Musculoskeletal Corticosteroid Injection

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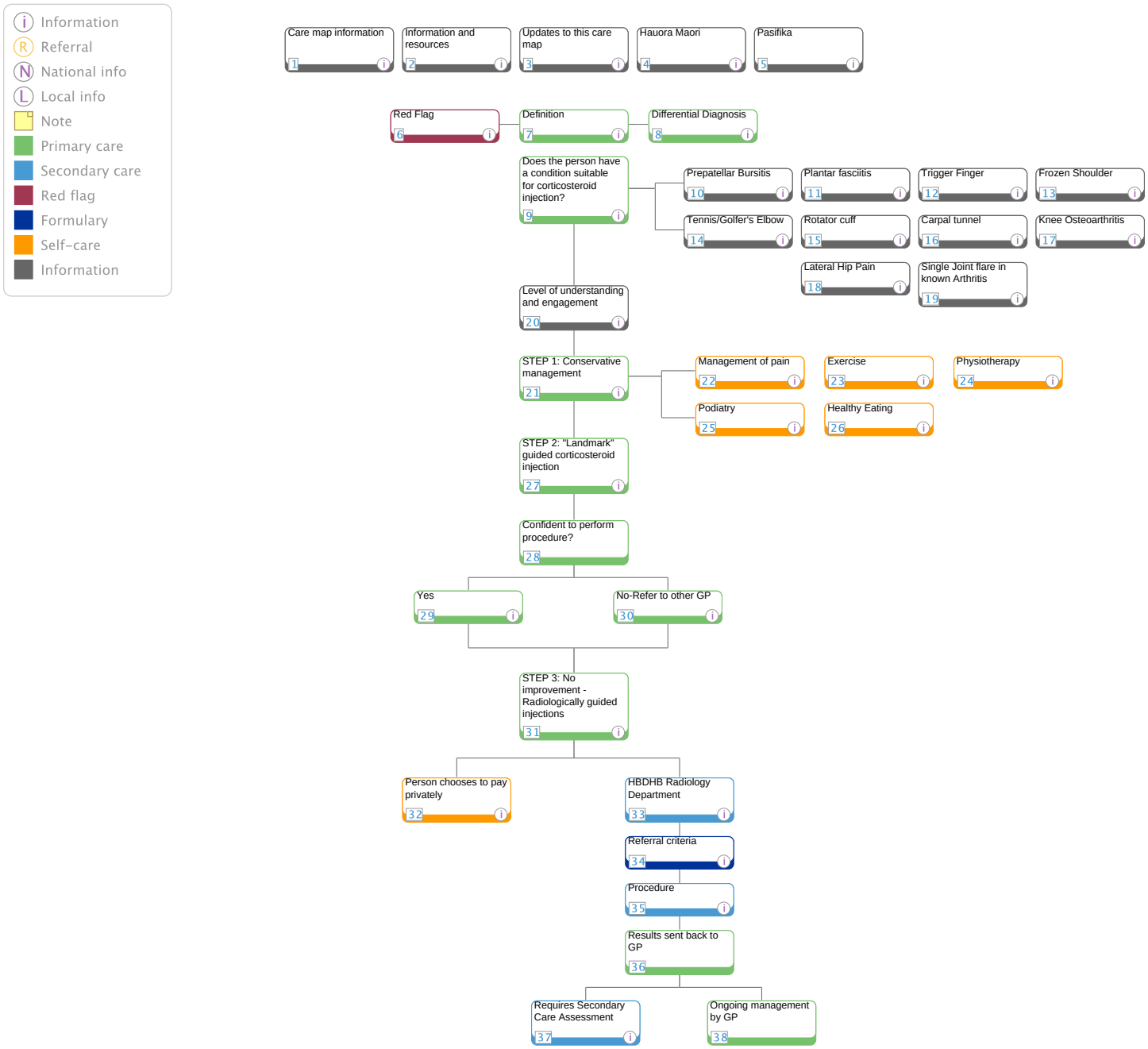

Published: 16-Mar-2017 Valid until: 30-Jun-2019 Printed on: 20-Jul-2018

This care map was published by Hawkes Bay District. A printed version of this document is not controlled so may not be up-to-date with the latest clinical information.

