

Shoulder for Joint Injection User Guide



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Shoulder for Joint Injection

Part No: **30010**

For practising soft tissue joint injection used for the treatment of injuries and arthritis.

Skills

- Patient posture and management
- Palpation techniques
- Injection on 5 specific sites:
 - subacromial space
 - acromioclavicular joint
 - bicipital groove
 - glenoid fossa from the anterior aspect
 - glenoid fossa from the posterior aspect

Features

- Represents normal anatomy precisely (both superficially and subdermally) for palpation purposes
- Easy-to-use Feedback Console illuminates:
 - ● when needle is correctly placed into the injection sites
- Supplied with 'No Trace' marker (non-permanent rapidly fading ink) for illustrating underlying anatomical landmarks

Package supplied

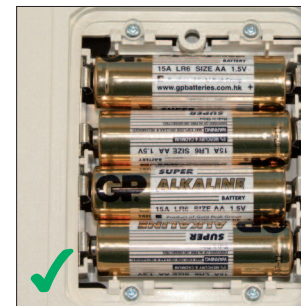
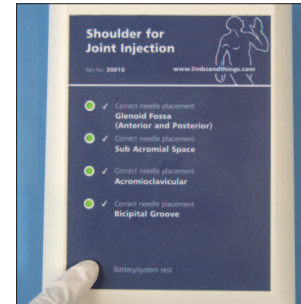
- 1 **'No-Trace' Marker** Part No: **30023**
- 1 **Shoulder Needle Set** Part No: **30094**
- 1 Shoulder for Joint Injection
- 1 Feedback Console with batteries
- 1 *Joint and Soft Tissue Injection* by Dr. Trevor Silver

Care of products made from latex foam rubber

- Latex foam is a natural product; store away from strong light, preferably in the case provided, to reduce exposure to ozone. Ozone is generated by some electrical equipment including telephones and computers.
- Wash your hands before touching the foam. If the foam is handled after contact with certain metals, eg copper coins, it becomes yellow and discoloured.
- The foam may be washed effectively using any mild soap and rinsed afterwards. 'Vanish'™ soap is very effective. Do not immerse the model in water or allow water to run freely over the surface
- Do not ingest the product and practice normal hygiene after handling the product.

Battery test procedure

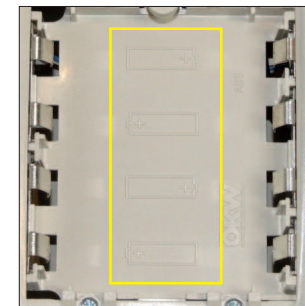
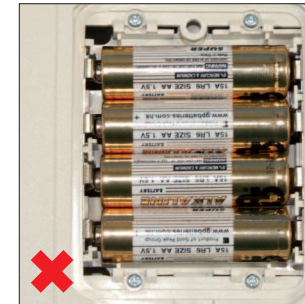
1



Before connecting any electrical leads, firmly press the 'Battery/system test' button on the front panel of the Feedback Console. All the lights should illuminate.

If they do not: check that there are batteries inserted (4x 1.5v AA/ LR6/ AM3/ MN1500). Alkaline batteries are recommended. Observe any safety information printed on the batteries.

2



If batteries are inserted make sure they are the correct way round.

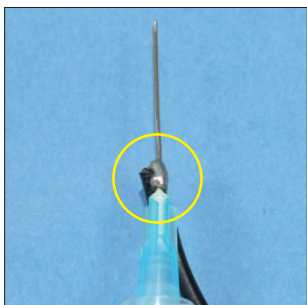
A polarity diagram is moulded into the plastic underneath the batteries. If the batteries are inserted correctly and the lights still do not illuminate, remove them and insert batteries that are known to be working.

If the Console fails to work after carrying out this recommended procedure, it has probably developed a fault and should be returned.

NOTE
Batteries should be removed from the Feedback Console if the product is not being used for an extended period of time.

