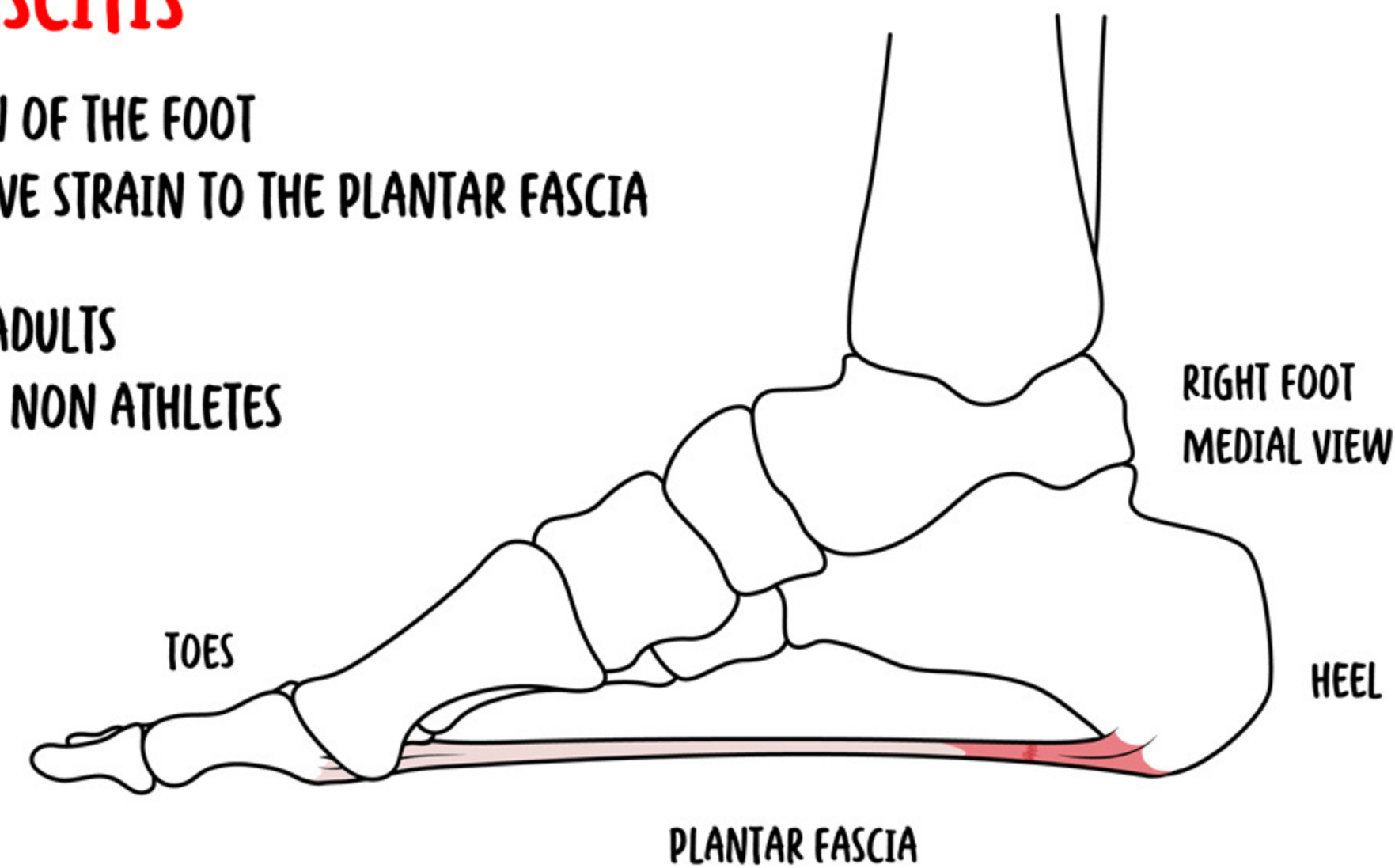


PLANTAR FASCITIS

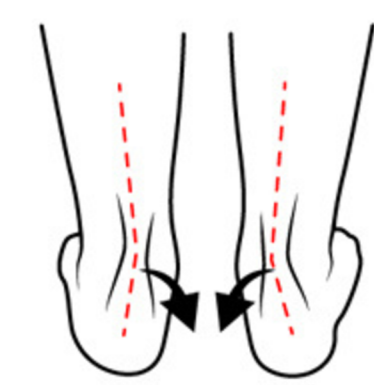
PAINFUL CONDITION OF THE FOOT
CAUSED BY REPETITIVE STRAIN TO THE PLANTAR FASCIA

AFFECTING 1 TO 10 ADULTS
BOTH ATHLETES AND NON ATHLETES



