

Exercises

Shin Curls. Run your injured foot slowly up and down the shin of your other leg as you try to grab the shin with your toes. A similar exercise can be done curling your toes around a tin can.



Shin Curls
Repeat _____ Times _____ times/day

Stretches. Stand at arm's length from a counter or table with your back knee locked and your front knee bent. Slowly lean toward the table, pressing forward until a moderate stretch is felt in the calf muscles of your straight leg. Hold 15 seconds. Keeping both heels on the floor, bend the knee of your straight leg until a moderate stretch is felt in your Achilles tendon. (Tendons attach muscles to bones; the Achilles tendon attaches the muscles of the calf to the heel bone.) Hold 15 seconds more. You should feel a moderate pull in your muscles and tendon, but no pain. Change legs and stretch the other leg.



Stretching
Repeat _____ Times _____ times/day



PLANTAR FASCIITIS



► THE INJURY

Plantar fasciitis (*heel-spur syndrome*) is a common problem among people who are active in sports, particularly runners. It starts as a dull intermittent pain in the heel which may progress to a sharp persistent pain. Classically, it is worse in the morning with the first few steps, after sitting, after standing or walking, and at the beginning of sporting activity.



PRESENTED AS AN EDUCATIONAL SERVICE BY SYNTEX LABORATORIES, INC.

© 1994 Syntex Puerto Rico, Inc.



© 1994 Syntex Puerto Rico, Inc.

PLANTAR FASCIITIS

The plantar fascia is a thick fibrous material on the bottom of the foot. It is attached to the heel bone (calcaneus), fans forward toward the toes, and acts like a bowstring to maintain the arch of the foot.

A problem may occur when part of this inflexible fascia is repeatedly placed under tension, as in running. Tension causes an overload that produces an inflammation usually at the point where the fascia is attached to the heel bone. The result is pain.

Plantar fascia injury may also occur at midsole or near the toes. Since it is difficult to rest the foot, the problem gradually becomes worse because the condition is aggravated with every step. In severe cases, the heel is visibly swollen. The problem may progress rapidly, and treatment must be started as soon as possible.

The inflammatory reaction of the heel bone may produce spike-like projections of new bone called heel spurs. They sometimes show on x-rays. They do not cause the initial pain, nor do they cause the initial problem; they are a result of the problem. But later, having to walk on spurs may cause sharp pain.

Contributing Factors

- Flat (pronated) feet
- High arched, rigid feet
- Poor shoe support
- Toe running, hill running
- Soft terrain (e.g., running on sand)
- Increasing age
- Sudden weight increase
- Sudden increase in activity level
- Family tendency

Treatment

Improvement may take longer than expected, especially if the condition has existed for a long time. During recovery, loss of excess weight, good



shoes, and sedentary activities all help the injury to mend. You should return to full activity gradually.

Rest. Use pain as your guide. If your foot is too painful, rest it.

Ice. Ice the sore area for 30 to 60 minutes several times a day to reduce the inflammation. Apply a plastic bag of crushed ice over a towel (or a bag of frozen peas). You should also ice the sore area for 15 minutes after activity.

Medication. If your condition developed recently, anti-inflammatory/analgesic medication, coupled with heel pads (see below), may be all that is necessary to relieve pain and reduce inflammation. If no pain relief has occurred after 2 or 3 weeks, however, your doctor may inject either cortisone or local anesthetic directly into the tender area.

Physical Therapy. The initial objective of physical therapy (when needed) is to decrease the inflammation. Later, the small muscles of the foot can be strengthened to support the weakened plantar fascia.

Heel Pads. A heel pad of felt, sponge, or a newer synthetic material can help to spread, equalize, and absorb the shock as your heel lands, thus easing the pressure on the plantar fascia. It may be necessary to cut a hole in the heel pad so the painful area will not be irritat-

ed. Your doctor will tell you where you can get heel pads; they are available at some medical supply and sporting goods stores.

Shoes. Poorly fitting shoes can cause plantar fasciitis. The best type of shoe to wear is a good running shoe with excellent support. You should choose the one that fits best. Experiment with your athletic shoes to find a pair that is comfortable and causes fewer symptoms.

Orthoses. Orthoses (sometimes misnamed "orthotics") are shoe inserts that your doctor will prescribe if necessary.

Taping. Your doctor may tape your foot to maintain the arch; this will take some of the tension off the plantar fascia.

Surgery. Surgery is rarely required for plantar fasciitis. It would be considered only if all forms of more conservative treatment fail and if the pain is still incapacitating after several months of treatment. When needed, surgery involves removal of the bone spur and release of the plantar fascia.

SPORTS

Plantar fasciitis can be aggravated by all weight-bearing sports. Any sport where the foot lands repeatedly, such as running or jogging, can aggra-

vate the problem. The injury may be precipitated by sudden weight increase, changes in activity level, or sudden return to activity after a long period of rest (e.g., after being in a cast). To maintain cardiovascular fitness, weight-bearing sports can be temporarily replaced by non-weight-bearing sports (e.g., swimming, cycling). Weight training can be used to maintain leg strength.

When recovering from plantar fasciitis, return to sports activities slowly. If you have a lot of pain either during the activity or the following morning, you are doing too much.

Using heel pads or changing to different or new shoes may help the problem.

EXERCISES

The following exercises are designed to strengthen the small muscles of the foot to help support the damaged area. If done regularly, they will help prevent reinjury. DO EACH PRESCRIBED EXERCISE TWO TIMES A DAY OR AS OFTEN AS YOUR DOCTOR RECOMMENDS.

Towel Curls. Place towel on the floor and curl it toward you, using only the toes of your injured foot. Resistance can be increased with a weight on the end of the towel. Relax, then repeat the towel curl.

