

PLANTAR FASCIITIS

Plantar fasciitis is a common and a disabling musculoskeletal disorder primarily affecting the fascial enthesis; it is thought to have a mechanical origin. It is predominantly a clinical diagnosis. Symptoms are stabbing, inferior heel non radiating pain in the morning; the pain becomes worse at the end of the day and can be triggered and aggravated by prolonged standing, walking, running and obesity

In particular, pes planus foot types and lower-limb biomechanics that result in a lowered medial longitudinal arch are thought to create excessive tensile strain within the fascia, producing microscopic tears: inflammation is rarely observed in chronic plantar fasciitis. Evidence indicates a link between arch function and heel pain. With proper treatment, 80% of patients with plantar fasciitis improve within 12 months.

A Podiatric complete differential diagnosis of plantar heel pain is important; a comprehensive history and physical examination guide accurate diagnosis. Many nonsurgical treatment modalities are used in managing the disorder, including rest, drugs, custom and off-the-shelf orthoses, injections, physical and shock wave therapy as nonsurgical management of plantar fasciitis is successful in approximately 90% of patients.

A Podiatrist can arrange investigations, perform gait analysis and be helpful for this condition; he can advise strapping technique and appropriate shoes, custom made orthotics. He can help with an accurate diagnosis, reduce the pain and relief pain to a better quality of life.

References:

Plantar fasciitis: evaluation and treatment. Steven K Neufeld 1, Rebecca Cerrato - PubMed (nih.gov), 2008 Jun

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