

A survey was distributed to all staff, as well as randomly selected patients, pre-intervention and four months post-intervention.

Results Pre-intervention only 31.0% of staff and 39.5% of patients met the recommended 150 minutes of aerobic activity in the previous week.

The aerobic and strength components of the physical activity guidelines were correctly identified by 27.6% and 33.3% of staff respectively. Only 20.5% of patients correctly identified the guidance for 150 minutes of aerobic activity a week.

65.5% of staff and 71.8% of patients believed regular exercise could extend life expectancy by over five years. Importantly, 65% of patients reported they would be 'likely' or 'very likely' to engage in more physical activity if recommended by a clinician.

Post-intervention, activity levels amongst staff increased with 36.0% meeting recommended levels. Activity amongst the patient group dropped with only 32.1% achieving 150 minutes of aerobic activity in the preceding week. There was no improvement in staff or patient recognition of physical activity guidelines in either the aerobic or strength components.

Conclusion Despite the strong belief in the benefits of physical activity to health and longevity, there is a lack of understanding of the guidelines by both clinicians and the public. Educational sessions for staff did not result in improved and sustained knowledge of physical activity guidelines but did marginally improve activity levels within this group. Visual displays promoting physical activity across the practice did not result in increased activity levels or improved guideline knowledge in the patient group. Patients did, however, report they would respond positively to exercise recommendations from healthcare professionals. Efforts should therefore perhaps focus on promoting movement at a practice-wide level and providing brief personalised interventions during patient consults, with visual displays acting as an adjunct.

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The Association and Institute Poster Prize – 2nd

4 CORTICOSTEROID INJECTION FOR PLANTAR FASCIITIS: AN AUDIT OF FINDINGS

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Background Plantar fasciitis commonly seen in the musculoskeletal clinic and accounts for around 8% of running injuries. BMJ best practice advises that primary treatment should be rest and reducing the precipitating factors with corticosteroid

injections used as an adjunct if primary treatment fails to improve symptoms. The National Institute of Health and Care Excellence (NICE) guidance of 2019 recommended corticosteroid injections for patients whose 'symptoms are having a significant impact on the person' however, they also feel that this treatment will only provide short term relief. Methylprednisolone is a medium duration corticosteroid which may improve patient satisfaction however there is limited research on its effectiveness.

Material and Methods 93 patients (58 female, 35 male) were included in this audit. All patients received 1ml of 40mg depomedrone (methylprednisolone)

Inclusion criteria

All patients who had clinically diagnosed plantar fasciitis foot 8 weeks and had received the first line treatments of stretching and orthotics. All patients were over the age of 18.

Exclusion criteria

Patients yet to begin a stretching program or had alternative treatments (e.g., shockwave), had systemic disease or previous surgery were excluded.

Outcome measures

A patient assessed (Visual analogue scale - VAS) and a physician assessed (Heel tenderness index -HTI) outcome measure was used

Results 93 patients with ages ranging from 42.5 to 58.4 years were assessed.

VAS

80 (86.02%) reported an improvement in symptoms at the 4 week follow up, 62 (66.67%) of whom reported to be pain free. Of the remaining 18 patients all advised their symptoms had improved by at least 50%. 13 patients (13.98%) reported no improvement.

HTI

Heel Tenderness Index	Number of patients prior to corticosteroid injection	Number of patients at the 4 week follow up
0	0	83
1	27	3
2	47	7
3	18	0

83 (89.25%) patients had no pain on palpation of the heel post injection, whilst prior to the injection all patients had pain in differing degrees. 18 patients (19.35%) had severe pain prior to the injection, post injection no patient had severe pain. 90 (96.77%) of patients has improved HTI scores.

Conclusion Plantar fasciitis is a debilitating disorder but is generally a self-limiting disease with the majority of patients reporting a spontaneous recovery, however for approximately 10% of patients, symptoms do not abate, and they seek help from medical professionals. With respect to reducing patients' symptoms of pain in the short term, corticosteroid injections are an effective second line treatment. However, other modalities of treatment such as shockwave therapy, Botox injections and PRP may be effective in the longer term management of plantar fasciitis but further research is required.