CLINICAL FEATURES

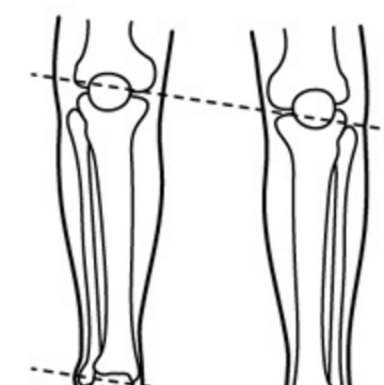
ON EXAMINATION



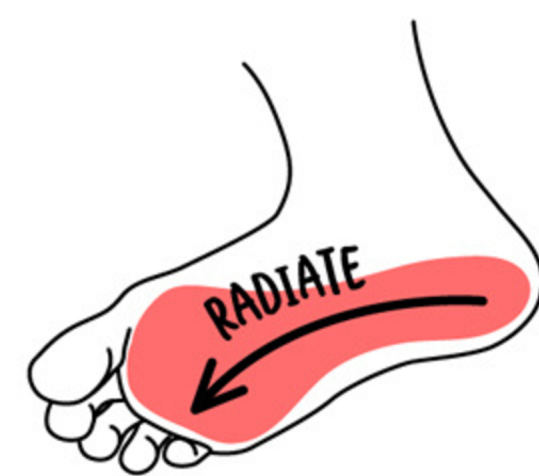
OVER-PRONATION



HIGH ARCHES



LEG LENGTH
DISCREPANCY



SHARP PAIN

FIRST FEW STEPS OF THE DAY OR
