Amelioration Rates, Side Effects, and Satisfaction of Steroid Infiltrations of the Large Joints (Shoulder, Hip, Knee, and Foot) - How Effective Are They in Daily Life?

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Presented at: Annual Meeting Swiss Orthopedics 27.06.2025

Introduction: Therapeutic infiltrations of large joints are a simple and frequently performed treatment for osteoarthritis. The objectives of therapeutic infiltration are twofold: first, to reduce symptoms with minimal side effects; and second, to achieve patient satisfaction with the treatment. This can be measured new directly using a patient questionnaire. However, there are few studies in the literature on this subject. The aim of this study was to measure the amelioration (reduction of symptoms), side effects, and patient satisfaction with the treatment after therapeutic infiltration of large joints (shoulder, hip, knee, foot).

Methods: The present study is a prospective cohort study. All patients with therapeutic infiltration of the large joints were consecutively enrolled. Patients without consent and those who refused to participate were excluded from the study. Each patient received a therapeutic infiltration under image intensifier control. Patients were administered an outcome questionnaire (Pationnaire 3) to evaluate change of symptoms, adverse effects, satisfaction, and the willingness to repeat the treatment.

Results: A total of 198 treatments were included in the study, including 50 shoulders, 28 hip, 87 knee, and 33 foot infiltrations. Patients completed and returned the questionnaire at a mean interval of 2.5 days (range: 2 to 10 days) after their treatment. The amelioration rates were 69% for shoulder infiltrations, 82% for hip infiltrations, 74% for knee infiltrations, and 67% for foot infiltrations. The adverse event rates were 17% for shoulder, 11% for hip, 7% for knee, and 9% for foot. The satisfaction rates were 69% for shoulder, 64% for hip, 74% for knee, and 58% for foot. The willingness to repeat the procedure was 69% for shoulder, 79% for hip, 62% for knee, and 52% for foot.

Conclusion: The amelioration rates ranged from 58% for the foot to 82% for the hip. The side effects were predominantly local, such as increased pain, and rarely systemic, including flushing. Satisfaction rates were lower than the individual efficacy rates. This discrepancy can be attributed to varying expectations, the pain associated with the infiltration, and other factors. In comparison to oral drug therapy (NSAIDs), the amelioration rates were higher (NSAID's hip 61%, knee 65%), yet lower than the satisfaction rates associated with replacement surgery (hip 90%, knee 83%).