

**Specific Question:**

In adults with plantar heel pain are clinically guided steroid injections more effective than physiotherapy/usual care in reducing pain and improving function?

**Clinical bottom line**

There is low quality evidence from 1 small RCT that there is no difference between physiotherapy and Corticosteroid injection (CSI) for heel pain during activity and function at 12 weeks.

There is very low quality evidence that CSI offer a minimal short term (less than one month) relief of pain, no relief of pain in the medium to long term (1 to 6 months) and no difference in function at 1 to 2 months when compared with no injection or a placebo. Clinical Knowledge Summaries (2020) advise that injections are very painful, that post injection pain can last for several days and that pain is only minimally reduced for about 4 weeks, therefore take this into consideration when planning treatment.

Further research is needed comparing CSI with physiotherapy.

**Why is this important?**

Plantar heel pain is the most prevalent soft tissue foot complaint affecting 10% of adults (Landorf 2015). Clinical knowledge summaries (2020) recommends giving information, self-care advice, self-directed physiotherapy and if these measures do not work to consider referral to a podiatrist and/or physiotherapist. CSI is recommended for short term relief of symptoms, if symptoms are having a significant impact on a person, but advises that injections are very painful, that post injection pain can last for several days and that pain is only minimally reduced for about 4 weeks.

In local clinical services, patients often attend expecting an injection not having tried the advice or treatments recommended.

In the majority of patients, this condition will completely resolve within a year (CKS,2020).

**Search timeframe**

2009-2019

Getting Evidence into Clinical Practice:  
Musculoskeletal Research Facilitation Group (CAT Group)  
Date: January 2021

**Inclusion Criteria**

	Description	Search terms (In the final document this should be a combination of your clinical and librarian search terms)
<b>Population and Setting</b> Adults 18 years with plantar heel pain (PHP) out-patient clinics	Adults 18 years & above Primary & secondary care out patient clinics Plantar Heel Pain, plantar fasciitis	Adults, over 18 years.  Primary & secondary care out-patient clinics  Plantar heel pain/ plantar fasciitis/ fasciopathy
<b>Intervention or Exposure</b> Clinically guided CSI	Clinically (i.e not image guided) steroid/ cortico-steroid injections for plantar heel pain/ plantar fasciitis/ fasciopathy.	Clinically (i.e not image guided) steroid/ cortico-steroid injections for plantar heel pain/ plantar fasciitis/ fasciopathy.
<b>Comparison, if any</b> Physiotherapy Usual care	Physiotherapy strengthening/ stretching exercises Usual care: rest, ice, insoles, no treatment	Physiotherapy strengthening/ stretching exercises Usual care: rest, ice, insoles, no treatment
<b>Outcomes of interest</b> Pain, function	Pain, function	Pain, function
<b>Types of studies</b> Randomised controlled trials, systematic reviews, Cochrane reviews.		

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 Date CAT to be reviewed: 2025