AFTER PERIODS OF INACTIVITY

INVESTIGATIONS

PLANTAR FASCIITIS IS A CLINICAL DIAGNOSIS

X-RAY

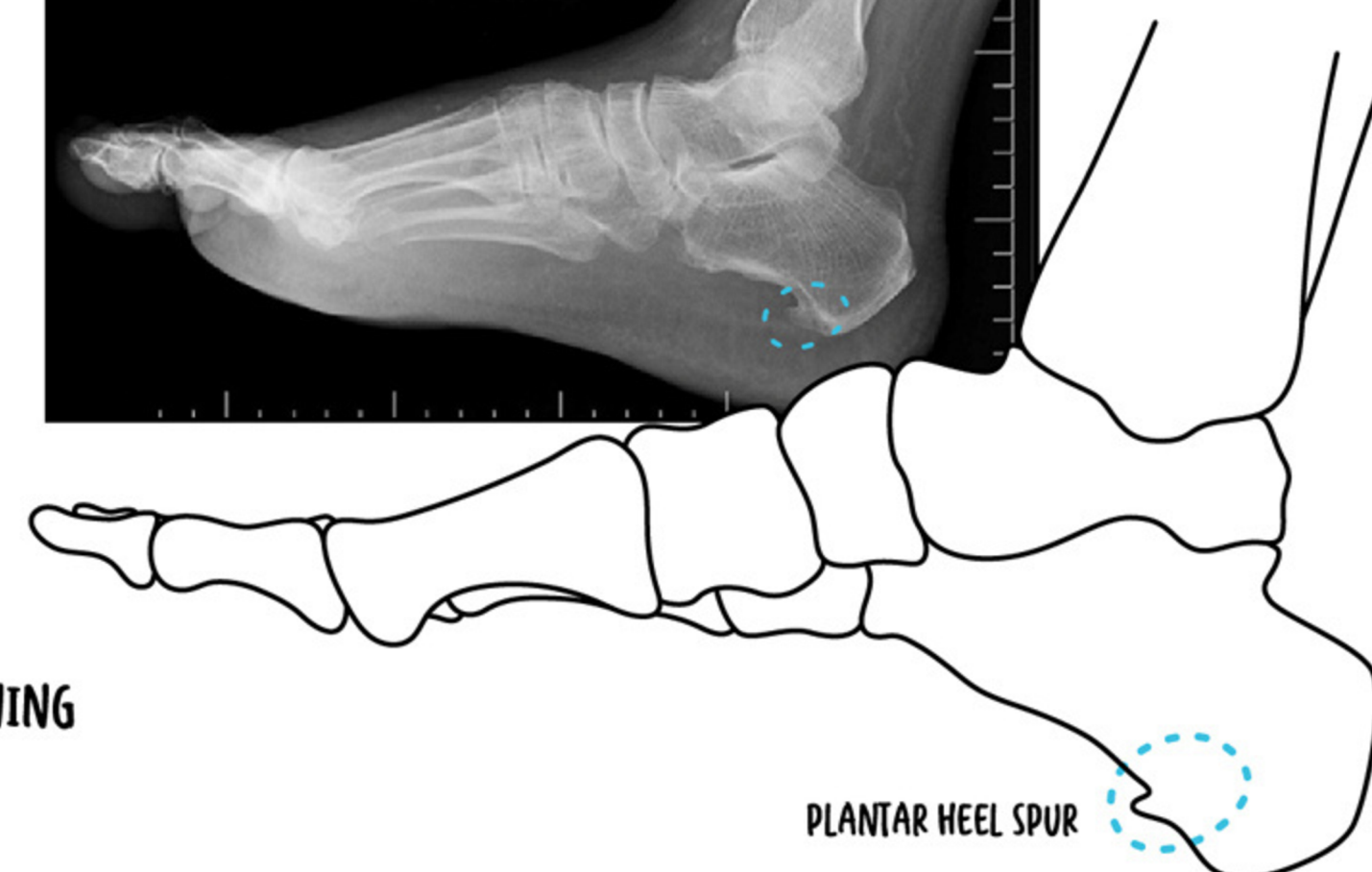
TO EXCLUDE BONY INJURY
TO ASSESS FOR A PLANTAR HEEL SPUR

INDICATE AN
ABNORMAL
LOADING
OF THE PLANTAR FASCIA



