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Focus on Plantar Fasciitis

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JUNE 2008

Plantar Fasciitis

WHAT IS IT?

Plantar Fasciitis is the inflammation of the proximal plantar fascia and its origin. (Figure 1) While common, it can be a very painful and debilitating problem if not treated correctly. Most patients initially present with plantar heel pain that feels like they are “stepping on a rock” first thing in the morning and after being sedentary. Early on, the pain usually improves with walking although it may get to the point where it hurts continuously. People are commonly told they have a “heel spur”, and while this may be true, only 50% of people with plantar fasciitis have spurs and 15% of the general population have spurs, meaning less than 5% of people with spurs have pain. Focus should be placed on treating the pain and not the spur, which is probably the result of chronic inflammation. It is generally believed that plantar fasciitis is

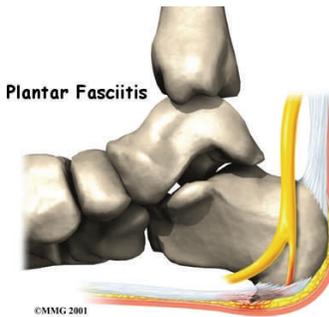


Figure 1

precipitated by tight calf and hamstring muscles and it is when these muscles are resting that the plantar fascia becomes tight. When standing up, the resulting dorsiflexion suddenly stretches these muscles and this causes the pain felt under the heel.

HOW IS IT DIAGNOSED?

The diagnosis is made clinically by history and exam. There is usually tenderness at the proximal plantar fascia and under the calcaneal tuberosity. Dorsiflexing the toes may increase this pain. Plain films can be helpful in ruling out other sources

but advanced imaging is usually unnecessary.

HOW IS IT TREATED?

Stretching the calf and hamstring muscles, as well as the plantar fascia is the mainstay of conservative treatment. Well-padded shoes, orthotics, heel lifts, icing and anti-inflammatory medication are usually included for additional comfort.

WHAT TO DO NEXT?

If symptoms still persist, night splints, casting, or corticosteroid injections can be considered. Alternative diagnoses must be ruled out. After six months, surgical options may be discussed such as extracorporeal shock wave therapy, plantar fascia release, or gastrocnemius muscle lengthening.