



ANDREWS

Sports Medicine & Orthopaedic Center

PLANTAR FASCIITIS - MANAGING THE SYMPTOMS AND PROMOTING HEALING

Plantar fasciitis occurs when the fascia develops pain and inflammation. It may happen from a forceful pull on the fascia causing severe heel pain or from prolonged standing putting excessive pressure over the fascia. The plantar fascia has low blood flow, so it may have a hard time getting the nutrients it needs to heal and can take up to 3 months to fully heal. Unfortunately, the low blood flow can frequently lead to chronic symptoms, in which the plantar fascia fibers in it degenerate and weaken, leading to chronic pain and weakness.

1. Weight Management: The #1 cause of plantar fasciitis is being overweight
 - a. For every 1 lb of weight, we put 4 lbs of pressure in our lower body joints
 - b. Goal is to have a BMI under 25. To achieve this, lose 1 lb per week with diet and exercise
2. Diet & Supplements: They are the natural way of decreasing pain and inflammation
 - a. *Anti-inflammatory Diet* (ex. Dr Andrew Weil's diet)
 - i. Eat whole fruits and vegetables, whole grains and nuts, lean meats (Ex. Fish, turkey, etc.)
 - ii. Avoid processed carbohydrates, white bread, sugar, sodas, saturated fat, and fried foods
 - b. *Herbs and spices* (ex. Turmeric, Bromelain, garlic, cherry tart, etc. per bottle directions)
3. Physical Therapy (PT): "Movement is medicine". PT will help you restore your strength, stretch the fascia, decrease inflammation and transition to a home program.
 - a. *Range of motion* – Restore proper biomechanics to promote healing and prevent re-injury.
 - b. *Strength & conditioning* – Promotes healing of the fascia. Prevents re-injury.
 - c. *Anti-inflammatory therapeutic modalities* – Complementary to the medications and supplements
4. Medications: The goal is to use the minimum required dose for decreasing pain and inflammation
 - a. *Acetaminophen* (per bottle directions) For pain only
 - b. *Non-steroidal anti-inflammatory (NSAID)* Decrease pain and inflammation
 - i. Over the counter (ex. Advil, Aleve) – For mild fasciitis
 - ii. Prescription (ex. Diclofenac, Meloxicam, Ibuprofen) For moderate to severe injuries.
Come in oral and topical options. You have to finish the full prescription to obtain the best results.
5. Orthotics: Used for moderate to severe cases to offload the plantar fascia in order to let it rest and heal
 - a. Ex. Shoe insert, boot, night splint, etc.
 - b. May be recommended after injections or surgery
6. Injections: Recommended when the above treatments fail to provide significant relief
 - a. *Cortisone* (i.e. steroid) Help to quickly decrease the pain and inflammation. Usually takes 3 days to work. However, too many cortisone injections may weaken the fascia and fat pad.
 - b. *Prolotherapy* – An alternative option to decrease pain without the detrimental side effects of cortisone
 - c. *Platelet Rich Plasma (PRP)* – Nutrients and growth factors that stimulate the healing of the fascia are harvested from your blood and injected directly into the fascia; recommended for chronic cases
7. Surgery
 - a. *Percutaneous fasciotomy* - Minimally invasive procedure done in the operating room under sedation to remove inflammation and promote the healing process. No incision. (Topaz procedure)
 - b. *Open fasciotomy* - Done in the operating room under general anesthesia. Part of the fascia is removed. Requires an incision. Requires extensive downtime to allow healing.

If you would like to know if any of these recommendations would benefit you, call (205) 939-3699 and request an appointment with Ricardo Colberg, MD.