MRI SCAN

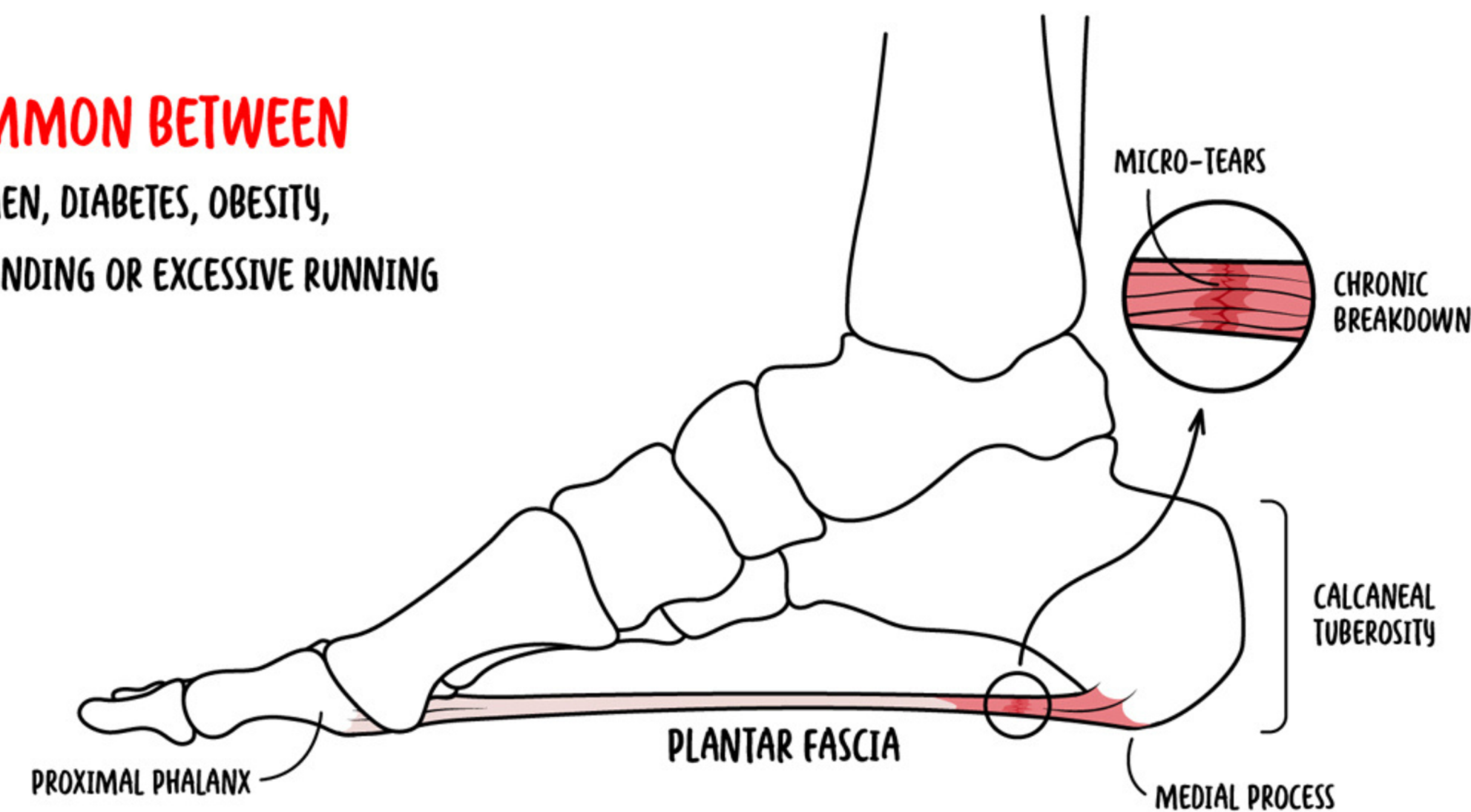
IDENTIFY AREAS OF PLANTAR FASCIAL THICKENING
AND ANY ASSOCIATED OEDEMA



PATHOPHYSIOLOGY

MORE COMMON BETWEEN

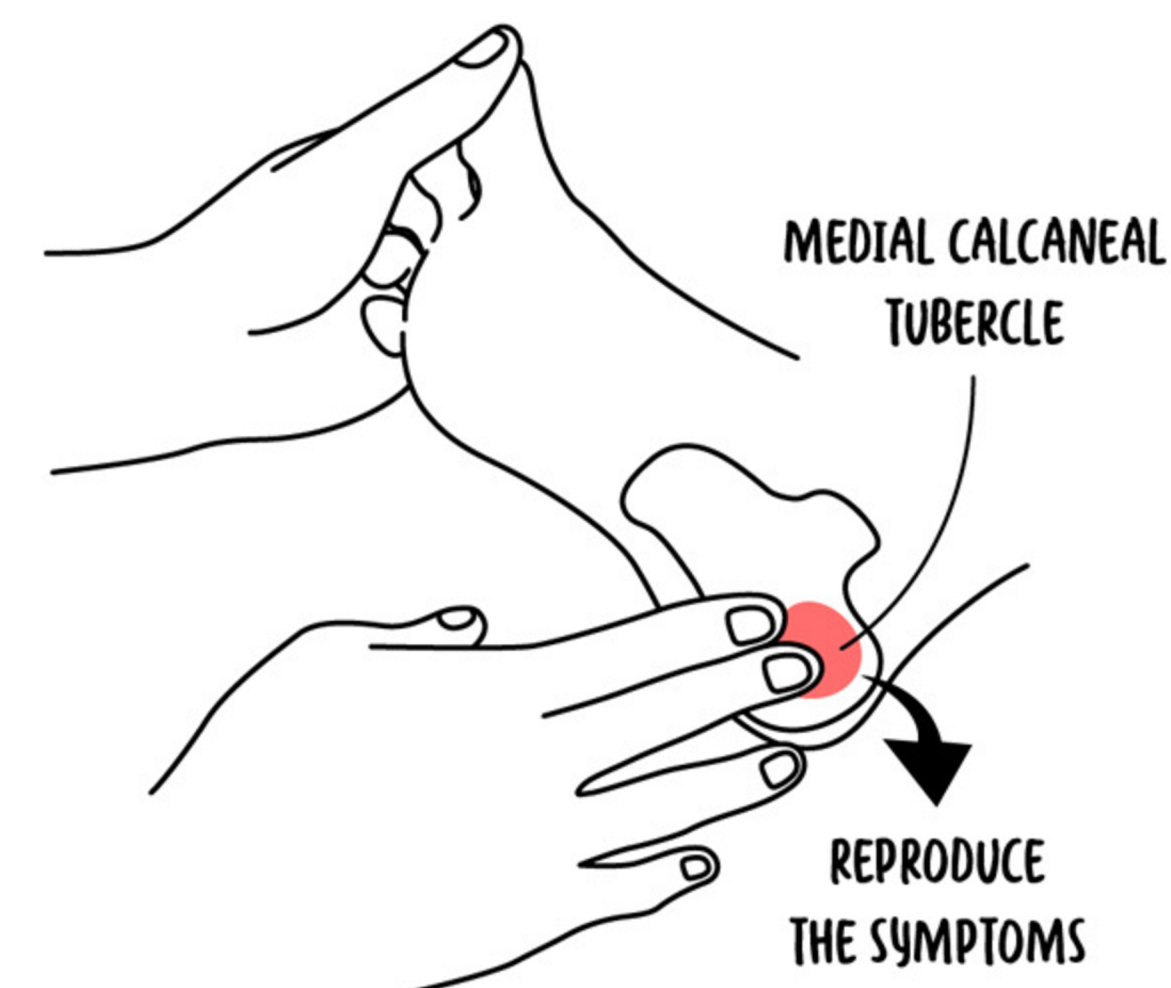
40-60 IN WOMEN, DIABETES, OBESITY,
