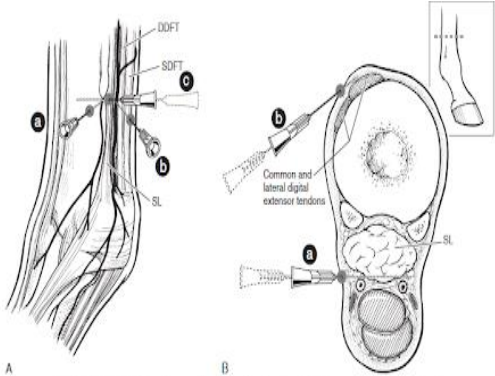
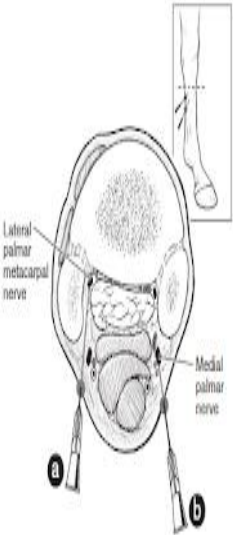


Block	Location (pic)	Nerves blocked	Structures desensitized
Low four point	 <p>Fig. 10-7 • A. This lateral view shows needles positioned for a low palmar (plantar) nerve block. The clinician inserts a needle (a) just distal to the distal aspect of the fourth metacarpal or metatarsal bone and directs it axially to block the lateral palmar (plantar) metacarpal (metatarsal) nerve. The clinician then inserts a needle (b) between the suspensory ligament (SL) and deep digital flexor tendon (DDFT) to block the lateral palmar (plantar) nerve. The clinician repeats the two injections on the medial side. A subcutaneous ring block from the first injection site around to the dorsal midline (z) completely abolishes skin sensation. B. Transverse view of the distal left metacarpal region demonstrates an alternative technique for low palmar (plantar) analgesia. The clinician inserts a needle (a) in a lateral-to-medial direction between the DOFT and the SL to block the lateral and medial palmar (plantar) nerves. The palmar (plantar) metacarpal (metatarsal) nerves are blocked as depicted in A (not shown in this diagram), which also shows the subcutaneous ring block. The clinician inserts a needle (b) in a lateral-to-medial direction dorsal to the digital extensor tendons to block the dorsal metatarsal nerves of the hindlimb.</p>	<p>medial and lateral palmar nerves and the medial and lateral palmar metacarpal nerves</p>	<p>When properly performed, the low four-point block anesthetizes the skin and all structures distal to the fetlock joint, and the distal aspect of the cannon bone, flexor tendons, tendon sheaths, and proximal sesamoid bones.</p>

Block	Location	Nerves blocked	Structures desensitized
High four point	 <p data-bbox="361 820 634 938">Fig. 10-11 • Transverse view of the left metacarpal region showing technique for high palmar analgesia. The clinician inserts a needle (a) to each second and fourth metacarpal bone and uses two separate injections (b) to block the medial and lateral palmar nerves. The location of high palmar technique appears in the lateral view (inset).</p>	<p data-bbox="856 272 1383 537">the medial and lateral palmar nerves, the medial and lateral palmar metacarpal nerves, the suspensory branches, and nerves providing skin sensation along the dorsum (dorsal branch of ulnar nerve and musculocutaneous nerve).</p>	<p data-bbox="1404 272 1948 505">This block anesthetizes the same areas as the low four-point block and includes the skin and deep structures on the back of the cannon bone (i.e. Flexor tendons, the ligament that attaches the splint bone to the cannon bone and the suspensory ligament, excluding its origin.)</p>

Figures taken from Dyson S, Ross M. Diagnosis and management of lameness in the horse. 2nd ed. St. Louis, Mo.: Elsevier/Saunders; 2011.