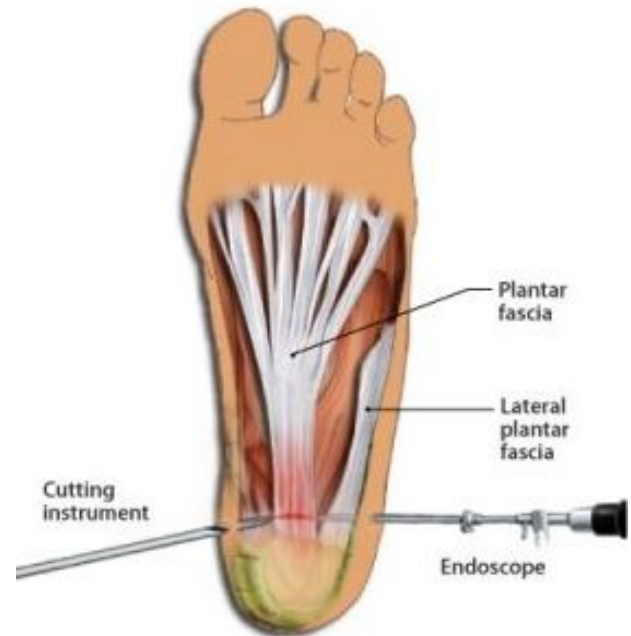


Plantar Fasciitis

The plantar fascia runs along the length of the sole of the foot and along with various ligaments and muscles of the foot, functions to assist in maintaining its inner arch (like the string of a bow, with the bones of the foot being the bow itself).

Plantar fasciitis is an inflammation of the origin of the fascia at the calcaneus (heel bone). It is a result of a repetitive strain/tear and repair of the fascia from traction forces that have worn it out. It can be likened to an elastic band that has been left out in the sun and stretched too many times; it loses its stretch and has many micro-tears in it.

Heel spurs have long been associated with heel pain, and were originally thought to be its cause. Heel spurs occur at the origin of the flexor digitorum brevis muscle, which lies just beneath the plantar fascia. However, heel spurs are NOT the cause of heel pain associated with plantar fasciitis and for this reason, it is unnecessary for them to be removed. They probably form because of the local inflammation in the soft tissue, with the body mistakenly forming bone in its attempt to repair the plantar fascia.



NON-OPERATIVE MANAGEMENT

Initial management of plantar fasciitis involves a multi-modal non-operative approach. For 90% of people, this is all that is required. This initially includes analgesics, anti-inflammatories, massage, applying ice, and exercises that stretch the plantar fascia & Achilles tendon and strengthen the lower limb and intrinsic foot muscles.

Orthoses including cushioning heel pads and night splints may also be helpful, along with corticosteroid injections, and other alternative modalities such as ultrasound or extracorporeal shockwave therapy (ECSW).

OPERATIVE MANAGEMENT

For those patients who have ongoing pain despite adequate non-operative management, surgery may be recommended. Previously this procedure was performed through a large incision on the in-step of the foot. More recently, an endoscopic technique has been developed.

Compared with an open technique, endoscopic plantar fascia release generally results in less post-operative pain, quicker recovery times, and a lower complication rate.

The procedure involves making 2 x ~5mm incisions; one on each side of the foot. This enables a telescopic camera and instrumentation to be inserted to release the plantar fascia. Patients are then allowed to weight bear as tolerated in a boot, and quite often have less pain than prior to the procedure within 2 weeks. By 4 weeks, patients are usually walking well, and may return to sport by 6-12 weeks.

PLANTAR FASCIITIS

COMPLICATIONS

Complications are unusual with this procedure. There is always a small risk of infection, nerve injury and blood clots with foot surgery, and measures are taken to minimise these risks. A small proportion of patients may also experience a persistence of their pre-operative pain despite surgery.

Finally, and uncommonly, discomfort in the outer part of the foot may occur following any technique of plantar fascia release. Very seldom is this enough of a problem to require further surgery and generally improves with the use of insoles (orthotics). Overall, a successful outcome is achieved in approximately 90% of patients.

This pamphlet is a brief overview of the surgical management of plantar fasciitis and is not designed to be all-inclusive. The list of complications above is not comprehensive or exhaustive. If you have any further questions, please do not hesitate to ask Dr Zilko.

RECOVERY TIMES

Hospital Stay	Day surgery
Rest & Elevation	7-14 days
Weightbearing in Boot	2-3 weeks
Foot Swelling	6-12 weeks
Return to Sport	6-12 weeks

TIME OFF WORK & DRIVING

Seated	10-14 days
Standing	3-4 weeks
Driving (Left Foot)	7-10 days
Driving (Right Foot)	3-4 weeks

These notes have been prepared by Dr Zilko. They are general overviews and information aimed for use by his specific patients and reflect his views, opinions and recommendations. This does not constitute medical advice. The contents are provided for information and education purposes only and not for the purpose of rendering medical advice. Please seek the advice of your specific surgeon or other health care provider with any questions regarding medical conditions and treatment.

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