Keele UNIVERSITY
Impact Accelerator Unit

Keele Critically Appraised Topic (CAT Form)

Accessible format

Clinical Question

In adults with infrapatellar fat pad impingement syndrome of the knee, 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.

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.

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One third 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 infrapatellar fat pad impingement syndrome (Hoffa's fat pad).

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 fat pad impingement (infrapatellar fat pad impingement syndrome/Hoffa's fat pad), in a musculoskeletal outpatient setting	Adult Over 18 Knee pain Fat pad impingement syndrome Infrapatellar fat pad impingement Hoffa's fat pad impingement
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)	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 Trails, Systematic reviews	RCT, SR	RCT, SR

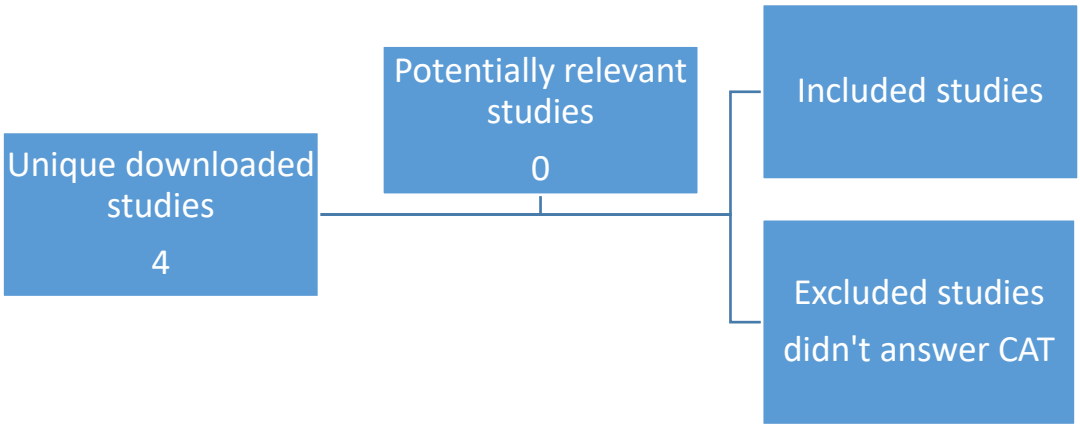
Databases searched

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 four downloaded studies. There were no relevant studies. Four studies were excluded studies.

Summary

There is no evidence to directly answer the clinical question. In our service, it is currently practice to manage infrapatellar fat pad impingement with physiotherapy (including lower limb strengthening exercises and biomechanical work), with a consideration of imaging for diagnostic clarity and a possible corticosteroid injection if required (as part of a shared decision-making process).

Implications for practice

There is no evidence to support or change the current pathway of managing infrapatellar fat pad impingement.

What would you post on social media?

There is currently no evidence supporting the best conservative management of infrapatellar fat pad impingement.

References

Non-traumatic causes | Diagnosis | Knee pain - assessment | 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….	☐
	Insufficient or poor quality evidence OR substantial harms suggest intervention used with caution after discussion with patient…	☐
	No good quality evidence, do not use until further research is conducted OR Good quality evidence to indicate that harms outweigh the benefits….	☑

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