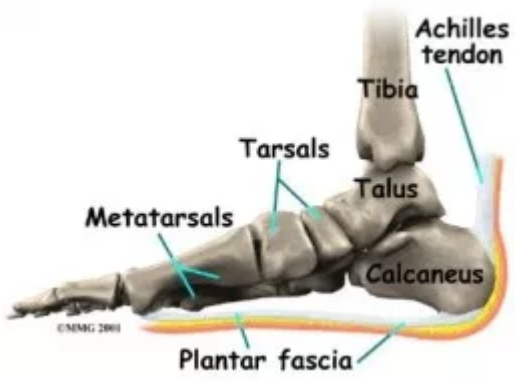
Plantar Fasciitis

What is it?



The plantar
fascia is a band of connective tissue which runs on the under surface of the
foot, from the heel to the ball of the foot.
It acts to support the arch of the foot and acts like a spring to help
us push off the ground. At times, the
plantar fascia can become overloaded, leading to breakdown and weakness of the
tissue. This can sometimes be associated with a traction spur at the heel. The symptoms range in intensity but can often quite debilitating and are generally worse, first thing in the morning and
after prolonged periods of weight bearing.
The condition is generally aggravated by periods of prolonged weight
bearing and lack of support of the arch of the foot.

Plantar fasciitis
will generally occur as a result of sudden increase in load to the foot or with
poor loading patterns as a result of poor biomechanics. Poor footwear, being pregnant or being
overweight can contribute to increased load to this tissue.

DIAGNOSIS

Diagnosis of
plantar fasciitis is generally quite straight forward and generally your
history and a quick physical examination by your physio will suffice. Occasionally and ultrasound scan may be

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useful to image the tissue and to confirm diagnosis or an x-ray to assess the presence of a heel spur.

Importantly, an assessment of your training load as well as a biomechanical screening to identify any possible weakness is crucial in identifying why the breakdown has occurred in the first place.

TREATMENT

Treatment of plantar fascia will generally involve 3 phases:

1. **De loading**

One of the main aims of this phase is to decrease load on the plantar fascia to a point that it can cope with. This will generally include a decreased in weight bearing exercises, although stopping completely is often not the best approach. A program of graduated strengthening exercises for the plantar fascia and muscles of the lower limb should be commenced at this point in conjunction with some release work to the plantar fascia itself. This phase will generally include providing the plantar fascia with additional support through taping, orthotics and use of appropriate, supportive footwear. Use of ice and anti-inflammatory medication can also be helpful.

2. **Strengthening**

During this phase, the condition is generally much more stable. A program of functional weight bearing exercise and increased load is utilised to provide further strength gains in both the tissue of the plantar fascia as well as the muscles of the lower limb generally. Typically, these exercises also aim to correct any abnormal movement patterns which may have contributed to overload. Often the need for external support such as taping as well as the need for ice and anti-inflammatory mediation is much less.

3. **Return to sport**

The final phase of management is a return to normal sporting load. You should have been continuing to exercise over the course of the condition but now we really push to get you back to 100%. This phase needs to be controlled and gradual in its increases in load.
Specific strength exercises for the plantar fascia and your program of

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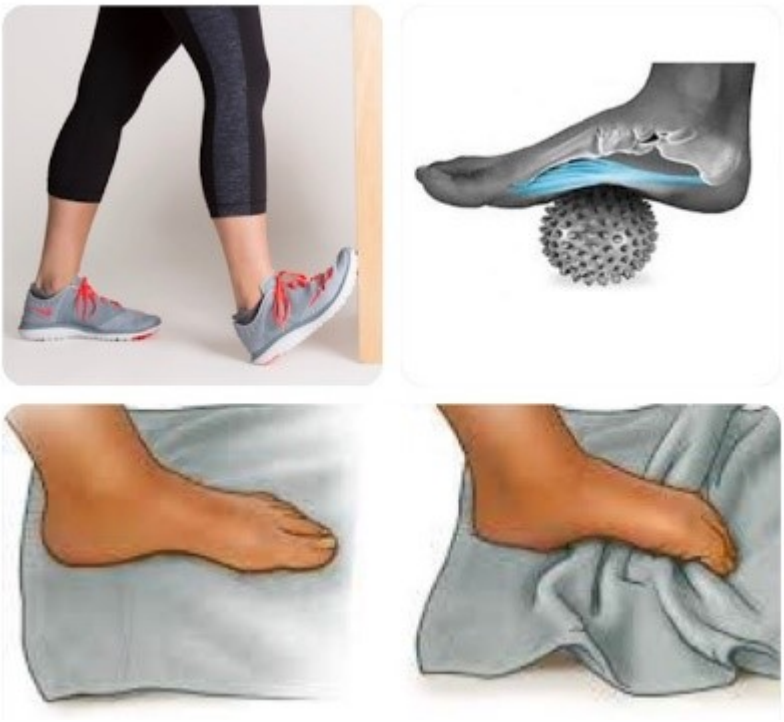
corrective rehab exercises should be continued over this period.



The
progression of the condition from onset to resolution can vary widely and is often quite protracted. In many cases
this comes down to poor management of increased loads or alack of adherence to strength work which needs to be done to improve the load capacity of the tissue. Generally, guidance through
these stages by your physio is invaluable in assisting you to know when you are safe to increase loading patterns.

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