

Looking for fluid in the joint space also known as septic arthritis. Most commonly done on the hip joints but may also be done on knee or infrequently other joints.

Probe: Linear transducer according to pt size or curved if pt is large

**FOR HIP EFFUSION:** Laying the affected leg flat can be very painful and difficult for the pt. No need to force the leg flat. Ok to scan with leg slightly flexed.

Pt supine with legs extended (as much as possible) and great toes touching or slightly inward (parents can help by gently holding the feet in position).

Place the transducer at the bend area of the hip in a sagittal plane, slightly oblique to follow the femur.

- Take 2-3 images of each hip
- Use the dual image feature to compare the Rt and Lt – 2-3 images
- If fluid is noted measure the thickness (AP)

**FOR KNEE EFFUSION:** Straighten the leg as much as possible and sagittally image the knee joint on the superior and then the inferior aspect of the patella.

Any requests to image a joint ie. hip, knee, shoulder, ankle needs to be evaluated for a joint effusion. Example: Knee ordered for localized bump or cellulitis still needs imaging of the suprapatellar area for effusion.

If unsure where to see fluid, please ask.