

Physiotherapy Department

Physiotherapy and Steroid Injections

What is a steroid injection and when are they used by Physiotherapists?

A steroid injection can be used as a treatment to reduce pain and inflammation in a joint (e.g. knee joint) or around a soft tissue (e.g. tendon). Although improvements in pain from injections are sometimes only temporary, they can allow you to start or progress your rehabilitation to help you return to important or enjoyable daily activities.

Are there any risks or side effects?

Most people will have no side effects after a steroid injection. The injection may be a little uncomfortable when given, but generally people report the discomfort is not as bad as they thought it would be.

When side effects do occur, they are often mild and temporary. Your Physiotherapist will discuss the risks and side effects with you in more detail, however; we know that some patients have reported the following:

- Allergy/Anaphylaxis - some people can experience redness, itching, rash, sneezing, wheezing or runny eyes. In severe cases breathing becomes difficult and the person may feel faint, confused, and clammy. This is called an anaphylactic reaction and is considered a medical emergency. Our Physiotherapists are trained to spot this and manage it appropriately.
- Infection at the site of injection (1 in 17,000).



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- Septic arthritis (arthritis caused by infection inside a joint) (0.01 – 0.03% occurrence rate)
- Depigmentation – Whitening of the skin at the injection site can occur (can be more noticeable if you have dark skin). This can be temporary or permanent.
- Fat atrophy – Fat cells under the skin where the injection is placed can shrink resulting in a dimple or indentation which can be permanent. (Depigmentation and fat atrophy - one study = 4%).
- Fainting (during the procedure).
- Bruising/bleeding at the site of injection.
- Temporary increase in pain (for 24 – 48 hours) (2 – 25%).
- Tendon ruptures or tears.
- Moderate increase in blood sugar levels for around one week.
- Flushing of the face for 1 - 3 days (10 - 15% occurrence).
- Uterine bleeding – should only be temporary (if on-going or if occurs in post-menopausal women – please consult your GP).
- Your mood can temporarily be affected making you feel very high or very low. This can be more common if you have a previous history of Anxiety or Depression.

How do I find out if I can have a steroid injection?

Your usual Physiotherapist will need to ask you some questions relating to your medical history, current medications and symptoms. Some medications interact with the steroid/local anaesthetic which can cause additional side effects, you will be notified if this applies to you but please ask if you would like a list of the possible interacting medication. We ask these questions to make sure a steroid injection would be safe and helpful. If so, an appointment will then be made with a Physiotherapist in Injection clinic. If they agree the Injection would be suitable and safe for you, they will explain the injection procedure in more detail. The injection can then be given in the same appointment, but you will be asked to provide your consent by signing a consent form. This appointment can take up to 40 minutes.

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If a steroid injection is not right for you, or if the risks of you having it outweigh the benefits, the reasons will be explained, and your Physiotherapist will discuss other options for treatment with you.

If you have already been diagnosed with a Trigger Finger by a clinician at your GP practice, you will usually be booked straight into injection clinic without seeing the Physiotherapist first. You can have the injection on the same day if it is safe for you.

How do I prepare for the Injection appointment?

Please make sure to attend the appointment wearing clothes that can be easily removed or adjusted to expose the area of the body which is to be injected. Your Physiotherapist can advise you on this.

If you are taking Warfarin or Heparin, we will need to know your INR (International Normalised Ratio) level is below 3 before we can continue. If your INR is too high, there is a risk of bleeding into the joint or tissues which would not improve your condition. If you can, please bring any records of your most recent INR reading with you. If you do not have this, we may be able to access it online. Other anticoagulants such as Clopidogrel, Aspirin and Apixaban are considered safe with steroid injections. If you are taking any other anticoagulants, please inform your Physiotherapist.

If you are Diabetic, we need to know that this is stable. You may wish to check your blood glucose (sugar) levels or discuss this with your diabetes nurse before the appointment.

Please ensure you have read all this leaflet. You will need to let us know before the appointment if you have any of the issues listed below.

For Coventry Musculoskeletal Service Physiotherapy patients please call 024 7696 4140.

For Rheumatology Physiotherapy injection patients please call 024 7696 6707.

What would prevent me having an injection on the day of my appointment?