PROLONGED STANDING OR EXCESSIVE RUNNING



CLINICAL FEATURES

INFRACALCANEAL REGION

IS COMMONLY TENDER ON PALPATION



MANAGEMENT

ACTIVITY MODERATION

ADJUSTED FOOTWEAR

WELL-CUSHIONED HEEL AND A STURDY MID-SOLE

ANALGESICS

NON-STEROID ANTI-INFLAMMATORIES

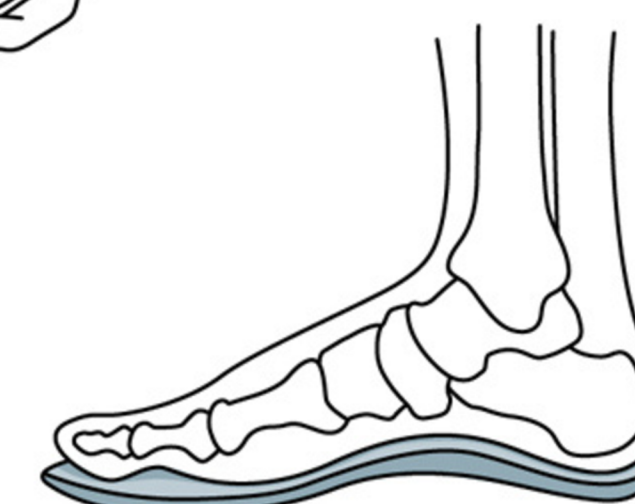
PHYSIOTHERAPY

IF MUSCLE TIGHTNESS OR IMBALANCE



ORTHOTICS

PROVIDE ADDITIONAL ARCH SUPPORT



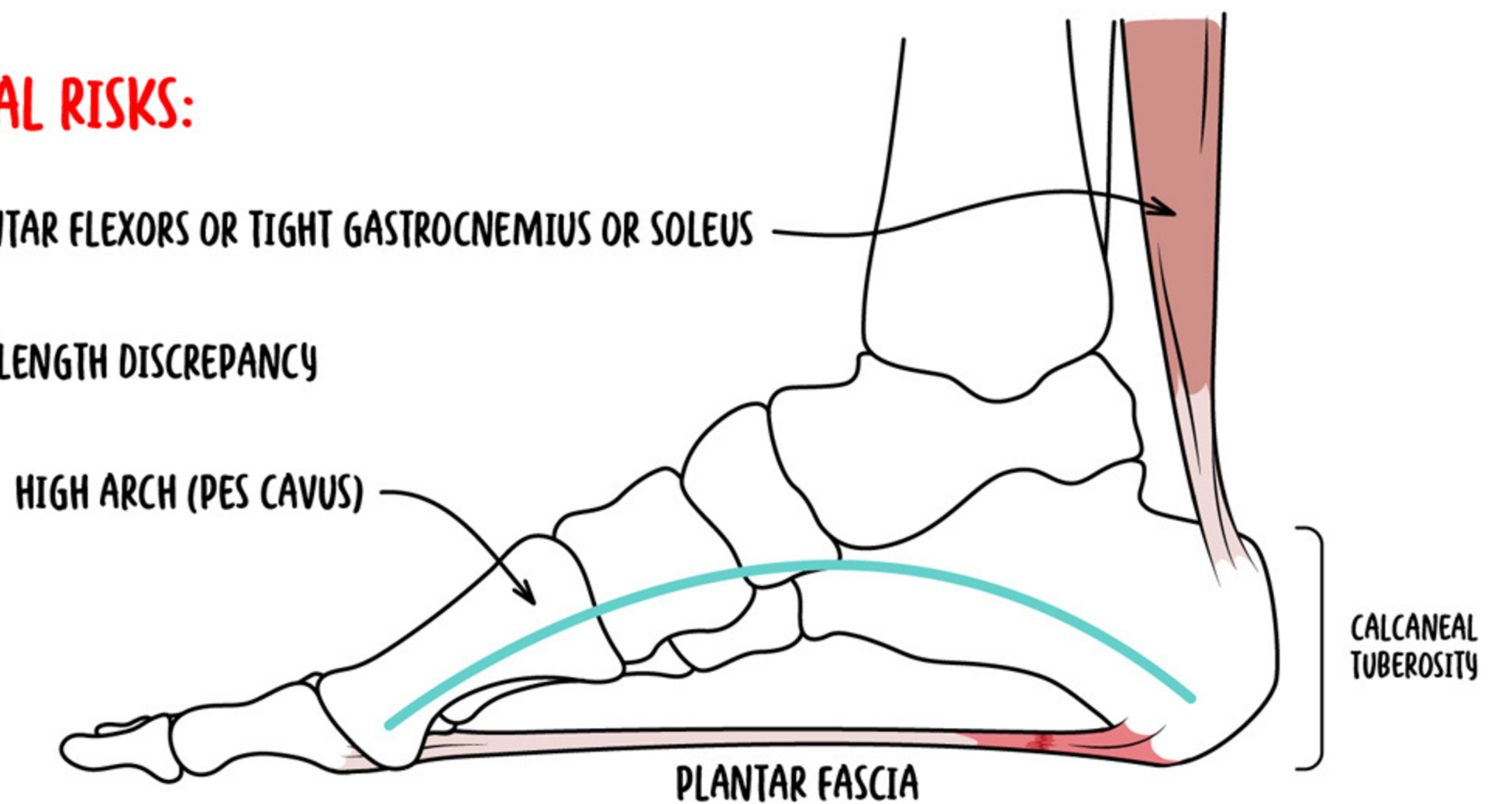
PATHOPHYSIOLOGY

ANATOMICAL RISKS:

