

Practice Protocol: Plantar Fasciitis

Nature: Sharp pain on the plantar heel when getting up from sitting position, dull ache at end of day.

Location: Usually on the medial and central origin of the plantar fascia, occasionally within the plantar arch

Onset: Usually fairly sudden, may present after weight gain or increase in weightbearing activity

Course: It gets progressively worse if not treated

Aggravating Factors: Weightbearing activity, barefoot, getting up from a seated position

Underlying Cause: 1. Excessive tension of the Triceps Surae (Calf muscles) causes tension of the achilles tendon and plantar fascia. 2. Collapsing of medial longitudinal arch. 3. Pes Cavus

Differential Diagnosis:

1. Stress fracture of Calcaneus
2. Baxter's Neuritis
3. Traumatic Rupture of Plantar Fascia
4. Contusion/Bruise

Our Treatment Options

Conservative

1. Stretching Exercises/Physical Therapy
2. Steroid Injections to the insertion of Plantar Fascia
3. Oral NSAIDs/Steroids
4. Supportive Shoes
5. Betterform/Custom Orthotics
6. Strapping/Quicktape
7. Dorsal Night Splint/AFO/Unna Boot/Cast

Surgical

1. Plantar fasciotomy: Surgical release of the medial 2/3 of the plantar fascia (open or endoscopic)
2. Plantar Fasciectomy: Surgical release of the entire insertion of the plantar fascia (open or endoscopic)
3. Topaz Procedure: A grid consisting of 16-25 points is drawn on the plantar heel. An electric probe is used to deliver a deep heat/cauterizing effect to each point on the fascia.
4. Tenex Procedure: Ultrasound guided probe breaks up scar tissue at the plantar fascia origin.
5. Platelet Rich Plasma Injections: Concentrated growth factors are taken from patients own blood and injected into an area of chronic pain or inflammation.

