

Supplementary Materials: Does Ultrasound Guidance Improve the Effectiveness of Neurotoxin Injections in Patients with Cervical Dystonia? (A Prospective, Partially-Blinded, Clinical Study)

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The landmarks used for injections and muscle injection sites with US guidance

The landmarks used for the injections have been established as follows: sternocleidomastoid muscle in the upper third part (1cm depth); trapezius muscle at the junction of the neck and shoulder (1cm depth); splenius capitis at the level C2, along the line from C7 to mastoid (1cm depth); levator scapulae at the level C7, about 1cm ventral to the trapezius reference point (1cm depth); scalenus medius at the level C7, about 2 cm ventral to the trapezius (1cm depth); semispinalis capitis at the level C2, 2cm lateral to the spine (2cm depth); semispinalis cervicis at the level C5, in the posterior part of the neck, 2cm lateral to the spine (2,5cm depth); OCI at the level C2, 2cm lateral to the spine (3cm depth with aspiration).

Muscles with US control were injected as follows:

sternocleidomastoid muscle in the upper third part; trapezius muscle at the junction of the neck and shoulder; splenius capitis at the level C2 , along the line from C7 to mastoid ; levator scapulae at the level C7 in the middle part where it is uncovered by trapezius; scalenus medius at the level C7; semispinalis capitis at the level C2, 2cm lateral to the spine; semispinalis cervicis at the level C5, in the posterior part of the neck, 2cm lateral to the spine; OCI at the level C2, 2cm lateral to the spine . The depth of injection was determined by anatomical conditions.