Musculoskeletal Corticosteroid Injection

1 Care map information

Quick info:

Scope:

- to streamline the practice for the appropriate use of corticosteroid injections

Out of scope:

- acc clients
- paediatrics
- mobility action plan

Definition:

- cortisone injections can be used to reduce inflammation (redness, swelling) and pain in a joint and its surrounding structures [1]

NB: This Pathway is used as a guide and does not replace clinical judgement.

References:

1. http://www.healthnavigator.org.nz/medicines/c/cortisone-injections/
2. http://www.insideradiology.com.au/joint-injection/

2 Information and resources

Quick info:

Clinical Resources:

ACC:

- Interventions Pain Map
- Steroid and Local Anaesthetic for Medial Epicondylitis
- Steroid for Carpal Tunnel Syndrome
- Steroid for Heel Pain
- Steroid for Knee Pain
- Steroid for Lateral Epicondylitis
- Steroid for Shoulder Pain

BMJ Learning – The Royal New Zealand College of General Practitioners Modules (requires registration) – Step by step: principles of joint injection with a demonstration on the shoulder joint.

Medscape injections:

- Carpal Tunnel Steroid
- Medial Epicondyle
- Lateral Epicondyle
- Shoulder Subacromial
- Acromioclavicular (AC) Joint Injections
- Knee
- Trigger Finger

Patient Information:

Steroid Injection Health Information

Language translation assistance:

HBDHB Interpreting Service. To make an appointment (charges may apply):

- phone 06 878 8109 ext. 5805 or
- email interpreting@hawkesbaydhb.govt.nz

These websites may help with simple words and phrases:

- Babelfish
- Google translate

Language Line. Professional interpreters are available, free of charge, for telephone-based sessions (44 languages are supported):

- Phone 0800 656 656
- Monday - Friday 9am - 6pm
- Saturday 9am - 2pm

Bookings are not usually necessary. For longer consultations (for example, a nurse consultation for a newly diagnosed person) it is best to make a booking at least 24 hours in advance by calling the above number or emailing language.line@dia.govt.nz and providing your contact details and a summary of the service you require (time and date of the meeting, language, approximate length of the appointment, gender of interpreter (if relevant).

3 Updates to this care map

Quick info:

Date of publication March 2017

Review date: March 2018

This care map has been developed in line with consideration to evidenced based guidelines. For further information on contributors and references please see the Pathway's Provenance Certificate.

NB: This information appears on each page of this care map.

4 Hauora Maori

Quick info:

Maori are a diverse people and whilst there is no single Maori identity, it is vital practitioners offer culturally appropriate care when working with Maori whanau. It is important for practitioners to have a baseline understanding of the issues surrounding Maori health. This knowledge can be actualised by (not in any order of priority):

- considering the importance of introductions ('whanaungatanga') - a process that enables the exchange of information to support interaction and meaningful connections between individuals and groups. This means taking a little time to ask where this person is from or to where they have significant connections
- asking Maori people if they would like their whanau or significant others to be involved in assessment and treatment
- asking Maori people about any particular cultural beliefs they or their whanau have that might impact on assessment and treatment of the particular health issues

Maori health services

HBDHB contracts Maori health providers to deliver community based nursing and social support services. A referral to one of these providers may assist Maori people to feel more comfortable about receiving these services.

***Central Hawke's Bay**:*

Central Health

Cnr Herbert & Ruataniwha Streets, Waipukurau

Phone: 06 858 9559 Fax: 06 858 9229

Email: reception@centralhealth.co.nz

Referral Form

***Hastings**:*

Te Taiwhenua o Heretaunga

821 Orchard Road, Hastings 4156

Phone: 06 871 5350 Fax: 06 871 535

Email: taiwhenua.heretaunga@ttoh.iwi.nz

Referral Form

Kahungunu Health Services (Choices)

500 Maraekakaho Road, Hastings
Phone: 06 878 7616
Email: kahungunu@paradise.net.nz
Referral Form

Napier:
Te Kupenga Hauora
5 Sale Street, Napier
Phone: 06 835 1840
Email: info@tkh.org.nz
Referral Form

