



## Injection therapy survey: 2 year data using PASCOM-10 audit tool

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### Background

Research supporting the use and efficacy for intra-articular corticosteroid injections for foot and ankle pain is limited [1-4]. Access to Methylprednisolone (Depo-Medrone) is available to 41% podiatrists with prescription-only-medicines administration annotation. Based on College of Podiatry approved courses, we estimate there are approximately 1000 podiatrists trained in musculoskeletal injection therapy.



### Aim

Survey of podiatrists was undertaken to understand the practice of injection therapy for musculoskeletal conditions of the foot and ankle.



### Results

Data from 60 centres were analysed from 1161 patients, (75% female, mean age of 57, SD  $\pm$ 13). The majority of the referrals were provided by GP (87%), followed by podiatrists (7%). Data shows there were 1623 treatments over 1304 episodes, indicating that 90% had a single treatment and 10% had between 2 and 6 treatments. There were a total of 1526 injections and 97 associated surgical procedures. Corticosteroid was administered in 929 treatments and the most commonly used was Methylprednisolone Acetate (95%).

Followed by:  
Dexamethasone Phosphate (1.7%)  
Hydrocortisone Acetate (1.7%)  
Triamcinolone Acetonide (0.8%)  
Prednisolone acetate (0.7%)

Local anaesthesia was documented in 108 treatments suggesting that some of the injections were diagnostic. The most common was Mepivacaine (35%).

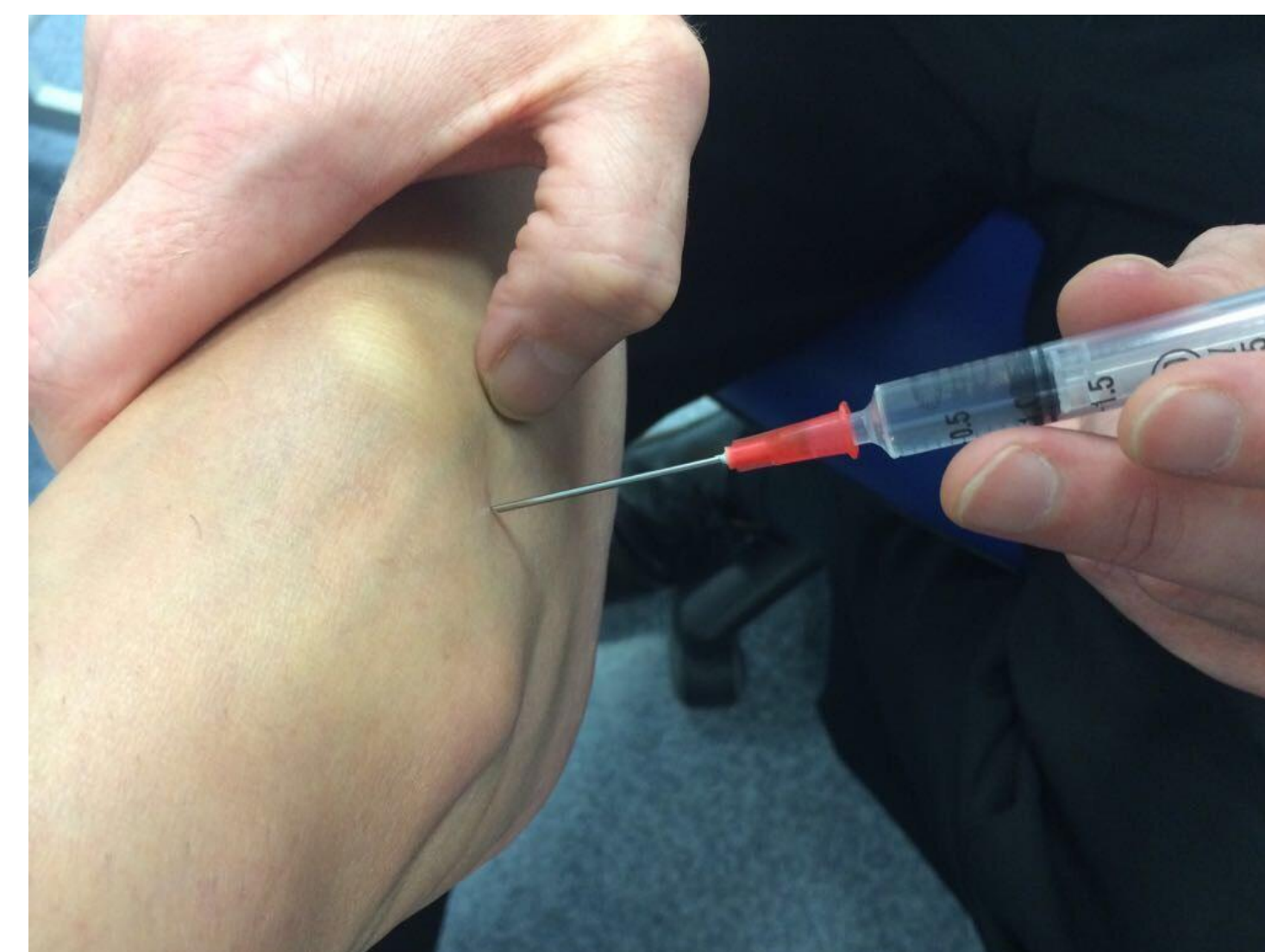
Followed by:  
Lidocaine (31%)  
Levobupivacaine (21%)  
Bupivacaine (12%)  
Ropivacaine (1%)

Joint injections were predominantly recorded in 63% of treatments (10% soft tissue injections). The most common joints for injection were the Tarsometatarsal (20%) First metatarsophalangeal (19%) Lesser metatarsophalangeal (13%) Subtalar (6%), talonavicular (2%) Ankle (4%)

Half of treatments entries recorded imaging (n=449), which was 39% of total patients, In 61% of injection treatment, imaging was used to guide the injection (n=267) and 39% imaging was utilised in a diagnostic capacity pre-treatment (n=173).

### Conclusions

- This data would suggest that Methylprednisolone is the preferred drug
- The most common location for injection therapy was tarsometatarsal joint closely followed by the first metatarsophalangeal joint.
- Imaging was shown to have a key role in decision making and guiding treatment.
- Limitations of the survey are: incomplete data sets, therefore the accuracy of the data entry is not known. A lack of patient reported outcome and experience measures. Data is perhaps not representative of none specialist (surgical) podiatry centres.
- Further development of PASCOM-10 should include standardised data for all musculoskeletal treatments for instance locations of soft tissue injections.



### Methods

PASCOM-10, a national podiatry audit database, was investigated for data over two years (2015 -16). Data associated with code 19 for injection therapy was exported for analysis.

### References

1. Johnson et al. (2011) Corticosteroid injections in the treatment of foot & ankle disorders: an AOFAS survey. *Foot Ankle Int.* **32**:394-9.
2. Grice et al. (2017) Efficacy of Foot and Ankle Corticosteroid Injections. *Foot Ankle Int.* **38**:8-13.
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4. Pons et al. (2007) Sodium hyaluronate in the treatment of hallux rigidus. A single-blind, randomized study. *Foot Ankle Int.* **28**:38-42.

### Acknowledgements

We would like to thank the College of Podiatry for supporting this research.

We thank David Tollafeld and Nina Davies for their kind permission to use the photographs.

None of the Authors received payment to produce this research.