## **Low Four Point Nerve Block**

Method:

The low palmar nerve block, or low 4-point block, is performed after a negative response to the abaxial sesamoid nerve block. This nerve block is usually performed with the horse bearing weight on the limb, but it can also be performed with the limb held. The medial and lateral palmar nerves are anesthetized, using a 25-gauge, 5/8-in. needle, by depositing 2 mL of local anaesthetic solution over each palmar nerve where it lies subcutaneously at the dorsal border of the deep digital flexor tendon. The palmar nerves should be blocked at the level of the metacarpus to avoid the possibility of misdirecting a needle into the digital flexor sheath, which often extends proximally to the level of the end of the splint bones. When the palmar nerves are blocked at the level of the middle of the metacarpus, the communicating branch that connects them, the ramus communicans, should also be blocked with 1 mL of local anaesthetic solution. Blocking one palmar nerve proximal to the ramus communicans and the other distal to it allows sensory impulses to propagate through the ramus from the side blocked proximal to the ramus and then proximally through the palmar nerve blocked distal to the ramus. Though easily palpated on the forelimb, the ramus communicans is often non-existent or impossible to palpate on the pelvic limb. To complete the 4-point block, 1–2 mL of local anaesthetic solution is deposited SC at the distal end of each splint bone, where the lateral palmar metacarpal nerve lies next to the periosteum of the third metacarpal bone. Then, the lateral palmar nerve is blocked by depositing lidocaine between DDFT and suspensory ligament. Repeated on medial side. A positive response to a low 4-point block, performed after a negative response to an abaxial sesamoid nerve block, localizes the site of pain causing lameness to the fetlock.

ITS A 6 POINT IN THE HIND LIMB!