Wairoa:
Kahungunu Executive (no website)
65 Queen Street, Wairoa 4108
Phone: 06 838 6835 Fax: 06 838 7290
Email: kahu-exec@xtra.co.nz

Secondary care Maori Health Services:
Hawke's Bay DHB - Te Wahanga Hauora Maori Health Services
Phone: 06 878 8109 ext. 5779, 06 878 1654 or 0800 333 671 Email: admin.maorihealth@hawkesbaydhb.govt.nz

Further Information
Practitioners should be versed in the knowledge of:

- historical overview of legislation that impacted on Maori well-being
- Maori models of health, such as Te Whare Tapa Wha and Te Wheke when working with Maori whanau
- national Maori Health Strategies:
  - **Mai Maori Health Strategy 2014-2019** - Full file or Summary diagram
  - **He Korowai Oranga**: Maori Health Strategy - sets the Government's overarching framework to achieving the best health outcomes for Maori
- local Hawke's Bay health sector's strategies and initiatives for improving Maori health and wellbeing

Cultural Competency Training
Training is available through the Hawke's Bay DHB to assist you to better understand Maori culture and to better engage with Maori people. Contact the coordinator
Email: education@hbdhb.govt.nz to request details of the next courses.

5 Pasifika

Quick info:
Pacific people value their culture, language, families, education and their health and wellbeing. Many Pacific families have a religious affiliation to a local church group.
The Pacific people are a diverse and dynamic population:

- more than 22 nations represented in New Zealand
- each with their own unique culture, language, history, and health status
- share many similarities which we have shared with you in order to help you work with Pacific people more effectively
- for many families language, cost and access to care are barriers

Pacific ethnic groups in Hawke's Bay include Samoa, Cook Islands, Fiji, Tonga, Niue, Tokelau, Kiribati and Tuvalu. Samoan and Cook Island groups are the largest and make up two thirds of the total Pacific population. There is a growing trend of inter-ethnic relationships and New Zealand born Pacific populations.
Acknowledge The FonaFale Model (Pacific model of health) when working with Pacific people and families.
General guidelines when working with Pacific people and families (information developed by Central PHO, Manawatu):

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- Cultural protocols and greetings
- Building relationships with your Pacific people
- Involving family support and religion during assessments and in the hospital
- Home visits

Hawke's Bay-based resources:

- HBDHB interpreting service website **or** phone 06 8788 109 ext. 5805 (no charge for the hospital; charges may apply for community-based translations) **or** contact coordinator at interpreting@hbdhb.govt.nz
- Pacific Navigation Services Ltd Phone: 027 971 9199
- services to assist Pacific people to access healthcare (SIA)
- Improving the Health of Pacific People in Hawke's Bay - Pacific Health action Plan

Ministry of Health resources:

- Ala Mo'ui Pathways to Pacific Health and wellbeing 2014-2018
- Primary Care for Pacific people: a Pacific and health systems approach
- Health education resources in Pacific languages (links to a web page where you can download resources)

6 Red Flag

Quick info:

Signs of:

- fracture/ pathological fracture (rule out bony metastases)
- infection
- suspicion of malignancy
- osteomyelitis
- septic arthritis
- achilles/patella tendon complete ruptures

Refer the person to the **Emergency Department** and contact the Orthopaedic Registrar on call at Hawke's Bay Hospital via switchboard on 06 878 8109.

7 Definition

Quick info:

Musculoskeletal Corticosteroid injections:

- useful for conservative treatment when other modalities are unsuccessful **but unlikely to provide an overall benefit, unless an exercise programme and activity modification is included in an ongoing management plan**
- used as an anti-inflammatory to help reduce inflammation of joints and soft tissues, and can relieve pain for up to 3 months
- in osteoarthritis, can be effective for short-term reduction of swelling and pain relief
- can provide short-term relief of pain for tendinopathy but may lead to a delay in overall recovery [3] - **don't be in a rush to inject inflamed tendons**
- reduce risks with those on non-steroidal anti-inflammatory drugs (NSAIDs)
- may cause immunosuppression, and delay healing
- do not give at least 3 months before major operations, including joint replacement.

