



## Plantar Fasciitis

(fashee-EYE-tiss). A diagnosis of plantar fasciitis means you have inflamed the tough, fibrous band of tissue (fascia) connecting your heel bone to the base of your toes. Though some call this “heel spurs,” it actually has nothing to do with any spur you see on x-ray, it is plain tendonitis that occurs on the bottom of the foot.

### Symptoms

The condition starts gradually with mild pain at the heel bone often referred to as a stone bruise. You're more likely to feel it after (not during) exercise. The pain classically occurs again after arising from a midday lunch break.

You may not be able to maintain the level of impact activity while you have it (walking and running), but it is certainly ok to try. The rule of thumb is if it hurts a bit today, that is ok. If what you did today makes you hurt for 2-3 days, that is clearly too much. Biking and swimming (and elliptical) are often tolerated just fine while you have this condition.

### Treatments

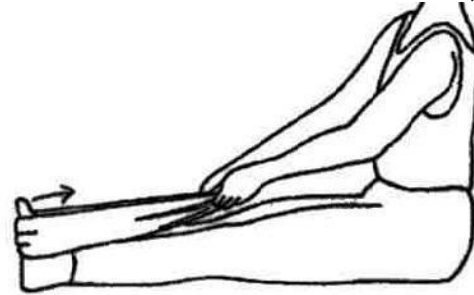
#### Stretching

A program of home exercises to stretch your Achilles tendon and plantar fascia is the mainstay of treating the condition and has the best track record for reducing symptoms and time you have it. You should do these stretches for a minute 5 times per day. Try to do it while doing something else so it is easy.

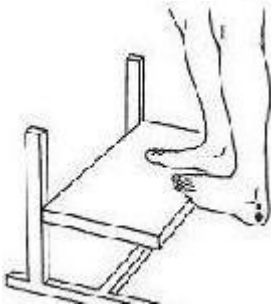




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**Towel stretch**



**Heel cup**

A simple over the counter heel cup helps about 50%. People always think there is something wrong with the shoe. It is not the shoe. Wear what feels good. For many a little bit of a heel helps.

**Taping**

See instructions above

**Night splint**

This is a bulky boot that you wear only at night. It keeps you from pointing your toes down while you sleep.

**Injection**

This is reasonable for those that are really painful, provides some relief in a week or so. But, if used as only treatment, it is only about 60% effective. You should do the stretching with this.

**Orthotics**

These help about 50% of patients. It is not the first line of treatment, but if the above is not working, is reasonable to try. Do not waste your money on store bought or infomercial ones unless they are less than \$40.

**Cast**

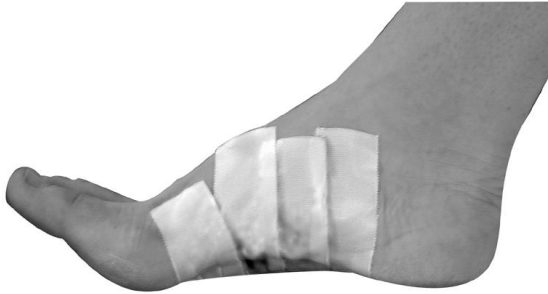
When patients do not respond to the above, studies have shown about 80% success rate with this treatment. The problem is that if it is your right foot, you cannot drive.

**Recovery**

This problem goes away in everyone. The challenge is that it is slow. Typical course is about 9 mo. More than 90% are gone by 1 year. Once it is gone, it is usually gone for good. It is extremely rare to see this return in the same foot. It is extremely rare for this to require surgery.



## Taping Instructions



1. Use 5 or 6 pieces of tape and cover the arch overlapping 1/4 in with each piece



2. Use one long piece (12-15 inches) to go from the outside ankle around the arch and onto the little toe

Use 1 inch silk, canvas or athletic tape available at drugstores (if you are allergic, can use paper tape)

Change once per day at time of bathing and continue for 4-6 weeks. If you develop a rash discontinue. You do not have to do this daily, can use just for days you anticipate being on your feet all day.

Wear comfortable shock absorbing shoes (like running or walking tennis shoes)

