

Plantar Fascitis

You have been diagnosed with plantar fasciitis. As explained, it is a condition whereby the fibrous band of tissue, which arises at the base of your heel, is inflamed and can become scarred. No one truly knows why this condition occurs, but there are many theories. Most center on some type of traumatic episode (repetitive impact or severe, isolated episode) to the base of the heel. Once it begins, the course is relentless. After the initial incident, most of the damage occurs on your first few steps after rest. While you are lying down or seated the arch ligament (plantar fascia) shrinks. This contraction of the ligament is a natural part of the repair process. When you take your first steps out of bed in the morning, the sudden force causing stretching and tearing of the plantar fascia at the heel where the injury is present. This is the searing sharp pain you experience in the morning, and when you rise from a chair after a prolonged seated position or step out of a car after driving (both activities place the foot in a flexed position for a prolonged period).

As you can see, the stretching exercises advised to you are very important. They act to keep the fibrous tissues supple and prevent the repetitive cycle of repair and tear. You must do them in the morning when you wake up. Each stretch should be held for 60 seconds (without bouncing), and you should feel pulling at the base of your heel (it may even recreate your pain, but continue to stretch). After the 60 second stretch, relax for a few seconds, then stretch again. I cannot emphasize enough how important this is, for stretching is a scientifically proven method to help this heel pain.

In addition, I may have applied taping to your foot or advised an arch support. This padding will help you during the day as you walk. You should wear your shoes with the arch support at all times, except while sleeping or bathing (if taping has been applied keep it dry and clean). You should avoid repetitive pounding activities on your heels, such as jogging, running, or using a treadmill. Instead, exercise by non-gravity dependent methods, such as bicycling or swimming. I know this is boring for you joggers/power walkers out there, but it is extremely important in preventing repetitive injury. Lifting weights (other than squats) should not harm your heels.

Be prepared for a gradual recovery. Generally, my patients are 70-80% better after 2-3 weeks. If there is no improvement by the next visit, I may add a plastic night splint to your treatment. This splint will hold your foot over night while you sleep, keeping the fascia on stretch and preventing the contracture that is so painful. You will hate this splint for the first few nights, but I promise that after you get used to it, you will appreciate the rapid recovery achieved. You must continue the stretching routine while using the night splint. Occasionally we will employ physical therapy in the form of deep massage and ultrasound. Only if you have no improvement in your heel pain after 2 or 3 weeks of this treatment should an injection of cortisone into your heel be considered.

Be patient. Research has shown that 95-98% of patients get better with conservative management. Surgical intervention is rarely necessary and should never be performed in a haphazard fashion. Completely severing the fascia (by either open or endoscopic

techniques) creates a situation similar to RUPTURE of the plantar fascia; that is, pain on the top of the foot that won't go away. Long-term disability is not a good trade off for short-term disease.

STRETCH, STRETCH, STRETCH