



FOOT ORTHOSES (ORTHOTICS)

Custom shoe inserts are balanced to account for foot structure problems and relieve tension on the fascia. Though somewhat expensive, orthoses are very durable and effective in helping to control pain associated with fasciitis.

Over the counter inserts will often help and are fairly inexpensive. However, they do not usually fit persons with very flat or high arched feet. A custom insert may be needed in such cases.

Shoes with excellent support are usually best, but most lack enough support for this problem. A shoe with a removable insert is helpful.

Taping the foot can relieve tension on the fascial band.

Night splints are worn to bed and are very effective at relieving painful steps when getting up in the morning.

Surgery is usually needed only in those cases that do not respond to non-surgical care (less than 10%).



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PLANTAR FASCIITIS



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The plantar fascia is a strong, thick band of tissue in the arch of the foot. It attaches to the bottom of the heel bone and extends forward toward the toes. Too much tension in the band (fascia) results in pain and inflammation, usually on the bottom of the heel.

With excess tension and pulling of the fascia, a heel spur may result at its attachment point at the heel bone. The spur is not necessarily the cause of pain but a result of the process.

SYMPTOMS

Plantar fasciitis is usually most painful on the first steps in the morning or after a long period of sitting. Many describe the pain as a “bruised heel” feeling, though symptoms may vary. Pain may also increase during long periods of standing or activity.

Often, the problem may seem like it has improved, only to return a short time later. It is not unusual for the problem to continue for many months, especially without treatment.

CAUSES OF FASCIITIS

- Being overweight or having a recent weight increase. Studies show this to be the single most common factor.
- Loss of flexibility in the fascia with age (fasciitis is most common in persons over 30 years of age).
- Shoes which have little or no support, or going without shoes.
- High arches or flat fee.
- Injury to the fascia from impact activities such as basketball, aerobics, running, etc.
- A change of activities.
- Fibromyalgia. Patients with this condition seem to be more prone to develop fasciitis.

Other causes of heel pain may include nerve entrapments, stress fractures, some forms of arthritis, loss of normal heel cushion, etc. Your doctor will help you to know if these are the causes of your heel pain.

TREATMENT

Rest: If activity becomes too painful, it may be necessary to rest your foot by decreasing or changing activities. This will help relieve pain but does not usually correct the problem on its own.

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs): NSAIDs such as ibuprofen and related medicines can help, but are not usually a cure.

Steroids/Injections: A short course of oral steroids may be prescribed at times. Injected cortisones also provide quick relief. As a general rule, if the pain is enough to cause limping, an injection would be the most immediate way to get relief.

Ice: There are many ways to ice the heel area and arch. Icing the sore area at least once or twice per day has been shown to be very helpful and inexpensive.

Physical Therapy: Therapists utilize a variety of equipment and methods which are helpful in treating this problem.

