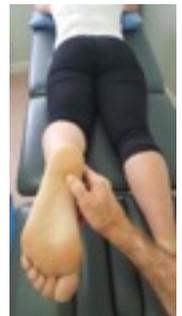


plantar fasciopathy update

tips for best management

1. Plantar Fasciopathy affects up to 7% of the population ⁽⁴⁾

There are two different sub-groups who are likely to develop plantar fasciopathy; runners who increase their training load too quickly & those with a high BMI who stand for long periods.⁽¹⁾ Diagnosis can be made with pain on direct palpation to the medial calcaneal tubercle at the plantar fascia origin, with a history of start up pain, especially in the morning. Ultrasound can confirm these findings with an increased thickness of the plantar fascia.⁽²⁾



2. Plantar fasciopathy rather than plantar fasciitis

As with tendinopathies, terminology from "itis" to "opathy" has changed to reflect a more correct cellular response of this condition, which is collagen matrix thickening with increased vascularity rather than an inflammatory response. NSAIDs & corticosteroid injection will therefore not address the cause of the condition ⁽³⁾.

3. Mechanical tissue overload is the cause; strengthening is the key treatment:

Principles of treatment should include:

1st reduce load on the painful tissue to allow pain levels to settle; discussion about reducing running loads or standing time (if possible) is the first stage. Other treatment options for symptom relief can include isometric loading, taping, footwear modification or comfortable orthotics.

2nd strengthen the plantar fascia with a gradual loading program for collagen remodelling. Recent research has shown that a gradual loading program is superior to a stretching program after three month follow up⁽⁴⁾. Subsequent weaning out of orthotic & tape support can then be made when tissue tolerance has improved.

3rd restoring efficient movement patterns of the aggravating activities (standing, walking, running) with technique training is also important.



In severe cases of Plantar Fasciopathy, a walking boot is warranted to unload for a short period of time before progressing to the strengthening phase.

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case study:

a 45year old female hairdresser presented with chronic plantar heel pain of 4 years duration. She complained of start up pain first in the morning & then gradual worsening over her work shift whilst being on her feet all day. She had previously been issued with a walking boot for a 3 month period, but had no strengthening plan following this. Other past treatment included firm customised orthotics which aggravated her symptoms.

Diagnosis made was chronic plantar fasciopathy, with symptom reproduction on palpation at the medial calcaneal tubercle. Treatment commenced with low dye taping & isometric loading which reduced the intense pain over a 3 week duration. Standing technique advice was also given to improve the centre of mass over the feet. A gradual loading program was then introduced starting with a double leg heel raise with toes in extension & then progressing to a single leg heel raise with extended toes & finally to add weight in a backpack with this exercise.

Symptom resolution occurred over 4 months & the patient returned to walking for exercise, she was pain free during her work shift, & start up pain in the morning had reduced to a minor sensation after a pre-stretch before getting out of bed.

newsletter produced by Russell Wright - Principal physiotherapist
at central coast foot & ankle physiotherapy
86 ocean view drive wamberal 2260

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