# Treatment of the large joint pain with ultrasound guidance assistance

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# Epidemiology

- 1. Injuries (industrial, car accidents and recreational/professional sports injuries )
- 2. Aging population
- 3. Frequent joint surgeries (ORIF's and arthroscopies)

 Raise in degenerative joint disease (especially large joints)

### What do we see in real life ?

- 1. Pain complaint
- 2. Stiffness
- 3. Pain and stiffness
- 4. Instability ?
- 5. Weakness

# Rapid diagnosis

- Physical examination (pain, range of motion, stability, joint fluid/inflammation)
- 2. X-rays (pathologic alignments, degree of degenerative changes )
- > 3. MRI's (tendon/ligament or muscle injury,
- cartilage damage )
- 4. Ultrasound examination (primary vs. secondary test)

#### Rapid treatment

- 1. Medications (NSAID's, topicals and narcotics, antidepressants)
- 2. Physical therapy (targeted)
- 3. Aspirations and injections (steroids, viscosupplementation, PRP?)
- 4. Surgery
- 5. More physical therapy (restorative)

# Surgeries

- I. ORIF's of the fractures (precise reconstruction of the joint surfaces)
- Arthroscopies (ligamental, meniscal, labrum, muscle/tendon repairs and debridements, bone and cartilage modifications)
- 3. Total/partial joint replacements ( definitive treatment )

#### Outcomes

- I. Releif of pain ( how much and for how long ? )
- 2. Improved range of motion ( if possible )
- 3. Improved fuctionality
- 4. Maintenance of pain control and function
- 5. Resumption of employment and improvement of life quality and extension of lifespan

# Injections

- I. Blind (based on palpation of anatomic landmarks)
- 2. X-ray guided (bony landmarks, radiation and use of dye)
- 3. Ultrasound guided (portability, soft tissue visualization, live needle and medications placement, no radiation/dye)

# Ultrasound guided injections

- Knee joint:
- I. Needle insertion:



Medial, lateral and suprapatella pouch approaches

> 2. Navigation:

In and out of plane needle advancement

• 3. Confirmation:

Hydrodissection and intraarticular fluid expansion

# Ultrasound guided injections ( cont. )

- Shoulder injections
- Anatomic structures: subacromial space, glenohumeral joint, acromioclavicular joint, bicipital tendon sheath
- 2. Approaches: anterior, lateral, posterior and superior
- 3. Navigation: needle length and marking joint and tendon/muscle spaces
- 4. Confirmation: fluid expan-
- sion and pain blockade



# Ultrasound guided injections ( cont. )

- Hip joint:
- I. Anterior approach, intracapsular
- 2. In-plane needle guidance
- 3. Intraarticular fluid expansion for confirmation



#### Now start practicing

- Steps to successful scanning:
- I. Understanding principles of imaging
- 2. View sonoanatomy
- 3. Learn technique
- 4. Practice cases
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