User Guide

Hand & Wrist for Joint Injection

Product No: 30031
An articulated right hand and wrist used for practising soft tissue joint injection for the treatment of injuries and arthritis.

**Skills**
- Patient posture and management
- Identifying anatomical landmarks
- Relevance of digital movement for presentation of injection sites
- Injection in 4 specific areas: carpal tunnel, trigger finger/tendon sheath injection, de Quervains sheath, and first metacarpal joint
- Precise placement of needle to avoid median nerve

**Features**
- Articulated joints
- Simulates normal anatomical reference points for: carpal tunnel, palmaris longus tendon, distal wrist crease, and tendon to the flexor carpi radialis
- Easy-to-use Feedback Console illuminates:
  - when needle is correctly placed in the injection sites
  - when metacarpal joint is entered
  - if the median nerve is hit
- Supplied with ‘No Trace’ marker (non-permanent rapidly fading ink) for illustrating underlying anatomical landmarks

**Package supplied**
- 30023 1 ‘No-Trace’ Marker
- 30092 1 Hand & Wrist Needle Set
- 30020 1 Hand & Wrist Skin
- BKS1846195004 Joint and Soft Tissue Injection Book
- 1 Hand & Wrist for Joint Injection
- 1 Feedback Console with batteries
- 1 Carry case

**Care of products made from latex foam rubber**
- We recommend wearing gloves when using this product, especially when handling the skin
- If you do not wear gloves wash your hands thoroughly before touching the foam: handling it after contact with certain metals (eg copper coins) can cause a yellow/green discolouration which cannot be removed
- 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.
- The foam may be washed effectively using any mild soap and rinsed afterwards. 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

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

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.

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.
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.

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.

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 of the tendon and synovial sheath

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.

1. Correct needle placement
   - 1st Carpo-Metacarpal Joint

2. Correct needle placement
   - Carpal Tunnel

3. Correct needle placement
   - Median Nerve

4. Correct needle placement
   - De Quervains Sheath

5. Correct needle placement
   - Trigger Finger

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.

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 ‘Trigger Finger’.

We recommend wearing gloves when using this product, especially when handling the skin. See ‘Care of Products’.
Other injections

- Correct needle placement: 1st Carpo-Metacarpal Joint
- Correct needle placement: Carpal Tunnel
- Correct needle placement: Median Nerve
- Correct needle placement: De Quervains Sheath

- Correct needle placement: 1st Carpo-Metacarpal Joint
- Correct needle placement: Carpal Tunnel
- Correct needle placement: Median Nerve
- Correct needle placement: De Quervains Sheath

- Correct needle placement: Carpal Tunnel
- Correct needle placement: Median Nerve
- Correct needle placement: De Quervains Sheath
- Correct needle placement: Trigger Finger
Other models available in the range

**Shoulder for Joint Injection**

30010

**Elbow for Joint Injection**

30080

**Foot & Ankle for Joint Injection**

30100
You may also be interested in...

Knee Aspiration & Injection Trainer with Ultrasound Capability

An anatomically accurate adult knee model for injection and aspiration of synovial fluid from the knee joint, from both the lateral and medial aspects, using ultrasound-guidance or palpation.

To find out more visit:

limbsandthings.com