

# PLANTAR FASCITIS

By Dr. Boyd Williams

Plantar fasciitis is one of the most common problems seen in those who stand on their feet a lot, long distance runners and in other sports involving long periods of standing or running on hard surfaced tracks or courts. This injury is the product of over-stretching or partial tearing of the firm band of tissue (plantar fascia) on the sole of the foot. Excessive stretching of the plantar fascia may be produced by: long periods of running or standing on hard surfaces, quick acceleration or deceleration movements of the foot, landing hard on the sole of the foot and/or excessive, long periods of foot pronation.

Heel pain which runs along the long arch of the foot is the most frequent complaint. Pain is increased with running or walking and usually felt at its worse with the first few steps in the morning. Rest reduces the foot pain. A runner with a high arch is most likely to develop plantar fasciitis, as is the runner who turns the foot out or pronates. Pronation results in flattening of the arch and over stretching of the muscles and fascia of the foot.

Examination of plantar fasciitis reveals tenderness with pressure into the arch and middle part of the heel, muscle tightness and sometimes swelling. Prolonged plantar fasciitis may result in a heel spur, although the spur itself is not what causes the pain.

Treatment of this condition includes massage to the long arch (I have my patients use a golf ball on the floor) which stretches the tissues and relieves pressure. Chiropractic manipulation of the foot may be necessary to restore normal biomechanics. Ultrasound therapy is helpful in the acute stage to reduce inflammation. Ankle and arch strengthening exercises are important to reduce pronation and to support the arch. Arch taping and orthotics can provide effective pain relief, shock absorbency and pronation control. Cortisone injections or anti-inflammatory drugs are forms of treatment for this condition that carry possible adverse side effects.

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