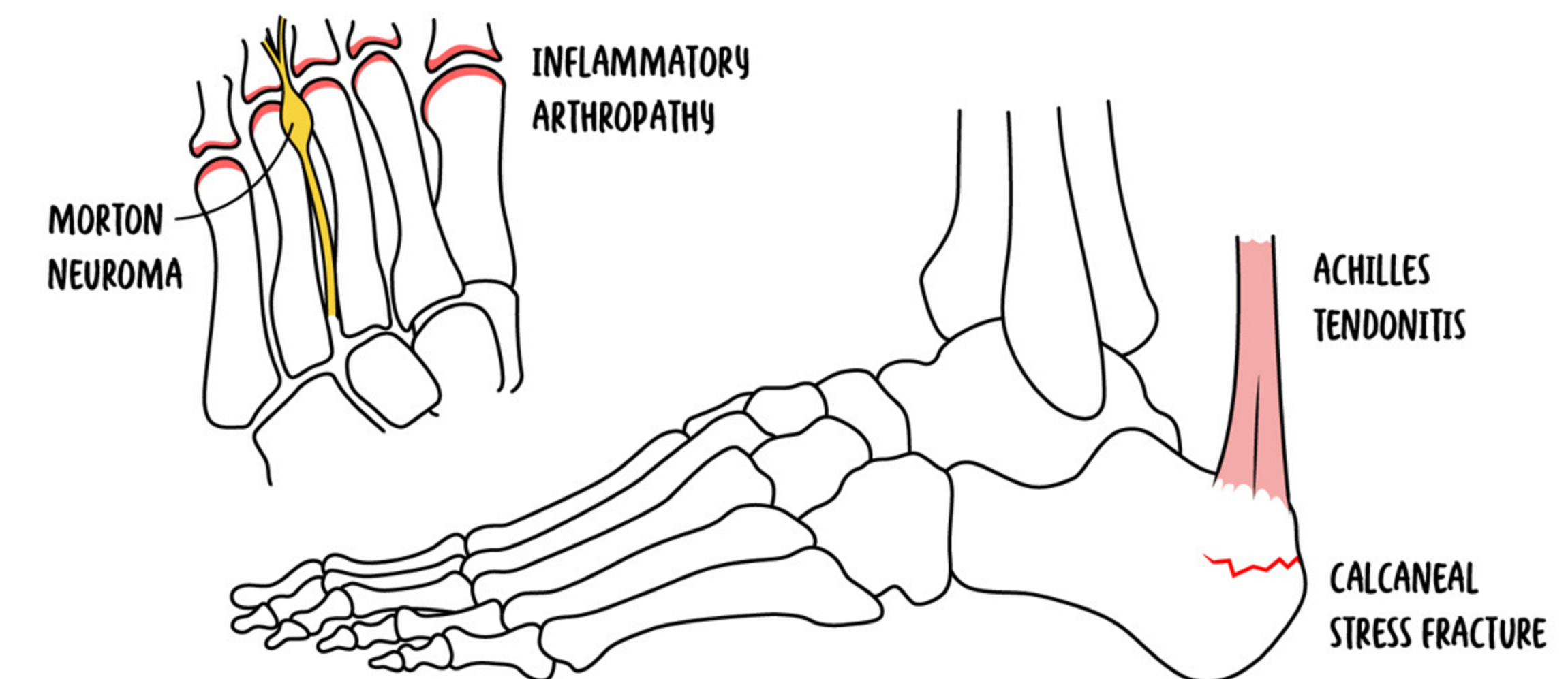
WEAK PLANTAR FLEXORS OR TIGHT GASTROCNEMIUS OR SOLEUS

LEG-LENGTH DISCREPANCY

HIGH ARCH (PES CAVUS)



