



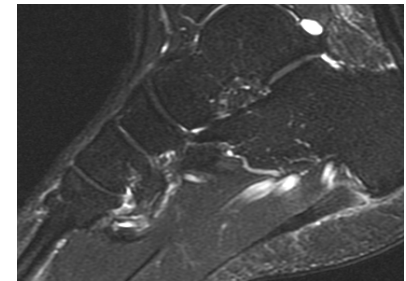
Plantar fasciitis (fasciosis)

Plantar fasciosis is a very common problem. Ten percent of the US population develops this at some point. Though almost everyone refers to this diagnosis as plantar fasciitis, we have learned that it is an inappropriate term, as no inflammation (itis) is involved. The better term is plantar fasciosis as primarily degenerative changes are noted within the tissue.



Here are some things to consider:

- In 90% of patients, symptoms will go away without intervention in the operating room or in the clinic (such as an injection).
- Symptoms from plantar fasciosis can remain for a long time (months!) and are certainly frustrating, but almost all will resolve without surgical intervention. (See Choosing Wisely Statement http://www.aofas.org/medical-community/health-policy/Documents/Choosing_Wisely_FINAL_9.5.14.pdf)
- There are several risk factors for developing plantar fasciosis including increased body weight, tightness of the posterior muscles of the thigh and calf, prolonged standing activities, and competitive athletics.
- Numerous treatment options are often suggested by the lay press, marketers and healthcare providers. Very few of these have good scientific data to support their use and can be quite expensive. For example, custom orthotics are often suggested, but there is data to suggest that off the shelf inserts (which are less expensive) are just as effective. There is good data to suggest that something as simple as a new pair of shoes can improve symptoms in a good percentage of patients.
- A steroid injection is used quite commonly by some healthcare providers, but the underlying pathology does not involve inflammation - which steroids are usually used for - and the injection has a high rate of documented rupture of the plantar fascia. A steroid injection should be used only on rare occasion.
- If you have had symptoms for more that 6 months, you may benefit significantly from intervention.
- The diagnosis of plantar fasciosis can only be confirmed through review of your history, a physical exam, and sometimes in chronic or atypical cases additional studies.



Plantar fascia rupture after steroid injection

When home therapies fail to relieve symptoms:

The diagnosis should be confirmed with a clinical visit with Dr. Feinblatt or Brittany Maillet, his Physician Assistant. A review of the interventions you have tried thus far will occur. Please bring the shoes as well as any inserts you typically wear to the office visit. Additional treatment options include physical therapy, casting, injections including PRP, as well as surgical procedures.