References:

3. Coombes BK, Bisset L, Vicenzino B. Efficacy and safety of corticosteroid injections and other injections for management of tendinopathy: a systematic review of randomised controlled trials. Lancet. 2010. 376(9754):1751-67.

8 Differential Diagnosis

Quick info:

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Rule out:

- fracture
- infection
- tumours
- osteoarthritis and other arthritides [4]
- paget's disease [4]
- stress fractures
- avascular necrosis - suspect if person has been on long term corticosteroids
- painful soft-tissue conditions (bursitis)
- consider hip impingement, labral tears, and hip dysplasia in the young adult presenting with hip pain, usually felt in the groin [5]
- pain may also be referred pain:
  - lumbar spine
  - knee
  - sacroiliac joints
  - hernia

References:

4. Adebajo A. ABC of rheumatology: Fourth edition. Chichester: John Wiley and Sons Ltd

5. Royal College of Surgeons (RCS). RCS commissioning guide: pain arising from the hip in adults. London: RCS; 2013. Available from: http://www.rcseng.ac.uk/providers-commissioners/docs/Painarisingfromthehipinadults.pdf

9 Does the person have a condition suitable for corticosteroid injection?

Quick info:

Conditions that may benefit from cortisone injection:

- prepatellar bursitis
- plantar fasciitis
- trigger finger
- frozen shoulder
- tennis/golfer’s elbow
- rotator cuff syndrome
- carpal tunnel syndrome
- knee osteoarthritis
- lateral hip pain syndrome (trochanteric bursitis)
- isolated joint arthropathy (single joint flares)

10 Prepatellar Bursitis

Quick info:

Prepatellar Bursitis (Housemaid's knee)

Treat

1. **Conservative management**

Most mild non-septic prepatellar bursitis can be managed conservatively with:

- rest, ice, and education
- avoidance of direct pressure on the knee
- avoid squatting, kneeling or bending beyond 90°
- analgesia e.g., short course of NSAIDs or paracetamol
- compression to the knee

2. "**Landmark" guided corticosteroid injection**

If slow to settle and if infection has been excluded.

NB: If suspicious of septic bursitis, **aspirate the bursal fluid** and send for analysis. Treat with oral antibiotics empirically.

11 Plantar fasciitis

Quick info:

Plantar fasciitis (heel) pain

Multi-factorial cause, and little evidence of benefit for any treatment modality.

Patient information

Treat

1. Conservative *(refer to Step 1: Conservative management).*

Combination of modalities, including physiotherapy and podiatry.

2. "Landmark" guided corticosteroid injection:

- may be useful for short term i.e. 3 to 6 weeks pain relief, usually after initial management e.g. stretches, footwear supports, activity modification and other pain relief has failed
- limit triamcinolone dosage to ≤ 20 mg due to risk of plantar fascia rupture
- limit injections to ≤ 3 per year
- use corticosteroid, plus local anaesthetic, in the area of maximum tenderness along the plantar fascia

3. Radiologically-guided injections

If an injection is ineffective, consider repeating under ultrasound guidance, as placement is important.

Clinical Resources

ACC:

- Steroid for heel pain

12 Trigger Finger

Quick info:

Steroid injection (trigger finger)

Treat

1. **Conservative** *(refer to Step 1: Conservative management).*
2. **"Landmark" guided corticosteroid injection and management**

- is useful in addition to conservative management
- pain relief may be effective for up to 3 months.

NB: Treatment should not be repeated without full clinical re-evaluation if it is ineffective the first time.

3. **Radiology guided injections** is not a prerequisite for a trial of steroid injection when a reasonable clinical diagnosis has been made and red flags excluded.

NB: If there is history of trauma, x-ray study should be done prior to ultrasound.

13 Frozen Shoulder

Quick info:

Glenohumeral steroid injection (frozen shoulder)

Useful for frozen shoulder (acute phase for short term relief) and glenohumeral OA.

