

# Use of Injections in Sporting Injuries

## Topics for discussion

**Dr. Gavin Nimon**

MBBS FRACS (ORTH) FRCS (Ed)

General Orthopaedic Surgeon  
Upper Limb, Hand & Knee Injuries

*Also Consulting from  
Wayville , Western and Central Districts*



Injections: -

Diagnostic

Analgesia- LA      - Local action

- Nerve Block

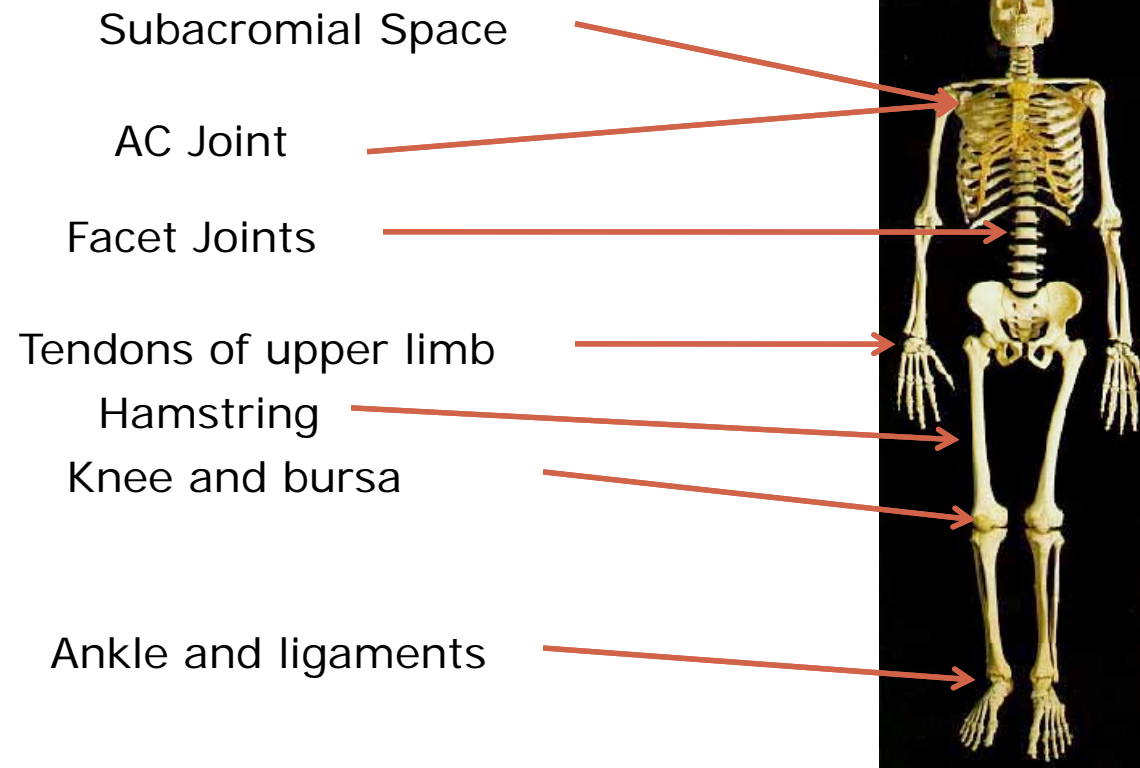
Therapeutic

Corticosteroid

Hyaluronic Acid

?? Use of ultrasound guidance

## Location



## Timing

Acute- rare

Subacute/ chronic

## Risks-Lack of proprioception

Local-

tendon rupture

Infection

Worsening Sx

General-

Diabetic Control

## Method of Action: -

### Corticosteroids

- Bind to receptors in nuclei
- Limit accumulation of inflammatory cells
- Intra-articular- reduce migration of neutrophils
  - reduce prostaglandins
  - Increase hyaluronic acid in joint
  - Non- Wb joints do better
- Evidence varies on benefit even in SA Space

## Hyaluronic acid

- Obtained from Rooster Combs
- ? Theory to improve visco-elastic properties
- 1% risk of s/e local reactions
- Better than placebo

