The landmarks are midway between the plantar and dorsal aspect of the distal tarsus, just below the palpable distal border of the cunean tendon in a notch between the combined first and second tarsal bones and the third and the central tarsal bones. The needle is directed parallel to the ground and slightly caudally. Another approach is to identify the medial eminence of the talus and medial eminence of the central tarsal bone. The site for injection is halfway between these landmarks and 1/2 inch distal to the eminence of the central tarsal bone.
- Dorsolateral approach (Figure 3.90B): The DIT or centrodistal joint also can be entered using a dorsolateral approach. The injection site is 2 to 3 mm lateral to the long digital extensor tendon and 6 to 8 mm proximal to a line drawn perpendicular to the axis of the third metatarsal bone through the head of the fourth metatarsal bone. This is usually distal to the palpable lateral trochlear ridge of the talus. The needle is directed plantaromedially at an angle of approximately 70° from the sagittal plane until bone is contacted. This approach is safer for the clinician because it is performed on the lateral aspect of the tarsus, but is technically more difficult in the author's hands.

Pitfalls:

1. Inability to advance the needle—joint space is difficult to hit with medial approach
2. Excessive pressure when injecting—usually not within joint space
3. Injecting the proximal intertarsal joint by placing needle too high with the medial approach
4. Placing needle too far caudally and missing the notch between the tarsal bones
5. Placing needle too proximal with the dorsolateral approach and entering the tarsocrural joint