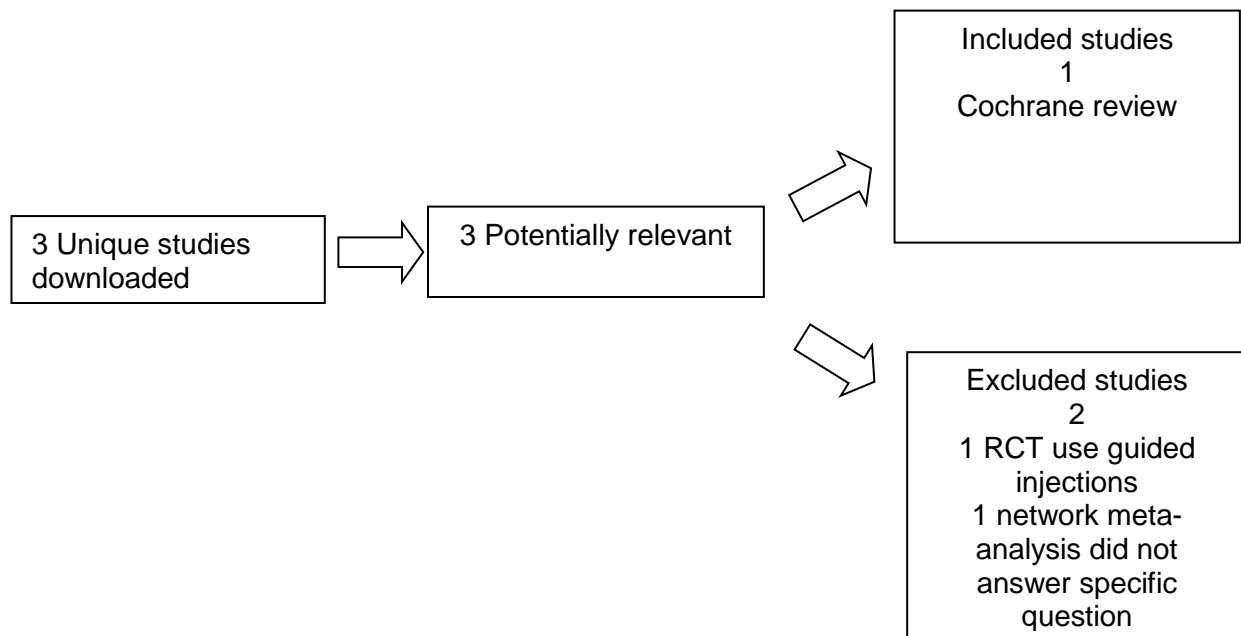
Date CAT completed: January 2021

### Routine Databases Searched

Clinical Knowledge Summaries, PEDro, BMJ Updates, Clinical Evidence, TRIP, Database, NICE, 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-** July 2019

### Results of the search



**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
David JA 2017 Cochrane review	Adults Out-patient clinics	1 study comparing CSI with physiotherapy (n=56)	Heel pain during activity no difference between groups at 12/52 Function using foot & ankle disability index no clinically important difference between groups at 12/52. 2 trials found lower scores in pain in CSI group at 4/52, but no difference between groups at medium term follow up.	56 pts therefore considered low quality due to numbers

### Summary

There is low quality evidence that CSI has no difference on heel pain during activity or function at 12 weeks when compared with physiotherapy.

### Implications for Practice/research

Only one study directly compared CSI with physiotherapy and found no difference in pain & function at 12 weeks.

There is only low quality evidence for a minimal short term (less than one month) relief of pain following a CSI when compared with no injection/placebo and no difference in the medium & long term.

When planning treatment take into consideration that injections are very painful, that post injection pain can last for several days and that pain is only minimally reduced for about 4 weeks.

Further research is needed comparing CSI with physiotherapy.

Please be aware of harm, see previous CAT

<https://www.keele.ac.uk/media/keeleuniversity/group/evidencebasedpractice/catbank/Injections%20HARM%202014%20V13.pdf>

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**What would you tweet? (140 characters)**

There is one small study suggests that CSI provides no better outcome in pain and function compared to physio at 12 weeks for plantar heel pain. Shared decision making is essential.

**References**

Clinical Knowledge Summaries (CKS). Plantar Fasciitis: National Institute for Health and Care Excellence. 2020 <http://cks.nice.org.uk/plantar-fasciitis>

David JA, Sankarapandian V, Christopher PRH, Chatterjee A, Macaden AS Injected corticosteroids for treating plantar heel pain in adults (review). Cochrane Database of Systematic Reviews 2017, Issue 6. Art. No.:CD009348.  
DOI: 10.1002/14651858.CD009348.pub2.

Landorf KB. Plantar heel pain and plantar fasciitis. BMJ Clinical Evidence 2015;2015:1111.

Ryan M, Hartwell J, Fraser S, Newsham-West R, Taunton J Comparison of a physiotherapy programme versus dexamethasone injections for plantar fasciopathy in prolonged standing workers: a randomised clinical trial. Clinical Journal of Sports Medicine 2014 24:211-217.