



# Patient-116

**Patient-116 is a man who saw Dr. Edward Ashman at Nevada Orthopedic. Received "blind" injections in his neck and shoulders (without using an ultrasound for guidance). Caused permanent nerve damage. No mention of this injury in his medical records.**

About a year ago I went to Edward Ashman, M.D.

The reason I used him was because of a change in my insurance. I went for pain in my knees & shoulders.

I have had cortisone shots off & on for a few years as needed being very active.

NEVER had a problem. A tech came in instead of Ashman. I told him the trigger spots as well.

**In the past, they used an ultrasound device so that they hit the correct spot. NOT THIS TIME!!**

He decided to give me a shot in each joint -- shoulders and knees -- during the same visit. Big ouch!!

HE GAVE ME A SHOT IN THE BACK OF THE SHOULDER -- NOT THE TRIGGER SPOT. TECH KNOWS BEST??

I went home that evening. My arm went NUMB. Felt like someone's hitting my funny bone all the time. NOT FUNNY!! NEVER STOPPED!!

MADE AN APPOINTMENT (to see Dr. Ashman). TOLD THEM I CERTAINLY AM NOT GOING TO PAY AGAIN TO SEE HIM. THEY AGREED.

Saw Ashman again. He DENIED it was from the shot, naturally,

**By the way, there is NO RECORD OF THIS ISSUE IN MY MEDICAL HISTORY.**

Ashman suggested an MRI. \$400 dollars later and nothing seen in the MRI from the shot -- nor would there be.

Then had an EMG, VERY PAINFUL. SAME RESULTS and another \$400 and a neurologist visit.

**To make a long story short, I was told by another M.D. that they hit the Bronchial Plexus. I'm basically screwed and need to live with it.**

Talked to a few lawyers. Nevada Malpractice maximum damages of \$350,000 not worth a lawyer's time. If I died or the arm needed to be cut off, they would take my case.

**I WOULD NOT USE HIM AND WAS TOLD SOME INTERESTING THINGS ABOUT HIM FROM OTHER M.D.s I HAD TO SEE BECAUSE OF THIS.**

**I WARNED YOU!!!**

**Information for readers about "blind" injections:**

Musculoskeletal (MSK) injections, commonly used for pain management, injury treatment, and inflammation control, are often performed with two main approaches: blind injection (performed without imaging) and ultrasound-guided injection.

While blind injections have their place in some clinical settings, the precision, safety, and reliability of ultrasound-guided injections make them the superior choice for most MSK applications. With the ability to see and target precise anatomical structures, ultrasound guidance not only enhances treatment outcomes but also improves patient comfort and overall experience.

Switching from blind to ultrasound-guided MSK injections represents a commitment to providing the best possible care. For any healthcare provider looking to optimize MSK procedures, investing in ultrasound technology is a step toward higher precision, patient safety, and better results.

Read the full [article](#).

**If you walk into a physician's office who wants to inject your knee blind, then politely ask for your chart and walk out. As a patient, there is simply no reason to tolerate a blind injection.**

Patient-116 saw Dr. Edward Ashman at Nevada Orthopedic. Received "blind" injections in his neck and shoulders (without using an ultrasound for guidance). Caused permanent nerve damage.

**Just say NO to Nevada Orthopedic and just say NO to Dr. Edward Ashman**

## **Injecting a Knee Blind is Associated with Worse Health Outcomes**

A blind injection means that the needle is inserted without any type of imaging guidance.

**We've known for a while now that blind knee injections are a bad idea.**

For example, in a 2012 study, using ultrasound imaging to guide the needle and make sure it was in the joint increased the accuracy of injecting into the joint capsule from 84% to 96%.

Why is that a big deal? Because things like hyaluronic acid won't work well if injected into the soft tissues rather than inside the joint.

In fact, there are now so many studies on how the use of ultrasound imaging makes knee injections more accurate, that there's an entire systematic review on the subject.

This "[study of studies](#)" reviewed data from many other research papers (12 in this case). A systematic review is therefore considered the highest level of evidence. This one, published in June of this year concluded:

"This study showed that ultrasound-guided knee injections were more accurate across every anatomical needle injection site compared with blind injections. Injections made by a blind/anatomically guided method had inconsistent accuracy rates that seemed highly dependent on the portal of entry."

Pretty definitive.

Using ultrasound to make sure you're inside a knee joint is a no brainer in and that courses for this skill are plentiful and ultrasound machines are cheap.

The researchers wanted to see whether blind (or "landmark guided") HA injections produced any more or fewer eventual invasive surgeries. What did they find?

Over a decade, 46% of the patients who were injected blind needed a knee replacement versus only 33% of those who got their HA injections done with ultrasound.

**More patients remained surgery-free in the ultrasound group over time and this difference widened as the years went on.**

The upshot? We know that injecting a joint blind is a bad idea. We also now know that it's likely also associated with harm.

**Hence, if you walk into a physician's office who wants to inject your knee blind, then politely ask for your chart and walk out.**

**As a patient, there is simply no reason to tolerate a blind or "landmark guided"**

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