Treat:

1. Conservative *(refer to Step 1: Conservative management).*

2. "Landmark" guided corticosteroid injection:

- better outcome if corticosteroid volume is increased with local anaesthetic
- ***typical dose*** would be 40 mg triamcinolone, with 4 mL of 1% lidocaine
- this may be repeated if there is a good response, every 4 to 6 weeks up to a maximum of 3 injections

3. **Radiologically-guided injections**

- should not be repeated if ineffective the first time

Clinical Resources

ACC:

- Shoulder pain

Medscape:

- Shoulder Subacromial injections

14 Tennis/Golfer's Elbow

Quick info:

Medial and lateral epicondylitis (tennis and golfer's elbow)

Treat

1. Conservative:

- a rehabilitation, exercise and physiotherapy programme is critical to management

2. "Landmark" guided corticosteroid injection:

- natural history is that both conditions are self-limiting and about 80% of people will have recovered within 1 year
- ***typical dose,*** technique usually involves the injection of both corticosteroid (10 to 20 mg) and local anaesthetic (usually 1mL 1% lidocaine) around the epicondyle
- avoid superficial infiltration, which can cause skin atrophy or hypopigmentation (especially if dark skin). Use low doses (10 mg) in slim patients, who are prone to subcutaneous tissue atrophy
- may be effective for selected people for short term i.e. 6 to 8 weeks symptom relief
- a person with lateral epicondylitis **may be worse off** after 1 year when given corticosteroid injections, despite physiotherapy, and just doing exercises may result in better outcomes
- current evidence questions efficacy of ongoing injections in these conditions, usually limit treatment to 3 injections and then seek other options

Clinical Resources

ACC:

- Steroid and Local Anaesthetic for Medial Epicondylitis
- Steroid for Lateral Epicondylitis

Medscape:

- Medial Epicondyle
- Lateral Epicondyle

15 Rotator cuff

Quick info:

Subacromial steroid injection (rotator cuff impingement)

Treat

1. Conservative *(refer to Step 1: Conservative management).*

2. "Landmark" guided corticosteroid injection:

- may be effective for short term symptom relief in impingement and partial thickness tears
- can provide benefit if pain precludes physiotherapy or there is limited response to physiotherapy
- may be appropriate for full thickness tears where surgery is not being considered
- avoid steroid injection if surgery is being considered

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- a typical dose is 40 mg triamcinolone with 4 mL of 1 or 2% lidocaine
- if it is ineffective the first time, treatment should not be repeated without full clinical re-evaluation

3. Radiology is not a prerequisite for a trial of steroid injection when a reasonable clinical diagnosis has been made and red flags excluded.

16 Carpal tunnel

Quick info:

Carpal tunnel syndrome

Treat

1. Conservative ***(****refer to conservative management)*

2. "Landmark" guided corticosteroid injection:

- may be effective for short term i.e. up to 3 months' symptom relief
- can be as effective as surgery if mild to moderate symptoms lasting < 6 months
- less likely to be effective if severe CTS, or if symptoms for > 6 months, but may provide some temporary relief of symptoms. While CTS symptoms may improve with steroid injection, it does not change the nerve conduction delay i.e. it is not curative
- injections should be limited to ≤ 3 per year
- ***typical dose*** is 20 mg triamcinolone injected into the carpal tunnel from the palmar aspect of the wrist

3. Radiologically-guided injections:

- very rarely required in this condition but can be considered if abnormal anatomy

Clinical Resources

ACC:

- Body map

Medscape:

- Carpal Tunnel Steroid
- Carpal Tunnel Corticosteroid Injection: Technique

17 Knee Osteoarthritis

Quick info:

Knee osteoarthritis

Treat

1. Conservative*(refer to Step 1: Conservative management).*

2. "Landmark" guided corticosteroid injection:

- provides short-term i.e. up to 2 months pain relief
- appears safe to repeat injections every 3 months for up to 2 years
- useful for short-term pain relief in acute knee osteoarthritis flares. Consider for people waiting for knee joint replacement as long as surgery is to be in at least **3 months** or if the person is not fit or ready for joint replacement
- there is no evidence to suggest that corticosteroid injections cause progression of the disease
- ***typical dose*** is 40 mg with 4 mL of 1 or 2% lignocaine injected from a lateral approach. See Medscape – Knee Injection Technique: Approach Considerations

3. Radiologically-guided injections:

- very rarely required in this condition but can be considered if abnormal anatomy

Clinical Resources:

ACC

- Steroid Knee pain

Medscape:

- Knee Injection Technique

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18 Lateral Hip Pain

Quick info:

See Osteoarthritic Hip Pathway.