Connecting the leads

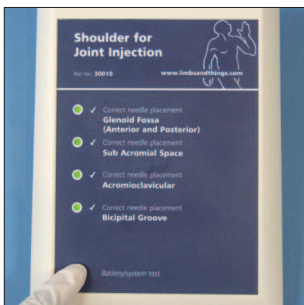
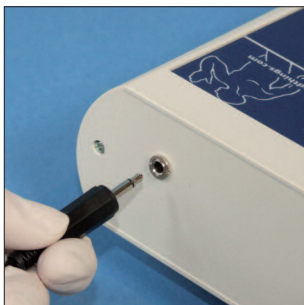
1



Having satisfied out the Battery Test Procedure, ensure that the lead running from the model is plugged into the black socket at the back of the Feedback Console.

Ensure that the electrical contact is securely attached to the needle on the syringe.

2



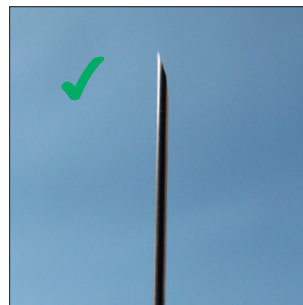
Ensure the lead running from the syringe is plugged into the circular socket at the back of the Feedback Console.

Press the 'Battery/system test' button at the bottom of the front panel of the Feedback Console. All the lights should illuminate.

2

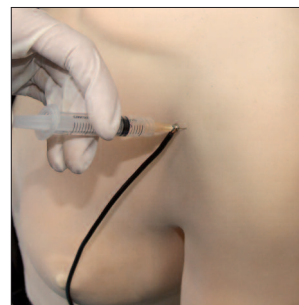
Injection of the tendon and synovial sheath

1



Before use, check that the needle is not blocked and that the tip of the needle is sharp and straight.

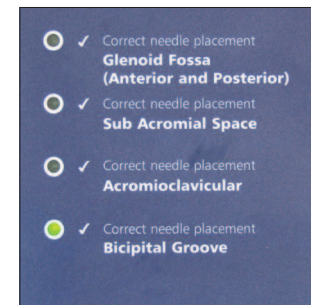
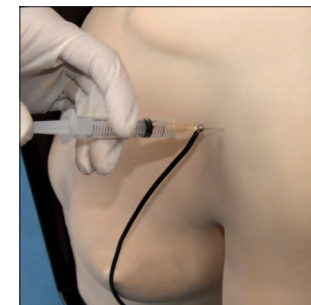
Blunt or hooked needles may tear the skin or prevent correct electrical contact.



First draw 1-2 mls of air into the syringe. This will mimic injection fluid.

Insert the needle tip into the substance of the tendon; resistance to injection is noted on putting slight pressure on the plunger.

2



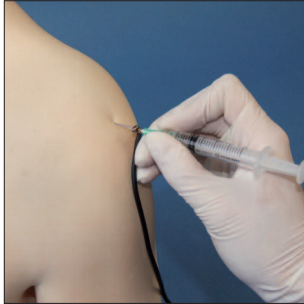
Maintain pressure on the plunger whilst at the same time slowly withdrawing the needle from the tendon.

When resistance to the injection disappears and the green light on the Feedback Console remains illuminated, the needle point is in the synovial sheath. The air in the syringe may now be easily injected simulating the technique of injecting steroid/local anaesthetic solutions into the tendon sheath. On this model, this technique can be applied to 'Bicipital Groove'.

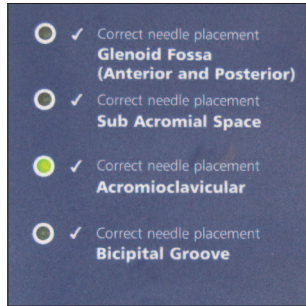
3

Should the lights fail to come on, disconnect and reconnect the leads at the back of the Feedback Console. If the lights do not illuminate after doing this then the model has probably developed a fault and should be returned.

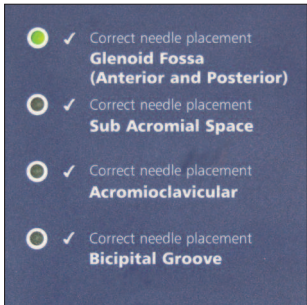
Injection sites



Sub acromial space



Acromioclavicular



Glenoid fossa: Anterior Posterior

Other models available in the range



Hand & Wrist for Joint Injection

Part No: **30031**



Elbow for Joint Injection

Part No: **30080**



Knee for Aspiration

Part No: **70013**