



Plantar Fasciitis

The Agony of “D’Feet”

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Deborah, 64, is a golfer who is complaining of left heel pain that she has had for over four months. She has taken both acetaminophen and ibuprofen for her pain, but has had only temporary relief. It has gotten to the point that she has difficulty getting out of bed in the morning and has ruined her golf game. She has seen her family doctor who has done an X-ray and told her she has a “bone spur” and that it will get better with time. Her patience for enduring this pain has run out. Her friend told her that she had the same condition and it was cured through physical therapy. What is her next step (no pun intended!)?

Deborah is clearly suffering from a painful heel that is interfering significantly with her activities of daily living. In particular, she is an avid golfer and has not been able to walk 18 holes, which is her passion at this stage of life. All she wants is to get rid of the pain. She takes her friend’s advice and seeks a physical therapist.

Deborah receives four weeks of physical therapy, which consists of ultrasound treatment, local friction massages, icing and some simple stretches. She is still in pain, but has a little less pain in the morning. As she remains frustrated, another friend recommends seeing an orthopaedic surgeon friend. Through a referral from her family doctor, the orthopaedist suggests a corticosteroid injection. This recommendation, although a reasonable one, frightens the patient as she remembers a friend tell her to “beware of any corticosteroid.” A golfing partner suggests a sports medicine physician to assess her painful left heel.

She visits with the sports medicine physician and learns more of her condition. She is now aware that the “bone spur” is a result of the problem, but not the cause of it. She is shown a series of stretches in the office, is told to modify her activity so as to not aggravate the heel, is recommended some acupuncture treatment and is also assessed for orthotics. Her feet do over-pronate and



he suggests nonweight-bearing, fitted orthotics, semi-rigid customized orthotics. It is critical that the orthotics be fitted in a nonweight-bearing position so that the foot can be properly corrected. Icing still plays a role in her treatment, as does physical therapy with a therapist who does not depend mostly on modalities.

Deborah returns to her family physician six weeks later, commenting on how much better the heel feels. She states that it is 80% better and that she no longer has significant pain in the morning when she rises. She had eight physical therapy treatments, six acupuncture sessions, did her stretches multiple times per day and wore her fitted orthotics gradually, until she was wearing them full-time. When golfing, she is able to walk all eighteen holes, but only walks nine for now and takes the cart for the other nine holes. She will continue to do this until all her pain is gone. She asks whether it is necessary to have a corticosteroid injection.

Deborah is suffering from *Plantar Fasciitis*. The short answer to her question is “No.” This condition is very common and has the classic points in her history of having pain first thing in the morning, pain on the plantar aspect of her heel and is typically better as the day goes on, until she sits for a brief period of time and then stands/weight-bears again. Corticosteroid and orthotics are greatly over-prescribed and, many times, are not necessary. Every foot has to be assessed on its' own merits.

Deborah continues to improve over time as she sees the sports medicine physician one last time in follow-up. She continues to do her stretches as part of a regular routine and ices for 15 minutes, a few times per day, on an as-needed basis. She is pleased with her progress.

Education is always the key to treating any condition in medicine. The patient has to understand what the problem is, how to treat it and how to prevent it from recurring, if it is reversible to begin with. A simple recommendation to change a type of shoe and nothing else may be sufficient to rid an individual of foot pain. While that was not the case here, it also must be thought of. If you look after your feet, your feet will look after you. After all, they do support the full weight of your body, day in and day out. The simple preventive measure of monitoring the health of your footwear, most of the time, is enough to avoid the “agony of d’feet.”

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