

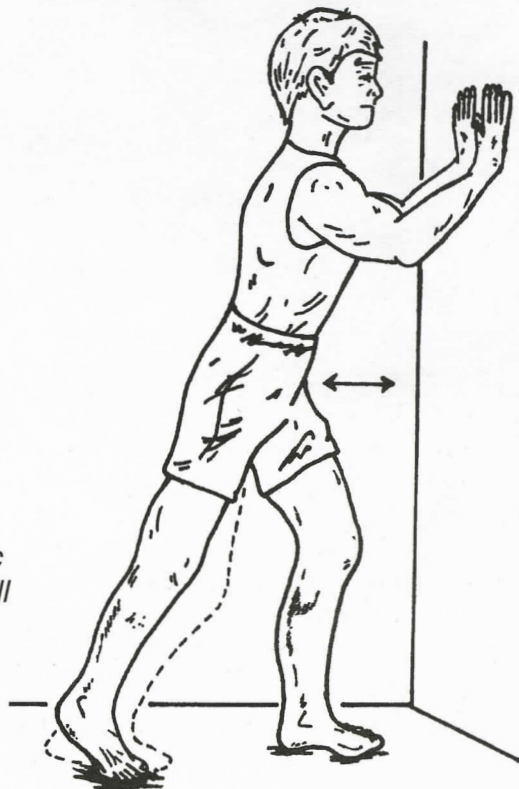
STRETCH #1

- 1 Stand an arm's length away from a wall. Place the palms of your hands on the wall. Step forward about 12 inches with one foot.
- 2 Keep toes pointed forward and both heels on the floor, lean toward the wall. Bend your forward leg, but keep your back leg straight. Hold for 30 seconds. Relax.
- 3 Repeat for five minutes, stretching each foot. Do twice daily.

CAUTION

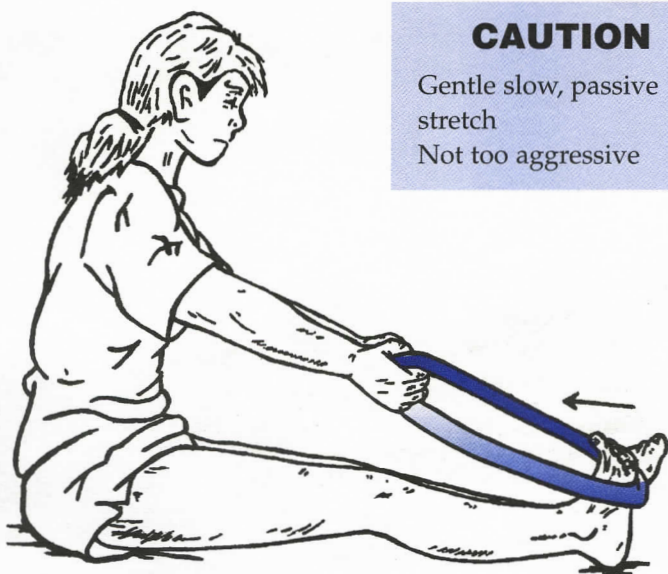
Do not arch your back.
Do not haunch your shoulders.

***Remember to ice! Fill a plastic bottle with water and freeze. Roll against arch of foot for relief.*



EXERCISES FOR

PLANTAR FASCIITIS



CAUTION

Gentle slow, passive stretch
Not too aggressive

STRETCH #2

- 1 In the sitting position, fully extend your knee (straight out). Place a towel or theraband around the ball of your foot.
- 2 Gently pull back on the towel or theraband pointing your toes toward your head and bending your foot upward at the ankle. The more effort you put into this motion the better the stretch.
- 3 Hold this position for 60 seconds. Do this stretch in the morning and at bedtime.

SUPPAN



foot & ankle
C L I N I C

HEEL SPURS

Heel spurs may be associated with plantar fasciitis or seen in isolation. Patients with pain and tenderness localized to just the heel and pain on heel strike are described as having "Heel Pain Syndrome (HPS)". Although in many instances HPS is likely due to inflammation of the plantar fascia at its attachment to the heel bone. Other possibilities include heel spurs, nerve entrapment, stress fracture, bone inflammation, and bursitis.

PLANTAR FASCIITIS

Plantar Fasciitis (PF) means inflammation of the plantar fascia, a thick band of connective tissue that spans the arch of the foot from the heel bone to the bases of the toes. The function of this tissue is to support the arch and stabilize the foot as the heel comes off the ground during walking. Individuals with true "plantar fasciitis" have pain and tenderness along the entire arch, and discomfort is worse at push off.

Treatment for these conditions consists of the initial assessment, x-rays, appropriate taping and padding of the foot to relieve mechanical stress, along with appropriate physical therapy (ultrasound and/or hydrotherapy). Sometimes a few injections in the heel of a long-acting local anesthetic combined with a steroid is also necessary to relieve the inflammation. Frequently this treatment is followed by a prescription orthotic device to be worn in the shoe to continue to properly align the foot and redistribute weight stresses. We have about a 95% success rate with conservative treatment.

If pain continues, then surgical release of the plantar fascia (Plantar Fasciotomy) and/or removal of the heel spur is indicated. The surgery is generally very effective, and when the spurs are removed they seldom grow back.

Non-operative measures are emphasized in treatment, and surgery is considered only as a last resort. On the reverse side are exercises we found most effective in treating HPS. By prescribing these exercises together with our medical care and possibly orthoses (prescription supports), we are able to provide comfort for most of our patients.