Greater trochanteric pain syndrome (lateral hip pain syndrome)

Typical symptoms are lateral hip pain, with localised tenderness over the greater trochanter. Often diagnosed as trochanteric bursitis, but bursitis is uncommon.

May be caused by a gait abnormality associated with gluteal muscle weakness and inactivity, causing tendinopathy of the gluteal insertions. Underlying pathology is variable, but most likely due to hip arthritis and osteoarthritis and lumbar spondylosis.

Treat:

1. Conservative:

- NSAIDs and surgery are of limited benefit
- local heat and weight loss are said to assist
- physiotherapy, including a supervised exercise programme, is important for long-term management
- if there is a wait for physiotherapy, time the corticosteroid injection for 1 week before physiotherapy starts

2. "Landmark" guided corticosteroid injection:

- can provide sufficient analgesia to reduce the inhibition of gluteal activity by pain, and allow activation of the muscles
- ***typical dose,*** *c*orticosteroid injection of 20 to 40 mg triamcinolone with 4 mL of 1 or 2% lidocaine to the tender area, down to the periosteum of the greater trochanter
- localise and mark the borders of the area of maximum tenderness

3. Radiologically-guided injections:

- very rarely required in this condition but can be considered if abnormal anatomy

19 Single Joint flare in known Arthritis

Quick info:

See Gout Pathway.

If red flags have been excluded then acute single joint flares of chronic inflammatory arthritis, synovitis, gout, or pseudogout can benefit from injection.

If in doubt discuss with Rheumatologist if have established diagnosis or Orthopaedic if a new joint.

Referral:

- acute/advice - contact Hastings Hospital via switchboard on 06 878 8109 and request to speak with Rheumatologist on call
- outpatient appointment refer using E-referral system

20 Level of understanding and engagement

Quick info:

Assess the person's level of understanding and engagement in medical care. Ask the person about:

- their understanding of their symptoms or problem at the moment
- their understanding of what has to happen next

Consider the person's:

- familiarity with medical terminology and knowledge
- language of origin
- hearing impairment
- cultural background and belief systems
- anxiety or extreme emotional intensity

Address any issues regarding understanding and engagement.

Consider barriers to effective care:

- factors that could stop the person from getting further tests or treatment:

- whanau, family and social network dynamics:
  - whanau support, family history
  - family obligations including dependents
  - work responsibilities
  - whanau, hapu and iwi obligations
  - community engagement and obligations or responsibilities
- locality and geographical access to health and hospital services
- socio-economic factors including source of income

21 STEP 1: Conservative management

Quick info:

A corticosteroid injection is unlikely to provide an overall benefit, unless there has been:

- treatment of underlying aetiology
- pain management is established
- an exercise programme and activity lifestyle modification is included in management plan
- consider a trial of physiotherapy to assist

22 Management of pain

Quick info:

Pain:

- corticosteroid injection should only be performed if the person has **moderate to severe pain** that cannot be controlled effectively with oral NSAIDs or other analgesia
- a "landmark" guided corticosteroid injection should be performed in the first instance unless there are any red flags

Clinical Resource:

Interventions Pain Map - body map

23 Exercise

Quick info:

Green Prescription

This is provided by either Sport HB or Iron Maori Green prescription

Criteria:

- aged ≥ 18 years of age
- confirmation medical conditions are stable enough to allow low to moderate physical activity
- currently inactive e.g. < a total of 2.5 hours physical activity per week, but is ready to be more active
- understands what Green Prescription is, and consents to being referred
- able to access appropriate support if there is a physical or mental disability, or language barrier

Contacts:

- Email - grx@sporthb.net.nz
- phone - 0800 22 84 83
- referral can be via form in patient management system

24 Physiotherapy

Quick info:

Consider a trial of community physiotherapy to assist.

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Inform the person that they will incur the costs.

NB: If the person is Maori, Pacific or Quintile 5 they may qualify for Mobility Action Plan funding (*currently service is under development*).

