

Plantar Fasciitis

“Pain with your first steps of a morning?”

The plantar fascia is a thickened fibrous aponeurosis originating from the calcaneus running toward the five metatarsal heads and splitting into five bands of sheath for each digit. Generally, it is split into three parts; medial, central and lateral bands. The central band is most commonly involved in this condition even though it is the thickest and strongest section.

In a normal working foot, the plantar fascia functions in the windlass mechanism of the foot, becoming taught with extension of the great toe during the toe off phase of the gait cycle. This provides stability during both static and dynamic movements, as well as shock absorption. Injury to the plantar fascia is usually due to an underlying biomechanical insufficiency that overloads the tissue causing micro tears. Most commonly this cause is a dropped medial longitudinal arch, or “flat feet”. This stretches the plantar fascia at rest increasing the stress to the tissue once a force is applied to it. This force is 2-3 times your body weight during walking/running, hence it is easy to see how small insufficiencies can quickly build into acute pain.



The most common symptom for this condition is sharp pain during the first steps of a morning, which eases as you continue to walk. This is because overnight your fascia tightens up and becomes very stiff, so that by the time you come to walk and stretch the fascia, it doesn't react well to it. Of an afternoon or evening the pain often returns due to overuse and inflammation of the fascia. This cycle repeats itself often worsening over days, weeks and months. Pain will usually be felt on the underside of the heel and into the medial arch of your foot.

Differential diagnosis of plantar fasciitis is primarily related to heel spurs, which can co-occur with this condition. However, many heel spurs are asymptomatic in the general population, whereas plantar fasciitis is commonly symptomatic. Diagnosis can be confirmed by an ultrasound scan confirming a thickening of the plantar fascia. An X-Ray can also be used to confirm or decline the incidence of a heel spur.

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33 Off Street, Gladstone

07 49725155

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41 Bell Street, Biloela

07 4992 5037

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3 Captain Cook Drive,
Agnes Water

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Treatment of acute plantar fasciitis firstly involves your general RICE principles, although it is difficult to rest your feet to the extent you need to. Other treatment approaches can target the original cause of the condition- biomechanics in most cases. Customised orthotics are usually the best approach to this, via regaining your arch to de-load the plantar fascia from the stretch applied to it. In chronic cases of plantar fasciitis rest alone will not provide sufficient improvement to rid you of your symptoms. Shockwave therapy has been shown to provide effect therapy for tendinopathies and associated conditions. By applying a mechanical force to the tissue it breaks down the scar tissue and adhesive formations, allowing for new and improved tissue to be laid down to replace it. Over a course of sessions this can resolve plantar fasciitis.

If this pattern sounds familiar to you, see a physiotherapist for manual therapy and education on how to improve your condition. [Click Here](#) to book your appointment today.

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