

Review of injection therapy clinics performed by physiotherapists working in primary care

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Aims

To determine pain scores for injection therapy and to review the overall change in outcomes post injection for a variety of musculoskeletal injections compared with the previous audits of a NHS Primary care Physiotherapy injection clinic.

Methods

Five clinicians each kept a record of all patients they saw for injection therapy during October and November 2012.

When assessing pain scales, patients were asked to verbally rate their pain between 0 and 10, with 0 representing no pain and

10 representing very severe pain.

After performing the injection an assessment sheet was completed. This was then passed to an Administrator in the Physiotherapy service who later telephoned patients for assessment of pain scores at 2 and 4 weeks post injection.

Results

A total of 141 injections were performed. 40 patients had incomplete data leaving a total of 101 injections which were analysed which had complete results at weeks 0, 2 and 4 weeks post injection.

All average pain scale scores are reduced 4 weeks after injection for all conditions.

There is an overall average reduction in pain on provoking activity of 45.7% (57.5% in 2010, 54.7% in 2007 and 56.3% in 2004).

When the 8 most commonly encountered conditions are analysed in the same manner the reduction is found to be:

- 56.3% for shoulder impingement syndrome (SIS) (70.0% in 2010, 58.4% in 2007 and 52.0% in 2004);
- 47.6% for shoulder capsulitis (33.7% in 2010, 31.5% in 2007 and 42.6% in 2004);
- 37.8% for knee joints (46.8% in 2007);
- 36.9% for trochanteric bursitis (44.4% in 2010 and 59.8% in 2007);
- 41.1% for plantar fasciitis (93.2% in 2010);
- 65.0% for trigger finger/thumb (complete pain relief in 2010);
- 27.8% for tennis elbow (60.2% in 2007 and 67.8 in 2004) and
- 44.4% for carpo-first metacarpal joints (no previous data available).

Where available, data for previous years is shown in brackets above.

Contrary to a common patient perception, injection therapy is not an exceptionally painful experience, with an average score of 3.2 (4.0 in 2010, 3.1 in 2007 and 3.8 in 2004).

Conclusion

- The injection clinics continue to be very successful, with good clinical outcomes at 4 weeks. Anecdotally they are appreciated and well supported by the primary care team and patients.
- Compared with 2010, pain scores for the actual injection have fallen from 4.0 to 3.2.
- The current results are comparable with previous reviews. Shoulder capsulitis and SIS continue to be the most commonly injected conditions.
- The most dramatic pain relief is found with injection of trigger finger/thumb as was the case in 2010.
- It is recommended that the current injection clinics as described above are continued.

Condition	Total number of injections	~ %	% in 2007 and 2010
Shoulder impingement syndrome (SIS)	21	21	30 & 27
Shoulder capsulitis	18	18	23 & 33
Knee joint	16	16	8.5 & 0
Plantar fasciitis	10	10	2.4 & 12
Trochanteric bursitis	10	10	7.3 & 7
Trigger finger/thumb	9	9	3.7 & 7
Tennis elbow	4	4	7.3 & 5
C-1st MC joint	3	3	3.7 & 5
De Quervain's tenosynovitis	2	2	3.7 & 0
Ischial bursitis	2	2	0 & 0
Morton's neuroma	2	2	0 & 0
Acromioclavicular joint (ACJ)	1	1	1.2 & 0
Base of 2nd MT	1	1	0 & 0
Golfer's elbow	1	1	0 & 2
Wrist joint	1	1	0 & 0
Total	101	100	

Combined data for all 101 injections (results from 2007 & 2010 shown in brackets)

Average pain scale on provoking activity pre-injection	Average pain scale for injection	Average pain scale on provoking activity four weeks post injection
8.1 (8.4 & 8.7)	3.2 (3.1 & 4.0)	4.4 (3.8 & 3.7)
Range: 2 to 10 (3 to 10 & 3 to 10)	Range: 0 to 10 (0 to 10 & 0 to 10)	Range: 0 to 10 (0 to 10 & 0 to 10)

Average pain scores pre-injection and 4 weeks post injection