25 Podiatry

Quick info:

Check:

- footwear is appropriate
- may require foot supports

Inform the person that they will incur the costs.

26 Healthy Eating

Quick info:

Healthy eating:

- healthy eating for adults brochure
- healthy eating for older adults brochure
- MoH eating and Activity Guidelines
- Heart Foundation recommendations, recipes etc
- low risk alcohol advice

Weight reduction:

- Heart Foundation weight loss tips
- Diabetes NZ - Healthy Food Choices & Tips

27 STEP 2: "Landmark" guided corticosteroid injection

Quick info:

A "Landmark" guided corticosteroid injection should be performed in the **first instance** for the person who has **moderate to severe** pain that cannot be controlled effectively with oral NSAIDs unless there are any red flags.

NB: Radiologically guided injections may be performed if the area to be injected is not amenable to "Landmark" guided corticosteroid injection:

- deep joint
- patient body habitus
- abnormal anatomy
- extensive degenerative change

29 Yes

Quick info:

Perform procedure

30 No-Refer to other GP

Quick info:

The skills, experience, and interests of GPs vary greatly. Some GPs develop areas of expertise and as a result receive referrals from GP colleagues.

It is recommended that GPs unable to perform landmark guided corticosteroid injections refer to a colleague that will be able to perform the procedure.

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Contact Health Hawke's Bay for a list of GPs:

- phone - 06 871 5646
- email - info@healthhb.co.nz

NB: Radiology guided injections is not a prerequisite for a trial of steroid injections when a reasonable clinical diagnosis has been made and red flags excluded.

31 STEP 3: No improvement - Radiologically guided injections

Quick info:

Radiology is not a prerequisite for a trial of corticosteroid injection when a reasonable clinical diagnosis has been made and red flags have been excluded.

If the person fails to respond to:

- a “Landmark” guided corticosteroid injection
- has refractory symptoms after approximately 6 months, or has severe symptoms reconsider the diagnosis and refer accordingly

32 Person chooses to pay privately

Quick info:

Inform the person they will incur costs.

Refer to:

TRG Imaging (also known as HB Radiology):

- Royston Hospital 325 Prospect Road HastingsPhone 06 873 1166
- 522 Kennedy Road NapierPhone 06 873 1166

Onsite Scans:

- Hastings Rooms 203 Canning RoadHastingsPhone: 0800 991 119Fax: 06 835 1705
- Napier Rooms3/62 Munroe Street NapierPhone: 0800 991 119Fax: 06 835 1705

Unity Specialists and Ultrasound Ltd:

- 101 Queen Street EastHastingsPhone: 06 281 2797Fax: 06 281 2798Email: office@unityclinic.co.nz

NB: Check with the person if they have Southern Cross medical insurance as depending on the person's policy this may be covered by Southern Cross insurance.

33 HBDHB Radiology Department

Quick info:

Radiology is not a prerequisite for a trial of steroid injection when a reasonable clinical diagnosis has been made and red flags have been excluded.

Radiologically-guided injections may be performed if:

- the area to be injected is not amenable to “landmark” injection (eg deep joint/patient body habitus/abnormal anatomy/extensive degenerative change)
- a “landmark” guided corticosteroid injection has previously been unsuccessful

It is recommended that:

- referral should **not be** made until 6-8 weeks of symptoms commencing
- a referral should **not be** made post 2 weeks of a corticosteroid injection having been administered

34 Referral criteria

Quick info:

Referral must include the following to be prioritised accordingly:

- joint history:

- how long has the person had the symptoms for?
- medical history, in particular history of diabetes/medication history and blood thinners
- previous diagnostics (private or public)
- conservative management has been tried (what etc)
- a "Landmark" guided corticosteroid injection has been performed in the first instance unless there are any red flags

Incomplete referrals:

- if there is inadequate information to make a triage decision then the referral will be returned to complete

NB: Please inform the person that an appointment will be made but unfortunately if they do not attend they **will not be** re booked and referral will be sent back to GP.

35 Procedure

Quick info:

Referral will be triaged against national recommended wait times and appointments booked.

NB: Please inform the person that an appointment will be made but unfortunately if they do not attend they **will not be** rebooked and referral will be sent back to GP.

