Plantar Fasciitis

History

- 1) When did the P start and how long ago
- 2) aggravating and relieving factors
- 3) medications
- 4) what time of day is the P worse
- 5) What do you do for work
- 6) Level of activity
- 7) Does it come and go or constant
- 8) are you pregnant
- 9)

Visual Assessment

- 1) edema
- 2) redness
- 3) favoring one side
- 4) Pes planus pes cavus
- 5) tight gastrocs and soleus

Specific tests

- 1) Tinnil ankle
- 2) ROM
- 3) length test gastroc and soleus
- 2)

3)

Informed consent

Treatment

Acute

- The treatment begins prone
- Ice to affected fascia
- Sacral lymphatic drainage if edema is present
- Treat compensatory structures
- Effleurage, petrissage and trigger point work on low back, gluteals, lateral rotators and proximal leg
- Trigger points in the proximal muscles that refer into the feet are treated with muscle stripping and gentle ischemic compressions gastroc, soleus, tib post and flexor digitorum longus
- Stroking and gentle muscle squeezing are used on the foot
- Turn supine
- Lymphatic drainage if necessary
- Anterior proximal leg effleurage and petrissage
- Light stroking and gentle muscle squeezing on the distal leg and foot

Post treatment with client

- 1) How are you feeling
- 2) Do you need help off the table
- 3) Take your time getting up

Home care and Hydro

1)	1)
2)	2)
3)	3)

Plantar Fasciitis

History

- 1)
- 2)
- 3)
- 4)
- 5)

1)

Visual Assessment

Specific tests

1)

2) 3) 3)

Informed consent

Treatment

Chronic

- Start prone
- Deep moist heat before stretching the fascia of gastroc and soleus. Contrast application is used post treatment to increse local circulation
- Treat compensatory structures low back, gluteals and thighs with Swedish techniques
- Fascial techniques to treat gastroc and soleus skin rolling, crossed hands spreading, fingertip sreading and connective tissue cutting.
- Effleurage, petrissage and trigger points on the shortened hypertonic gastroc, soleus and flexor digitorum longus
- Thumb kneading on the intrinsic muscles of the foot
- Trigger points in abductor hallicus longus, flexor digitorum brevis and abductor digiti minimi
- Cross fiber frictioning on the adhesions in the plantar fascia particularly near the calcaneal attachments
- Frictions on the aachillies tendon
- Repetitive effleurage on the leg and foot
- PIR on gastroc and soleus
- Turn Supine
- Anterior thigh and leg are treated with Swedish techniques
- Gastroc and soleus are worked again
- Stretch gastroc and soleus
- Treatment is finished with treatment to the entire limb

Post tr	'eatmei	nt with clie	nt			
1) Ho	w are y	ou feeling				
2) Do	you ne	ed help off	the table			
3) Tak	ke your	time gettin	g up			
Home	care an	ıd Hydro				
1)	Ice- fr	eeze water	bottle - roll unde	erfoot	1	L)
2)	Rest	RICE		2)		
3)	stretcl	n comp mm	l			
	better	foot wear				

orthotics