Plantar Fascia Nonoperative physical therapy

Treatment Options

Due to the multi-factorial nature of plantar fasciitis, the treatment options will vary and are very much patient specific after an evaluation by a medical professional. This treatment may include a course of physical therapy, anti-inflammatory medications, ice, night splints, rest and activity modification, change in foot wear and over the counter or custom orthotics. If symptoms do not resolve, then your physician may decide to give you a corticosteroid injection.

Your therapist will give you a home exercise program which may include the stretching, strengthening and self-massage techniques. You should attempt to limit any activity that makes your pain worse and use ice to help with any pain/inflammation that you may experience from everyday activity. Symptoms can take up to six months to improve once nonoperative modalities are initiated. About 80- 90% of all people who experience plantar fasciitis will have complete resolution of their symptoms.

With more chronic cases, a treatment called extracorporeal shockwave therapy may be recommended by your physician. In more extreme cases where all conservative treatment fails, surgery to release the tight fascia can be performed.

Rehabilitation Philosophy

Your physical therapist will perform a detailed examination to assess the strength and flexibility of your legs. The goal of rehabilitation of plantar fasciitis is to decrease the stress on the tissues by restoring the normal mechanics of the foot and leg. This is key for a full return to function and to minimize the chances of your symptoms returning. Treatment may include (this list is not meant to be all inclusive or exclusive. Your treating physical therapist will set an appropriate treatment plan based on your specific impairments/findings):

Rest/Activity Modification: Your therapist may ask you to stop or modify any activity that is causing you pain or discomfort. This may require the use of a pneumatic walking boot. This is to allow the irritated tissues to heal and to stop further aggravation of the tissue.

Change in Footwear/Orthotics: Depending on your foot posture, your therapist may have you try a different type of shoe (motion control vs shock absorption) to improve the mechanics in your foot. If the mechanics cannot be controlled with a change in footwear, orthotics may be recommended. Due to cost, it is typical to try over the counter orthotics prior to having custom orthotics made (if symptoms continue).

Stretching: Stretching the lower extremity muscles with a focus on the gastrocnemius/soleus (calf

muscle) complex.

Strengthening: You will be instructed in a personalized exercise program based on the initial evaluation findings. Strengthening typically is focused on the ankle/foot muscles (posterior tibialis and foot intrinsic) and the core musculature (abdominals, low back and hip muscles).

Massage: Massaging of the plantar fascia can be performed to help lengthen the tissue and to help break up any scar tissue that may have formed.

Taping: Different taping techniques could be utilized to assist in restoring normal mechanics in the foot and to help prevent new inflammation from occurring.

Night Splints: Night splints are either a hard or soft splint that is worn during the night while sleeping to keep the calf muscles stretched out and to limit the amount of muscle tightening that occurs from the foot being held in a shortened position at night.

Modalities: Several adjunctive therapies could be used during your treatment by the physical therapist for the active patient. These include graston technique, ultrasound, laser therapy or iontophoresis.