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| **Joint Blocks** | **Needle Size and Drug Volume** | **Injection Angle and Sites** | **Blocked Areas** |
| Coffin Joint | Needle: 1.5 inch, 20-gauge  Volume: 4-6 ml | The joint can be denervated by injecting the needle either through the dorsal surface over the coronary band into the common digital extensor tendon or through lateral side of the joint. The dorsal injection site is well vascularized and innervated so a bandage needs to be applied after injection. | The block will affect the entire joint and navicular bursa. |
| Fetlock Joint | Needle: 1.5 inch, 20-gauge  Volume: 8-12 ml | The joint can be entered via 4 ways to inject the solution proximal palmar/plantar pouch, dorsal pouch, distal palmar pouch and collateral sesamoidean approach. For the Proximal palmar/plantar pouch, it is approached palmar/plantar to the cannon bone, dorsal to the lateral branch of the suspensory ligament, and distal to the button of the lateral splint bone. For the Dorsal pouch, the joint is approached via the dorsal aspect. The needle enters deep to the common/long digital extensor tendon. Distal palmar pouch is entered via the recess along the distal, dorsal side of lateral sesamoid bone, proximal to palmar/plantar process of phalanges 1. The last approach is done between the palmar/plantar aspect of the cannon bone and dorsal articular surface of the sesamoid bone, penetrating through the lateral collateral sesamoidean ligament. |  |
| Carpus Joint | Needle: 1.5 inch, 20-gauge  Volume: 7-10 ml | The joint can be denervated through the radiocarpal joint injected dorsally with the carpus flexed, the intercarpal joint with the carpus flexed, or a lateral approach via a notch between the ulnaris lateralis tendon and lateral digital extensor tendon. The lateral approach can be done while the horse is still standing on the limb. |  |
| Tibial-Tarsal Joint | Needle: 1.5 inch, 20-gauge  Volume: 10-20 ml | The joint is approached via the dorsal-medial aspect of the hock. The saphenous vein should be felt for and avoided during needle entry. | The tibial-tarsal joint is blocked as well as the proximal intertarsal joint due to the communication between the joints. |
| Tarsal-metatarsal Joint | Needle: 1.5 inch, 20-gauge Volume: 3-5 ml | The needle is injected in the plantar-lateral aspect of the hock and above the head of the lateral splint bone. |  |
| Distal intertarsal Joint | Needle: 1 inch, 22-gauge  Volume: 3-5 ml | The needle is injected on the medial aspect with the limb stretched forward in between the fused first and second bones, the third tarsal bone and the central tarsal bone. |  |
| Stifle Joint | Needle: 1.5 inch, 18-gauge Volume: >20 ml | The joint can be injected via 3 points. The needle can be inserted in between the medial patellar ligament and medial collateral ligament, proximal to the tibial tuberosity avoiding vessels. The needle can also be inserted in between the medial and middle patellar ligament proximal to the tibial tuberosity. The needle can also be inserted caudal to the lateral collateral ligament, proximal to the proximal-lateral edge of the tibia. |  |