## **Shoulder Therapeutics**

David Westerdahl MD FAAFP RMSK Sports Health Northwest www.sportshealthnorthwest.com

## Objectives

Discuss pros/cons of USG procedures
Discuss types of shoulder therapeutics
Review USG procedure basics

## Acknowledgement

 Jacobson, Jon. <u>Fundamentals of</u> <u>Musculoskeletal Ultrasound</u>. 3rd Ed. 2018

Bianchi, S. and Martinoli, C. <u>Ultrasound</u> of the Musculoskeletal System. 2007

 Netter <u>Atlas of Human Anatomy</u>. 6th Edition. 2014

## **Guiding Shoulder Injections**

- Takes longer than doing by palpato
- May require authorization
  - Requires greater technical skill
  - Approach may be different than palpation guided
  - Additional variables to consider
    - Assistant, gel
- Need to develop your own technique

## **US Guidance in Shoulder**

 Ensures accurate location of needle

Allows for better interpretation of patient response to treatment More comfortable for the patient

Less "poking" around

#### Accuracy

#### **US Guided**

- Sub acromial bursa
  - 100% GHJ
  - 92-95%
  - ACJ
    - 100%
- Bicep Tendon Sheath
   100%

Palpation Subacromial bursa 60-75% GHJ 40-79% ACJ - 40-67% **Bicep Tendon Sheath - 67%** 

## Subacromial USG Injections

- Only accurately placed injections provided pain reduction and improvement in functional scores 6 wks post injection
  - Henkus, HE et al. The Accuracy of Subacromial Injections... Arthroscopy, 2006. 22(3): p 277-82
  - More improvement in VAS (day, night, and rest) and more responders at 2 and 6 wks post injection
    - Zufferey, P et al. A Controlled trial of the benefits of USG injection for Shoulder pain. Joint Bone Spine, 2011. 79(2): p 166-169

## **GHJ** Injections

 More successful on first attempt, less time consuming, less painful, no radiation, and no iodine contrast when compared to fluoro-guided injection - Rutten, M et al. GHJ injection: A comparative study of US and flouro guided techniques... Eur Radiol, 2009. 19: p 722-730

### Good News

 Even inexperienced practitioners are more accurate performing joint injections with US guidance (83%) than experienced practitioners performing palpation-guided joint injections (66%) - Cunnington, J et al. A randomized, dbl blind, controlled study of usg steroid into the joint of patients with inflammatory arthritis. Arthritis Rheum, 2010. 62(7): p 1862-1869

## **Types of Therapeutic Injections**

- Diagnostic and Therapeutic
- Injections/aspiration
  - Glenohumeral joint
  - Subacromial
  - AC joint
  - Bicep tendon sheath
  - Decompression of calcification
- PRP for RTC tendinopathy

## Probe Choice

- Linear probe
- Hockey Stick
  - AC joint
  - Subacromial space in thin individuals
  - Curvilinear
    - GHJ and subacromial in larger individuals
  - Real time technique
    - Long or short axis under
       US guidance

INVITED SPECIAL COMMUNICATION

#### Disinfection of Ultrasound Transducers Used for Percutaneous Procedures

Intersocietal Position Statement

e, the undersigned organizations, wish to address the issue of disinfection of transcutaneous ultrasound transducers used for percutaneous procedures or for the purpose of monitoring other invasive procedures.

Current guidelines from multiple clinical societies have endorsed the use of low-level disinfection (LLD) for transcutaneous ultrasound transducer cleaning and disinfection used for guid-

## In vs Out of Plane



## Informed Consent

- Systemic
  - Facial flushing and diabetic control
- Local
  - Lipoatrophy, post injection flare
  - Bruising/bleeding
  - Aseptic Technique
  - Sterile disposable needles/syringes
    - Gloves
      - Skin prep (chloraprep or betadine)
      - Probe cover
- Post injection instructions

# Sterile Technique





## **Procedure Positioning**

- Subacromial and GHJ injection
  - Pt lies on the unaffected side
    - Provides easy access
  - Reduces risk of vaso-vagal reaction
  - Alternate approach for SA injection
  - Patient seated with palm of affected side resting on hip — Position arm to get best view
  - **AC** Joint
  - Supine or beach chair
- Doctor positioning
   Comfort cofficient
  - Comfort, safety, efficacy

## **GHJ** Injection

- Posterior approach
- Posterior ghj recess
- Long axis to
  - infraspinatus tendon

RT Shoulder GHJInje



## **ACJ Injection**

ACJ can be accessed several different ways
Lateral to medial in-plane
Ant to post in-plane
Ant to post out-of-plane

AC joint

Trans

## Subacromial Bursa

Aspirate or inject
In plane lateral to medial
Target the distended area
Use the shoulder curvature to your advantage for increasing needle visualization

## Subacromial Bursa

LT Shoulder Injectior

SA Bursa

A Mark Million .

RT Shoulder SA B

Injection

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## **Biceps Brachii Long Head**

 Tendon sheath injection In-plane approach Transducer in short axis to tendon and long axis to needle Lateral to medial Check doppler for the anterior circumflex humeral artery and its branches

## Biceps Brachii LH

LT Should

**Biceps Tendon** 

Sax

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## Conclusions

- Ultrasound guidance is a precise way to guide therapeutic injections in the shoulder
- Patients prefer ultrasound for comfort
- Allows for accurate post-injection interpretation of response
- Can get into trouble very easily
- Being skilled at diagnostic US-makes
   therapeutics easier and much safer