DIFFERENTIAL DIAGNOSIS



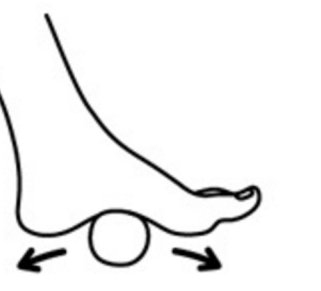
MANAGEMENT

STRETCHING PROGRAMME

CALF STRETCHES
PASSIVE EXTENSION OF THE TOES



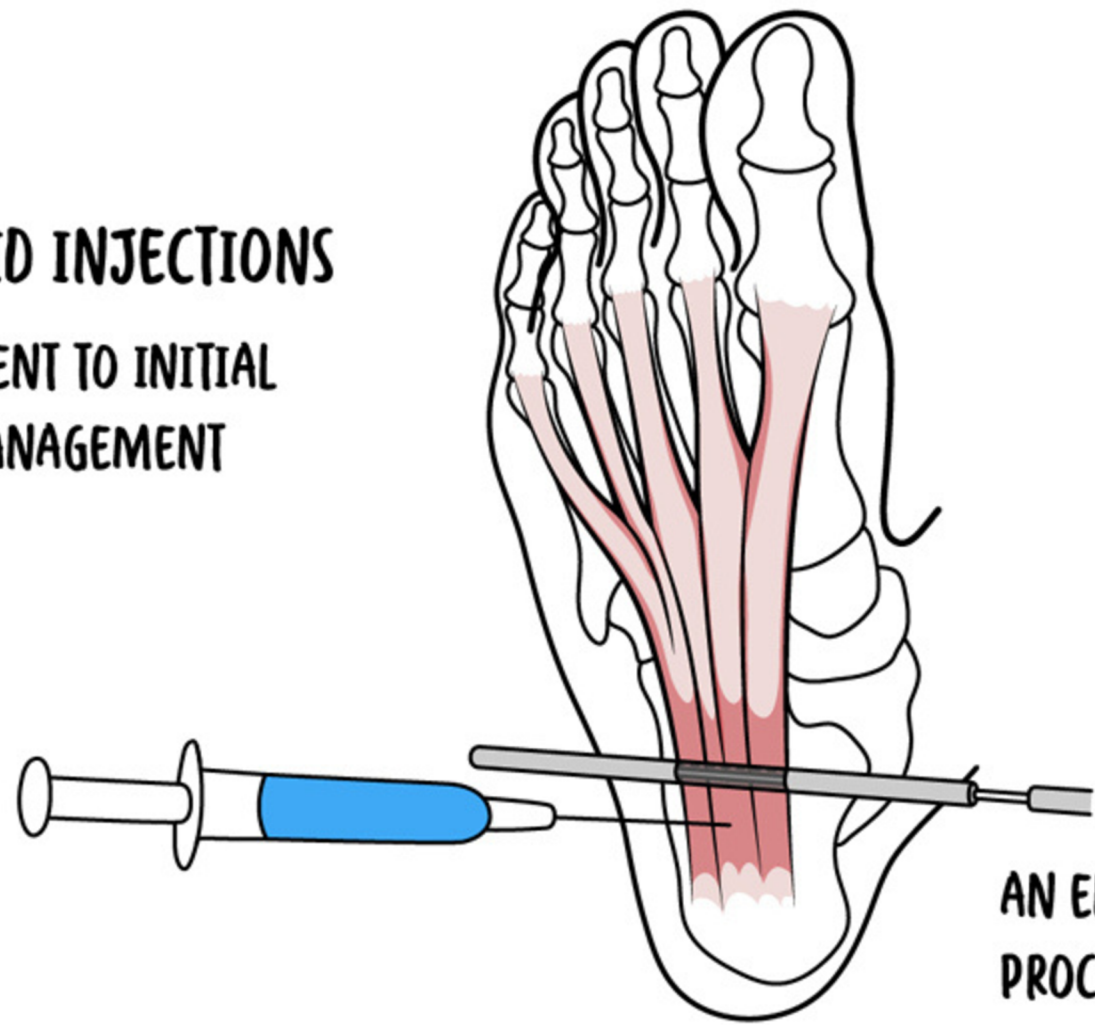
PLANTAR FASCIA
TISSUE RELEASE



Armando H. Faigl

MANAGEMENT

CORTICOSTEROID INJECTIONS
IF NO IMPROVEMENT TO INITIAL
CONSERVATIVE MANAGEMENT



SURGICAL MANAGEMENT
PLANTAR FASCIOTOMY



PART OR ALL OF THE FASCIA
IS RELEASED

AN ENDOSCOPIC
PROCEDURE

Armando H. Faiigl

