

Keele Critically Appraised Topic (CAT Form)



Clinical Question

In adults with knee bursitis, is a combination of physiotherapy and a clinically guided corticosteroid injection more effective than physiotherapy alone in improving pain and function?

Clinical bottom line

There is currently no evidence available to answer this question.

In line with NICE guidance (2024), patients are initially advised to use conservative measures until symptoms improve which include rest, ice, activity modification, and simple analgesia. Failing this, patients may be offered bursae aspiration and clinically guided corticosteroid injection as part of the management of pre-patella bursitis in primary care.

Plain Language Summary

There is currently no evidence to suggest that a clinically guided corticosteroid injection and physiotherapy is more effective at reducing pain and function than physiotherapy alone.

Why is this important?

In 2024, the North Staffordshire and Stoke-on-Trent Integrated Musculoskeletal Service (NIMS) team carried out an audit on data gathered over an 18-month period, in relation to using the advice and guidance (A and G) process.

This data was gathered following on from a pilot project which was in line with NHS England's aspirations for primary and community settings to have a way of seeking

secondary care expertise through A and G, without having to refer patients into secondary care ⁽¹⁾.

The audit specifically looked at the number of referrals sent through to the orthopaedic knee team. The reasons for the A and G were categorised into accepted or rejected and the responses collated into common themes.

One thirds of referrals were rejected and within those that were rejected, the majority were soft tissue related with the advice to manage conservatively with or without a corticosteroid injection.

Therefore, this question is posed to establish the best conservative management options for common soft tissue problems within the knee, specifically bursitis.

Search timeframe

2015-2025

Search criteria

Population Intervention Comparison Outcomes (PICO) themes	Description	Search terms
Population and Setting E.g. adults with OA, primary care	Adults with knee pain diagnosed as bursitis, in a musculoskeletal outpatient setting	Adult Over 18 Knee pain Bursitis Pre-patella bursitis Infra-patella bursitis Supra-patella bursitis
Intervention or Exposure (i.e. what is being tested) e.g. manual therapy	Receiving physiotherapy, (including exercise, strengthening, stretches, advise, ice, taping) and a clinician guided corticosteroid injection (CSI)	Physiotherapy/Physical therapy (Exercises Strengthening, stretching, ice, taping)

		AND Corticosteroid injection CSI Steroid injection Local anaesthetic injection Intra-articular injection Soft tissue injection clinically guided
Comparison, if any e.g. usual care, leaflet	Physiotherapy alone (without a corticosteroid injection injection)	Physiotherapy/Physical therapy (Exercises Strengthening, stretching, ice, taping)
Outcomes of interest e.g. Visual analogue scale, Range of motion	Pain and function	Pain and function
Types of studies e.g. Randomised Controlled Trials, Systematic reviews	RCT, SR	RCT, SR

Databases searched

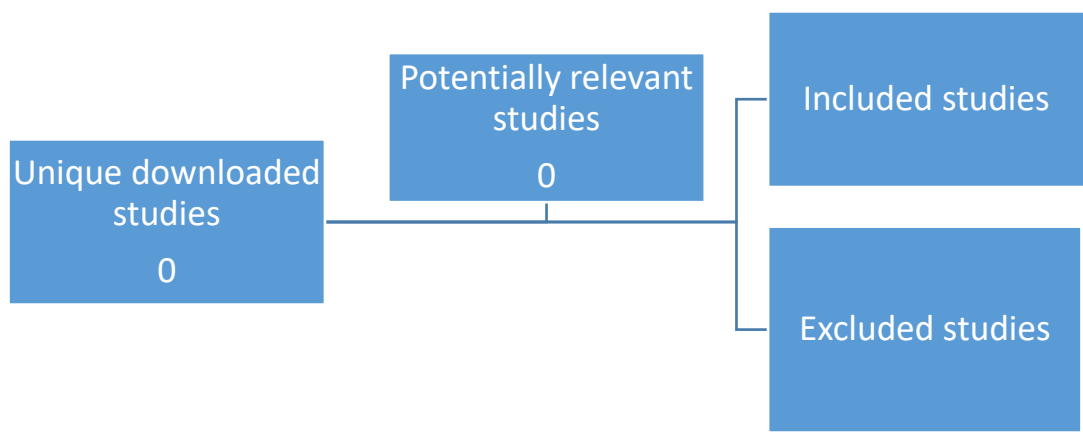
Include the databases searched, below are examples of databases you may use:

Clinical Knowledge Summaries (CKS), Physiotherapy Evidence Database (PEDro), British Medical Journal (BMJ) Updates, Clinical Evidence, Translation of Research into Practice (TRIP) Database, National Institute for Clinical Excellence (NICE), Health Technology Assessment (HTA), Bandolier, The Cochrane Library, Medline, Cinahl, Embase, PsycInfo, Professional websites, Joanna Briggs Institute, Web of Science, Sports discus and Pub Med

Date of search

2015-2025

Results of the search: include the number in each box



There were 0 number of unique downloaded studies. There were 0 number of relevant studies.

Table 1- Detail of included studies

First author, year and type of study	Population and setting	Intervention or exposure tested	Study results	Assessment of quality and comments

Summary

There is no evidence to answer this question. However, in line with NICE guidelines (2024) for management of pre-patella bursitis, patients may be offered aspiration and a corticosteroid injection (CSI) alongside conservative measures. Patients are initially advised to use conservative measures until symptoms improve which include rest, ice, activity modification, and simple analgesia.

Implications for practice

As part of our musculoskeletal (MSK) pathways of care, knee bursitis is managed with physiotherapy in the first instance, including advise, education and reassurance with an appropriate exercise programme. Should there be no improvement in 3 sessions then the physiotherapist can discuss with an Advanced Practice Physiotherapist (APP). Management at this stage can be aspiration and a cortico steroid injection (CSI) for pain relief or imaging if appropriate. This should form part of a shared decision-making conversation where the risks and potential benefits may be fully discussed.

There is currently no evidence supporting this pathway.




What would you post on social media?

There is currently no supporting evidence for the use of physiotherapy +/- a corticosteroid injection for knee bursitis.

References

[Scenario: Management](#) | [Management](#) | [Pre-patellar bursitis](#) | [CKS](#) | [NICE](#)

Please tick the box that best reflects your clinical bottom line and include the picture on page 1

CAT image	Evidence quality	Checkbox
	Good quality evidence to support use....	<input type="checkbox"/>
	Insufficient or poor quality evidence OR substantial harms suggest intervention used with caution after discussion with patient...	<input type="checkbox"/>
	No good quality evidence, do not use until further research is conducted OR Good quality evidence to indicate that harms outweigh the benefits....	<input checked="" type="checkbox"/>

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