

### Tarsocrural (TC) Joint

**Quantity of Local Anesthetic:** 15 to 20 mL

**Needle Size:** 1 to 1-1/2 inches, 20 to 22 gauge

**Injection Techniques:**

- **Dorsomedial approach (Figure 3.91A):** The joint may be entered dorsally (usually medially) or plantarly (usually laterally) depending on the clinical situation. For the dorsomedial approach, a 1- to 1-1/2-inch, 20-gauge needle is inserted 1 to 1-1/2 inches distal to the medial malleolus of the tibia, medial or lateral to the

cranial branch of the medial saphenous vein. The needle is advanced in a plantarolateral direction at approximately a 45° angle. The dorsomedial approach is usually performed in the weight-bearing limb from the opposite side of the horse, but can be performed from the same side of the horse.

- **Plantar approaches (Figure 3.91B):** The medial or lateral plantar outpouchings of the TC joint may be used for arthrocentesis, especially if significant synovial effusion is present. The palpable landmarks of the lateral plantar pouch are bordered by the tuber calcis caudally, the caudal aspect of the distal tibia cranially, and the proximal aspect of the lateral trochlear ridge of the talus distally. Confirmation that fluid swellings in this location are part of the TC joint can be determined by applying finger pressure to the swellings and feeling the dorsal pouches of the TC joint distend. A 1-inch, 20-gauge needle is inserted perpendicular to the skin at the site of the effusion with the limb bearing weight.

**Pitfalls:**

1. Inadvertent puncture of the saphenous vein with the dorsomedial approach
  2. Difficulty in palpating the plantar pouches if minimal joint effusion is present
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