

# Plantar Fasciitis



- Plantar fasciitis is inflammation of the plantar fascia secondary to repetitive stretching.
- Plantar fascia is to assist in the development of push off power during running and jumping.
- Very common in sports such as running/jogging, soccer, and basketball.
- Can be seen in all ages and types of lifestyles.
- Heel spurs are common in 50% of people with plantar fasciitis.
- People with high arches or low arches have an increased risk due to repetitive stresses on fascia.
- Shortened calf muscles/Achilles tendon can increase risk due to increased stress on plantar surface.

Diagnosis: pain on bottom of heel in morning, pain the radiates up calf and toward toes, throbbing and burning pain, pain decreases during day but increases with activity or after a period of sitting.

Treatment: nightsplints, orthotics, taping, heel cups, stretching and strengthening, deep friction massage, corticosteroid injection, dexamethasone iontophoresis, shoe modifications, NSAIDs, casting, extracorporeal shock wave lithotripsy, radiofrequency lesioning, and open and endoscopic plantar fasciotomy and surgical neurolysis.

Working with your physician and/or physical therapist/athletic trainer can determine best intervention for each case.

Stretching- gastrocnemius/soleus (see handout) and plantar fascia (cross one leg over other, grab toes, pull toward shin).

Massage- roll tennis ball or soup can under foot.

Orthotic- after evaluation of footwear, custom or over the counter orthotic that is designed to increase cushion and longitudinal arch.

Strengthening- towel curls, marble pick ups, toe taps.

Footwear- shoes with shock absorption at the heel, support to the medial longitudinal arch



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