CORTICOSTEROID INJECTION FOR PLANTAR FASCIITIS: AN AUDIT OF FINDINGS

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Introduction

Plantar fasciitis commonly seen in the musculoskeletal clinic and accounts for around 8% of running injuries. BMJ best practice advises that primary treatment should be rest and reducing the precipitating factors with corticosteroid injections used if primary treatment fails to improve symptoms. The National Institute of Health and Care Excellence guidance of 2019 recommended corticosteroid injections for patients whose "symptoms are having a significant impact on the person" however, they also feel that this treatment will only provide short term relief. Methylprednisolone is a medium duration corticosteroid which may improve patient satisfaction however there is limited research on its effectiveness.

Material and Methods

93 patients were included in this audit. All patients received 1ml of 40mg depomedrone (methylprednisolone)

Inclusion criteria

All patients who had clinically diagnosed plantar fasciitis foot 8 weeks and had received the first line treatments of stretching and orthotics.

Exclusion criteria

Patients yet to begin a stretching program or had alternative treatments (e.g. shockwave), had systemic disease or previous surgery were excluded.

Outcome measures

A patient assessed (Visual analogue scale) and a physician assessed (Heel tenderness index) outcome measure was used.

Results

93 patients with ages ranging from 42.5 to 58.4 years were assessed.

VAS

80 (86.02%) reported an improvement in symptoms at the 4 week follow up, 62 (66.67%) of whom reported to be pain free. The remaining 18 patients advised their symptoms had improved by 50%. 13 patients (13.98%) reported no improvement.

HTI

Heel Tenderness Index	Number of patients prior to corticosteroid injection	Number of patients at the 4 week follow up
0	0	83
1	27	3
2	47	7
3	18	0

83 (89.25%) patients had no pain on palpation of the heel post injection, whilst prior to the injection all patients had pain in differing degrees. 18 patients (19.35%) had severe pain prior to the injection, post injection no patient had severe pain. 90 (96.77%) of patients had improved HTI scores.

Conclusion

Corticosteroid injections are an effective second line treatment for the treatment of plantar fasciitis.