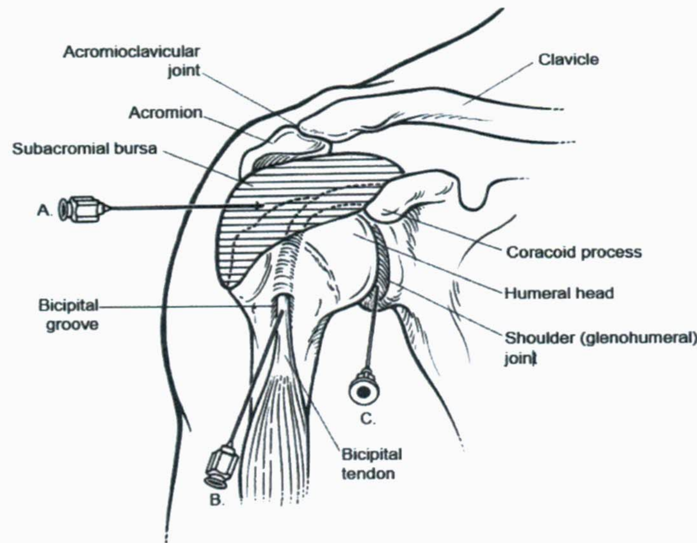
Basic Skills Qualification
Large Joint Arthrocentesis/Injection – Shoulder

Evaluation Process

Prior to seeking BSQ certification, a resident should be confident in their skills. The “Basic Skills Qualification” is printed and given to the supervising physician, where after, the resident performs the procedure under direct observation of the supervising physician. The competency assessment is completed by the supervising physician with their signature and given back to the resident. The resident then returns the competency assessment to the Academic Coordinator.



Resident: ____________________________________

	Competent	Needs Work
Lists indications for arthrocentesis/injection		
Discusses contraindications		
Determines point of best access		
Discusses decision to use/not use local anesthesia		
Demonstrates appropriate sterile field		
Orders appropriate ratio of anesthesia and corticosteroid		
Inserts needle into joint atraumatically. Aspirates/injects as appropriate.		
Collects samples and orders tests as appropriate		

Faculty: ____________________________________

Date: ____________________________________

Indications:

Diagnostic:

Differentiate between crystal arthropathies, such as gout and pseudogout, inflammatory and noninflammatory effusions, and hemarthroses.

Confirm site of pain apparently arising from shoulder.

Therapeutic:

Increased comfort by relief of tense effusion or hemarthrosis

Reduction of inflammatory process and pain with intra-articular corticosteroid

Facilitate Physical Therapy

Contraindications:

Bleeding disorder or excessive anticoagulation

Superficial infection or cellulitis

Artificial joint

Immunocompromized patient with non-infected joint

A posterior approach is preferred and demonstrated. An anterior approach, lateral to coracoid process, may also be used.

Instructions:

1. Patient is seated with the arm dangling at the side.
2. The following surface anatomy landmarks are identified: spine of the scapula, anterior and posterior ends of acromion, coracoid process.
3. The planned site of entry may be marked with skin marker or ballpoint pen at this stage. This is two finger breadths below, and two finger breadths medial to, the postero-inferior edge of the acromion.
4. A local sterile field is created with antiseptic solution.
5. 1% Lidocaine may be injected along the proposed needle track. Aa 25 or 30-gauge needle may be used for this. A wheal can also be raised as an additional landmark.
6. The needle, 20 gauge and 2.5", is directed toward the coracoid process.
7. If indicated, fluid should be collected for diagnostic purposes.
8. If corticosteroid is to be injected, or if the sole purpose of the arthrocentesis is injection, the ratio of steroid to anesthetic solution should be 1:2. 5 - 10 mls may be injected.
9. At conclusion, injection site should be covered with a Band-Aid.

A video is available here:

"Arthrocentesis - shoulder joint, posterior approach"