## CONTROVERSIES- many

### Intra-articular

- Corticosteroid & Synvisc work
- for OA ?? No difference

### •Subacromial

- Studies showing no benefit over LA



## Place of Surgery-

*In cases that can be treated  
non-operatively*

Shoulder ? Bursitis

Knee ? Hoffa's fat pad

Wrist ? Tendinitis

Ankle ? instability



*Cf to knee scope*

*Results as good*

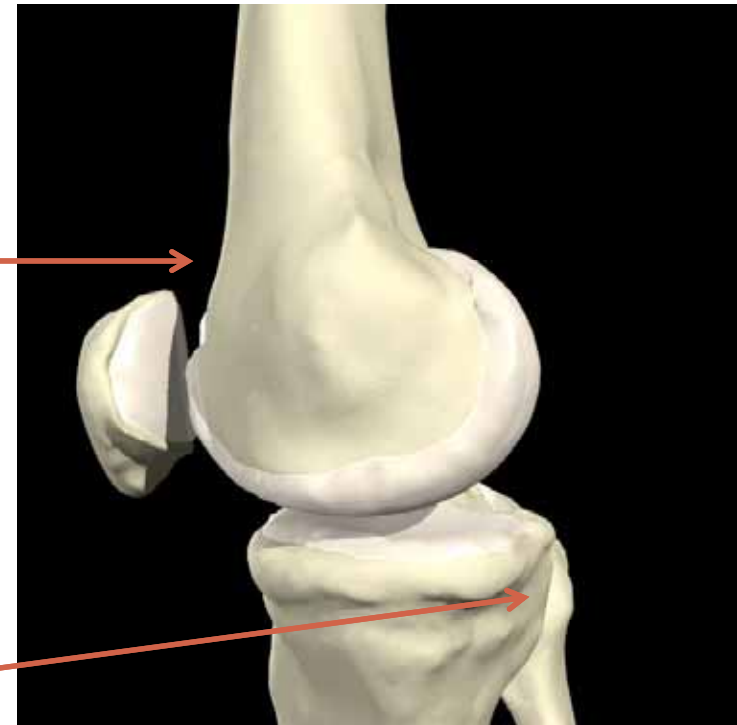
## Knee Injection

Technique: -

Suprapatellar

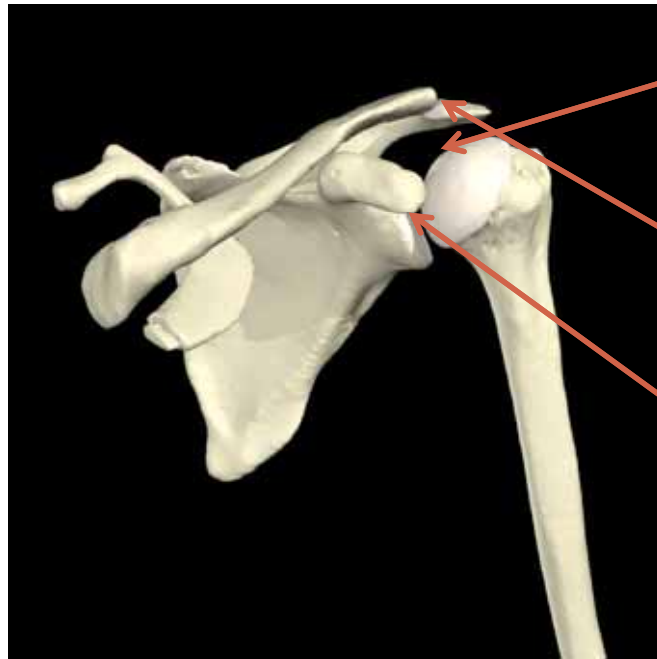
*Avoid injecting tendons*

Tib/ Fib Joint



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## Sub-acromial



Anterior /lateral / posterior

AC joint

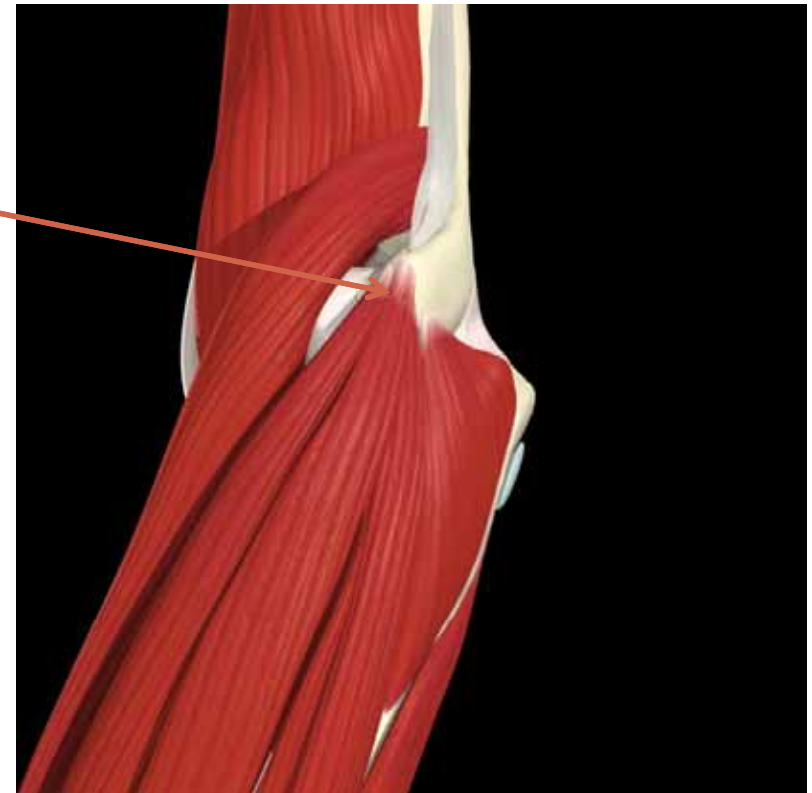
In instability???

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## Epicondylitis

Aging phenomenon  
Does not matter whether  
inject or operate

Poor results



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Thank you