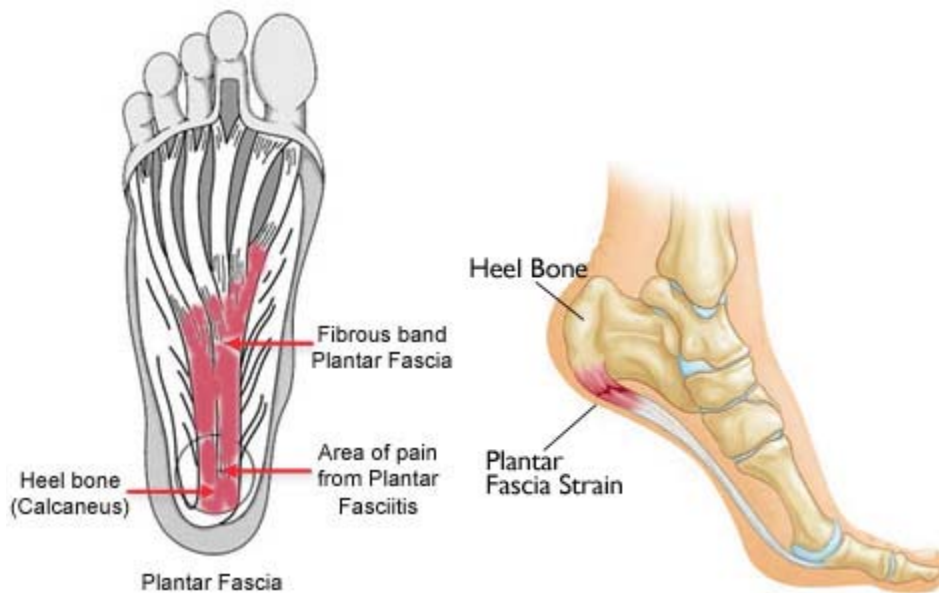


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Plantar Fasciitis

Plantar fasciitis is common source of heel pain that occurs with injury to or degeneration of the attachment of the plantar fascia to the heel bone. The plantar fascia is a thick, tough fibrous tissue band that originates on the front of the heel bone, and inserts into the bones at the base of the toes. The plantar fascia helps to maintain the arch of the foot.



Symptoms:

Heel pain is the most common symptom. Pain is usually on the inner aspect of the bottom of the heel. There may be swelling, and difficulty with walking. Symptoms are usually worst the first thing in the morning, when getting out of



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bed, and with getting up to walk after sitting for a prolonged period. A limp may develop.

Cause:

Plantar fasciitis most commonly occurs due to degeneration. In these instances, it is probably more appropriately termed plantar fasciosis. As we age and become less active, stiffness can develop in the joints. When the ankle joint gets stiff, and the heel cord is no longer as flexible, there is additional strain on the plantar fascia with normal walking. This can lead to degeneration of the fascia attachment at the heel bone. Partial or complete tears can ultimately develop. Sometimes a bone spur is present at the front of the heel bone, near the origin of the plantar fascia. Bone spurs are not thought to be causative, but may be associated with plantar fasciitis. Overuse can also lead symptoms, both in young people and in older individuals. Athletes can suffer a partial or complete plantar fascia rupture. Obesity and high arches are also associated with plantar fasciitis, as are people who stand on hard surfaces, like concrete, for prolonged periods.

Diagnosis:

A careful history and physical examination will typically reveal plantar fasciitis. Plain x-rays are frequently obtained, not to see the plantar fascia, but to visualize other conditions that cause heel pain. Diagnostic ultrasound may help detect plantar fascia degeneration and tears, but is not often needed. MRI is rarely used.

Treatment:

Most patients are treated non-surgically. Initial treatment may include physical therapy, to stretch and strength both the heel cord and the plantar fascia, NSAIDS, night splints, heel cups, and good quality supportive shoes. Rocker-bottom soles may help relieve the strain on the plantar fascia with normal walking.



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PRP injections may help to stimulate healing. Other *biologicals*, such as AmnioFix may similarly stimulate the body's own healing response. The injection is done in the office, with ultrasound guidance. Steroid injections may be used for pain relief, but repeat injections may actually interfere with or stop the healing process.

Surgery is uncommonly needed, but may be indicated in patients who have had symptoms and appropriate treatment for 6 months or more. Classically, surgery involved an incision with partial release of the plantar fascia. This can also be done endoscopically. A newer treatment involves partial release with a radiofrequency probe (Topaz procedure). This is done in an outpatient surgery setting under anesthesia through a series of small poke holes over the heel. Recovery is rapid with the Topaz procedure.