1 Plantar fasciopathy pathology

Plantar fasciopathy is a degenerative process with a similar presentation to tendinopathy, including features of collagen breakdown, calcification and nerve and vascular ingrowth.

2 Stages of plantar fasciopathy

Plantar fasciopathy often moves through a pain dominant stage and a load dominant stage.

a. Pain dominant phase.

The plantar fascia is sensitive to load and painful and stiff first thing in the morning similar to a reactive tendinopathy. Symptoms are often present with daily activities especially walking longer distances or prolonged standing. This stage typically lasts around 2-8 weeks. Treatment aims to decrease pain by reducing or modifying aggravating activities.

b. Load dominant stage.

Progress to this stage is characterised by a reduction in 1st step pain and increased walking tolerance. In this stage symptoms usually remain stable unless the plantar fascia is overloaded. Treatment aims to progressively increase the load tolerance of the tissues.

Prognosis

Plantar fasciopathy is considered to be a self-limiting condition of variable duration. With treatment, symptoms usually improve within 3-6 months, however patients performing regular prolonged periods of standing and painful loading may require 9 months or longer.

Risk factors

- In the athletic population PF may be more closely linked to changes in training load such as increased training pace, changes in footwear or in foot strike pattern.
- In the sedentary population high body mass index (BMI) may be a key risk factor.
- Reduced ankle dorsiflexion and reduced great toe extension are often considered risk factors for PF but display mixed results in the research.
- PF has also been associated with reduced toe flexor and evertor strength (Sullivan et al. 2015) and decreased hamstring flexibility.
- Van Leeuwen et al. (2016) found changes in ROM, strength and foot posture were inconsistently associated with developing plantar fasciopathy.

References:


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