Plantar Fasciitis
See also Plantar Fasciitis (Ortho)

Background
1. One of 5 most common injuries in athletes
2. Accounts for 1 million visits to trainer/ MD per yr

Pathophysiology
1. Chronic overload of plantar fascia at calcaneus insertion
2. Caused by
   o Training errors
   o Hill/ speed workouts
   o Plyometrics
   o Sudden incr training
3. Associated w/
   o Obesity
   o Lower extremity muscle tightness
   o Pes planus
   o Reduced ankle dorsiflexion

Diagnostics
1. Primary heel pain upon first steps after rest or sleep
2. Exacerbated w/sprinting or prolonged standing
3. Tenderness at medial calcaneal tuberosity
   o Incr pain w/passive foot flexion
4. Imaging usually not indicated

Therapeutics
1. Rest, Ice, Compression, Elevation (RICE)
2. NSAIDs
3. Modify aggravating activities/ relative rest
4. Mechanical therapies are most effective
   o Taping
   o Tension night splinting (TNS)
   o Rigid arch support
5. Stretch calf and foot
   o Incorporate strength program as pain decr
6. Correct training errors/ replace worn-out shoes
7. Insole use
8. Corticosteroid iontophoresis for short- term relief
9. Night splints: 80% successful
10. Walking cast for non-responders to conservative measures
11. Plantar fascia release
   o 70-90% success for chronic cases

Prognosis
1. Return to play
   o May gradually return once pain decr
     ▪ Variable time period
2. Conservative tx effective in 80% of cases

3. Prevention
   - Change shoes every 200-500 miles
   - Sufficient warm-up
   - Stretching
   - Ice

4. Complications
   - Plantar fascia rupture (rare)

References

Evidence-Based Inquiry
1. What is the best treatment for plantar fasciitis?

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