JOINT CLINIC GUIDELINES

Joint clinic is for patients who have been diagnosed with a joint condition that is amenable to injection. It is expected that patients will have a diagnosis for the reason they are coming joint clinic and that it can be located in the problem list or a previous progress note. Please be as specific as possible. For example, the referral could say, “patient referred for AC joint injection or subacromial injection”, etc. Alternatively, the diagnosis could be listed: supraspinatus tendinitis, bicipital tendonitis, etc.

Joint conditions that we can inject:

- OA knee, thumb
- Rotator cuff tendonitis or impingement
- Biceps tendonitis
- AC joint tendonitis/arthritis
- Carpal Tunnel Syndrome
- Trigger finger
- De Quervain’s tenosynovitis (abductor pollicis longus, extensor pollicis brevis tendon sheath)
- Lateral or medial epicondylitis
- Olecranon bursitis
- Trochanteric bursitis
- Pes anserine bursitis
- Plantar fasciitis
- Prepatellar bursitis

Most joints can be aspirated.

The following joints cannot be aspirated or injected at clinic:

- Spine and sacrum
- Hip joints
- Joints in the forefoot (we can aspirate ankle and DIPs/PIPs)