You will not be offered an injection if you are:

- Currently unwell, even if it is a minor complaint such as a cold or sore throat.
- Currently taking any antibiotics or have any sort of infection.
- Are recovering from an injury experienced in the past 4 weeks to the same area.
- Extremely needle phobic or have a severe mental health problem that may be worsened by the injection.
- Experiencing unstable diabetes where the sugar levels are not controlled. You will need to check with your diabetes nurse or GP before to your injection appointment if you are not sure.
- Taking an anticoagulant called Warfarin or Heparin and your INR is over 3.0.
- Diagnosed with a bleeding disorder such as Haemophilia or have been told you are at risk of Porphyria (a rare blood disorder).
- Allergic to local anaesthetics or steroid.
- Likely to get infections (also known as being immunosuppressed) or have had lymph nodes removed in the same limb. This may have been caused by cancer treatment, having an organ transplant or long-term steroid use.
- Living with a replacement joint or have metal screws/plates in the area to be injected.
- Recovering from an operation done within the past 3 months
- Waiting for surgery to be performed in the next 3 months. If the Injection is into the same area to be operated on, your consultant may not want to perform the operation until 6 months later. You should check this with your consultant prior to your injection appointment.
- Due to have or have had any vaccination within 2 weeks of your steroid injection.

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If any of the above affects you, please call our admin team before your appointment to reschedule. We will not be able to offer you an injection on the day if you attend.

For Coventry Musculoskeletal Service Physiotherapy patient please call 024 7696 4140.

For Rheumatology physiotherapy injection patients please call 024 7696 6707.

Who will give me the injection?

All Physiotherapists working in our injection clinics have had Masters Level University training in Injection therapy. You will find from time to time they work together to advise and support each other's training.

What will be injected and how will this be done?

For injections into joints and soft tissues, we usually inject a local anaesthetic called Lidocaine to numb the area and a steroid. Sometimes we only use one or the other. The steroids we use will either be Depo medrone or Kenalog, the anaesthetic will be Lidocaine. The risks, benefits and outcomes are similar for both drugs.

The Physiotherapist will pick out the best site for injection, and then using a technique which helps protect you against infection, they will complete the injection and apply a small dressing if needed.

What happens immediately after the injection?

You will need to remain in the department for 10 minutes after your injection to make sure you have no serious side effects before going home.

If your pain worsens following the injection, you can use over the counter pain killers if you know you are safe to do so. If not, please ask your pharmacist for advice.

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You should be able to drive home unless your pain has increased a lot, your limb has become too numb, or you feel very unwell.

A follow up appointment with your Physiotherapist is usually booked after your injection to review the outcome of the injection.

If you develop red hot swelling with or without increased pain in or around the site of the injection, or if you feel generally unwell or feverish, you should go to A&E immediately. These may be signs of an infection and you may need antibiotics.

If you develop any breathing difficulties, become faint, confused or clammy you must attend A&E immediately. These may be signs of Anaphylaxis which is life threatening.

Please also inform the department by calling 024 7696 4140 For Coventry Musculoskeletal Service Physiotherapy patients or 024 7696 6707 For Rheumatology physiotherapy injection patients.

If you are taking Insulin for Diabetes, you will need to closely monitor your blood sugars for 7 days after your injection. You may need to adjust your insulin levels accordingly if the injection causes your blood sugar levels to temporarily rise.

You can do normal day to day activities but try to avoid any demanding or intense activities with the injected area for one week after the injection. The injection temporarily weakens soft tissues so there is increased risk of possible injury. If you have a very physical or demanding job, please discuss this with your Physiotherapist as it may not be appropriate for you to return to full duties immediately after.

How long will the injection last and will I need another one?

The effects of the steroid injection will be different for each person. The steroid may start to work within 24 - 48 hours but it can take up to three weeks for some people to notice a change. Typically, the effects of a steroid injection can last up to three months, some people will experience

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shorter term relief, others will find their symptoms completely resolve. Occasionally, some people describe no change in their symptoms after the injection.

The best outcome would be that you only need a single injection. There is a risk of more weakening to soft tissues and wear to joint cartilage with repeated injections. If further injections are necessary, this would need to be discussed with your Physiotherapist. Currently we offer no more than 3 injections in the same area of the body in one year, and each repeated injection must be at least 3 months apart.

For further information

Chartered Society of Physiotherapy, ACPOM (2001) A clinical guideline for the use of Injection therapy by Physiotherapists. London. Available: <https://www.scribd.com/document/283503840/Csp-Guideline-Injection>

The Trust has access to interpreting and translation services. If you need this information in other languages or formats, please contact:

- **For Coventry Musculoskeletal Service Physiotherapy patients, call 024 7696 4140.**
- **For Rheumatology Physiotherapy injection patients, call 024 7696 6707**

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Document History

Department:	Physiotherapy
Contact:	24140
Updated:	September 2024
Review:	September 2026
Version:	2
Reference:	HIC/LFT/

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