

Interpretation of Blocks:

Perineural Anaesthesia-

75% improvement in lameness probably indicates a single source of pain; less improvement with severe lameness and local infection, e.g. subsolar abscess, or if there is an additional, more proximal source of pain

Intrasynovial Anesthesia-

A positive response to an intrasynovial block should be observed within 30 minutes in most cases. In general, at least a 50% improvement in lameness should be observed to suggest that the synovial structure is the primary location of the lameness. Not all intrasynovial blocks are specific for the joint, tendon sheath, or bursae, but they are typically more specific than most perineural nerve blocks. Examples include the distal interphalangeal (DIP) joint, middle carpal joint, tarsometatarsal (TMT) joint, and distal intertarsal (DIT) joint. Diffusion of anesthetic to local structures, inadvertent anesthesia of peripheral nerves closely associated with the synovial cavity outpouchings, and the possibility that the injection was not in the synovial cavity should all be considered when assessing the response to intrasynovial injections.