

Foot and Ankle Update

Casper Orthopedic Associates



"Treatment Spectrum for Plantar Fasciitis"

Matthew E. Mitchell, M.D.

January 2008

Plantar Fasciitis

Plantar fasciitis is an inflammation of the plantar fascia of the foot. Its most common location is the plantar heel but it can also involve the arch. It has been called the "heel migraine" because of its nagging quality. It is classified as an overuse syndrome because it commonly occurs after a change in activity that results in increased running or standing.

Runners who pronate may be at increased vulnerability. It usually is most painful in the morning especially with the first several steps. Patients relate the symptoms to walking on a stone underneath their heel. Hardwood floors are especially problematic. On Xray, a calcaneal spur is sometimes present and the relation of this radiographic finding to plantar fasciitis is controversial. MRI findings are specific for fluid at the origin of the plantar fascia on the STIR images.

Treatment Protocols

Anti-inflammatories are an initial regimen as well as stretching exercises. Plantar fascia specific stretching has been shown to be beneficial and is available on my web site mattmitchellmd.com under "Physical Therapy Protocols". At the initial visit it is useful to give the patient exercises, a heel cup, and a night splint. Follow up is established at 3 months. At the 3 month visit, Extra Corporeal Shock Wave (ECSW) treatment can be offered and this modality may be more useful for recalcitrant plantar fasciitis.

Injection of the plantar fascia is controversial since rupture has been reported after steroid injection. Surgical treatment is offered at the 9-12 month period after failure of stretching exercises and activity modification. Release of the Lateral Plantar nerve at the time of plantar fascia release has been recommended since irritation of this nerve can exist with plantar fasciitis. Success with surgical release has been reported in 80 to 90 % of patients. However, only a small percent of patients will need this treatment.

Conclusion

The treatment of plantar fasciitis has continued to evolve. Innovations have included more specific therapy protocols and the inclusion of ECSW treatment. Non-operative treatment is successful in 80-90 percent. MRI is useful in identifying fluid on the STIR images at the origin of the plantar fascia.



Dr. Mitchell is in practice in Casper Wyoming
email: mattmitchell@mattmitchellmd.com
web site: www.mattmitchellmd.com