37 Requires Secondary Care Assessment

Quick info:

It is advisable to follow this pathway for the following conditions outlined above before sending in a referral to a Consultant for an assessment.

Depending on condition, refer to either Orthopaedic/Rheumatologist via E-referral system.

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Provenance Certificate Musculoskeletal Corticosteroid Injection

Overview

This document describes the provenance of Hawke's Bay's District Health Board's Musculoskeletal Corticosteroid Injection Pathway. It was developed in March 2017 and first published in March 2017. A review of the Pathway is due in March 2018.

The purpose of implementing Musculoskeletal Corticosteroid Injection pathway locally is to meet the needs of health care professionals, the person and their carers by providing an up-to-date, localised, evidence-based overview of the standard of care that can be offered following an assessment or diagnosis.

Pathways are significant enablers for integrating health care across primary and secondary settings, accruing multiple stated benefits including access to the same quality care within the same timeframes, irrespective of their ethnicity, gender, locality or socio-economic status reduced inequities, faster referrals to definitive care, improved health outcomes and lowered costs.

To cite this pathway, use the following format:

Map of Medicine – Hawke's Bay View / Orthopaedics / Musculoskeletal Corticosteroid injection

Editorial methodology

This Pathway was based on high quality information and known Best Practice guidelines from New Zealand and around the world including Map of Medicine editorial methodology. It was developed by individuals with front-line clinical experience (see contributors section of this document) and has undergone consultation to gain feedback and input from the wider clinical community.

Map of Medicine Pathways are constantly updated in response to new evidence. Continuous evidence searching means that Pathways can be updated rapidly in response to any change in the information landscape. Indexed and grey literature is monitored for new evidence, and feedback is collected from users year-round. The information is triaged so that important changes to the information landscape are incorporated into the Pathways through the quarterly publication cycle.

An update to this Pathway is scheduled for 12 months after first publication. However, feedback is welcomed at any time, with important updates added at the earliest opportunity within the Map of Medicine publishing schedule.

References

This Pathway has been developed according to the Map of Medicine editorial methodology. Its content is based on high-quality guidelines and practice-based knowledge provided by contributors with front-line clinical experience. Feedback on this Pathway was received from stakeholders during a consultation process.

1	http://www.healthnavigator.org.nz/medicines/c/cortisone-injections/
2	http://www.insideradiology.com.au/joint-injection/
3	Coombes BK, Bisset L, Vicenzino B. Efficacy and safety of corticosteroid injections and other injections for management of tendinopathy: a systematic review of randomised controlled trials. Lancet. 2010. 376(9754):1751-67.
4.	Adebajo A. ABC of rheumatology: Fourth edition. Chichester: John Wiley and Sons Ltd
5.	Royal College of Surgeons (RCS). RCS commissioning guide: pain arising from the hip in adults. London: RCS; 2013. Available from: http://www.rcseng.ac.uk/providers-commissioners/docs/Painarisingfromthehipinadults.pdf

Contributors

The following individuals contributed to this local care map:

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- David Rodgers, Health Hawke's Bay – Medical Officer and General Practitioner, Tamatea Medical Practice – Primary Clinical Lead
- Mark Peterson, Hawke's Bay District Health Board Chief Medical Officer, Primary Care and General Practitioner, Taradale Medical Centre
- David Gardner, Hawke's Bay District Health Board Rheumatologist
- Dawn Birrell, Hawke's Bay District Health Board Physiotherapy/Orthotics Team Leader

Map editing and facilitation

- Wendy Wasson, Editor, HBDHB
- Leigh White, Project Facilitator, Strategic Services Portfolio Manager, HBDHB

Disclaimers

Clinical Pathways Steering Group, Hawke's Bay DHB and Health Hawke's Bay – Te Oranga Hawke's Bay.

It is not the function of the Clinical Pathways Steering Group, Hawke's Bay DHB and Health Hawke's Bay – Te Oranga Hawke's Bay to substitute for the role of the clinician, but to support the clinician in enabling access to know-how and knowledge. Users of the Map of Medicine are therefore urged to use their own professional judgement to ensure that the patient receives the best possible care.

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