

Orthotics Awareness Newsletter

Brought to you by: *Spalding Orthopedic Design Inc.*

Plantar Fasciitis: Treating the “modern monster” by identifying the true cause

Most certified orthotists and other medical professionals would agree that plantar fasciitis, statistically speaking, occupies top spot in foot-related pathologies. This article will attempt to share some insight into the keys to successfully assessing and treating this debilitating condition.

Plantar fasciitis is an inflammation of the plantar fascia, often occurring at the calcaneal insertion. It tends to affect those working in modern, “unnatural” conditions, such as standing or walking on hard surfaces for 12-hour shifts.

Individuals suffering from plantar fasciitis typically complain of heel pain first thing in the morning when they step out of bed. This pain may continue throughout the day or subside as time passes. In some cases, the pain may radiate across the whole plantar surface of the foot and can be so debilitating that weight bearing is not tolerated. Other symptoms can include contralateral issues, often caused by gait changes and compensations to avoid the painful side.

Many treatments for plantar fasciitis are available, although with varying degrees of success. These include physiotherapy, stretching, custom foot orthoses, cortisone injections, footwear and ice, to name but a few.

Successful treatment, however, is largely based on the accurate assessment and determination of the true cause of the plantar fasciitis by a trained certified orthotist. All too often, patients are treated with the same generic, mass-produced foot orthosis without any attention to the underlying cause. This will often delay relief, and may even fail to provide treatment altogether, leaving both the clinician and the patient frustrated and without hope for a real solution.

Certified orthotists are trained to look for the true causes of plantar fasciitis and to treat accordingly. For example, while biomechanical alignment of the ankle/foot could be, and often is, a cause, so too could be a leg length discrepancy that has

previously been missed. Inadequate or old footwear is also a common culprit. Hard-floor working conditions, and even common household floors, can also cause plantar fasciitis and thus must be considered in an assessment, and subsequent treatment plan. Many patients replace the carpets in their home with hardwood flooring only to begin complaining of heel pain symptoms soon thereafter.

Other causes could be more elaborate, such as a recent gait change due to an injured knee or ankle. This change could affect the weight-bearing pattern during ambulation and the shock to one’s foot.

Differences in foot/ankle alignment and **range of motion** from right to left may also offer a clue. In fact, a lack of ankle range of motion alone could cause this condition and is often closely related to Achilles tendonitis. The clinician must therefore consider a stretching plan or the use of a resting brace as part of the treatment.

In regard to custom foot orthosis treatment, shock-absorbing materials are used and maximum surface area contact is achieved so as to minimize



pressure at the heel and offer the foot a cushioning effect. Other treatment factors could include correction of deformities and integration into proper footwear.

Successful treatment of plantar fasciitis is made even more challenging by the inability to rest the injured part, as society often forces us to be on our feet. Thus, proper treatment from a certified orthotist is a necessary step in overcoming this “modern monster.”

Side note to physicians: it is becoming more difficult for patients to claim orthotic treatment on private insurance without a clear diagnosis written on a referral, such as “plantar fasciitis”. Insurance providers do not regard a symptom as a diagnosis.