Best Sources on the Web for Plantar Fasciitis & Exercise

ExercicesForInjuries.com
Research


- The results of this study provide evidence that MTEX (manual physical therapy and exercise) is a superior management approach over an EPAX (electrophysical agents and exercise) approach in the management of individuals with plantar heel pain at both the short- and long-term follow-ups.


- Extensive review of different types of treatment options for heel pain.


- 10% of patients with plantar fasciitis have development persistent and often disabling symptoms.
- Poor response to plantar fasciitis treatment may be due to inappropriate and nonspecific stretching techniques.
- Structure-specific plantar fascia-stretching program for eight weeks have a better functional outcome than do patients managed with a standard Achilles tendon-stretching protocol.
- All patients received prefabricated soft insoles and a three-week course of celecoxib, and they also viewed an educational video on plantar fasciitis. The patients received instructions for either a plantar fascia tissue-stretching program (Group A) or an Achilles tendon-stretching program (Group B).


- Patients with plantar fasciitis lasting more than 10 months got better results from an 8 week plantar fascia-stretching protocol compared to an 8 week Achilles tendon-stretching program. Even at 2 year follow up, patients that implemented the plant fascia-stretching exercises marked decrease in pain and functional limitations and a high rate of satisfaction.


- Ankle and MTP joint (metatarsophalangeal joint) dorsiflexion produced a significant increase (14.91%) in stretch in the plantar fascia.
- Ankle dorsiflexion alone created a 9.31% increase in stretch on the plantar fascia.
- MTP dorsiflexion alone created a 7.33% increase in the plantar fascia no significant increase in stretch with positions of abduction or varus (2.49%).


- Shockwave treatment (radial shockwaves done once a week and received instruction for stretching exercises at home) was no more effective than conventional physiotherapy treatment (10 physiotherapy sessions each, consisting of ultrasound, kinesiotherapy and instruction for stretching exercises at home) when evaluated three months after the end of treatment.


- Calcaneal taping was shown to be a more effective tool for the relief of plantar heel pain than stretching, sham taping, or no treatment after one week post treatment.


- A 6-week stretching program (performed 5 days a week) is capable of provoking a significant increase in ankle dorsiflexion ROM for elderly women.


- Body mass index and foot supination at the subtalar joint are related to increased thickness at the plantar fascia in healthy, asymptomatic subjects. Although the changes in thickness were small compared with those in patients with symptomatic plantar fasciitis, they could play a role in the mechanical properties of plantar fascia and in the development of plantar.


- Structural and biomechanical factors between female runners with a history of plantar fasciitis and healthy control subjects associated with greater vertical ground reaction force load rates and a lower medial longitudinal arch of the foot.


- Static calf muscle stretching provides a small and statistically significant increase in ankle dorsiflexion.


- When used for the short-term treatment of plantar heel pain, low-Dye taping and sham ultrasound provides a small improvement in 'first-step' pain compared with a sham intervention after a one-week period.


- Both treatment groups improved over the two week period of follow-up but there were no statistically significant differences in improvement between groups for any of the measured outcomes.
- When used for the short-term treatment of plantar heel pain, a two-week stretching program (calf muscle stretches and sham ultrasound) compared to no stretching program (sham ultrasound only) provides no statistically significant benefit in 'first-step' pain, foot pain, foot function or general foot health compared to not stretching.


- Limited ankle dorsiflexion with the knee extended, obesity, and time spent weight-bearing are all risk factors for plantar fasciitis.
- Reduced ankle dorsiflexion appears to be the most important risk factor for plantar fasciitis.


- Exercise program reduce pain due to chronic plantar fasciitis plus wearing the Nike 5.0 shoe may result in reductions in pain earlier than conventional running shoes.


- Regardless of whether low-frequency electrical stimulation was used as an intervention, the use of plantar fascia-specific stretching and prefabricated foot orthoses provided short-term (3-month) pain relief and improvement in functional activity levels.


- A home exercise program was given to clients which contained Achilles and plantar fascia stretching, self massage, ice directions and footwear tips. After 6 weeks there was an improvement in ankle and foot range of motion plus a pain levels decreased.


- Plantar fasciitis is a musculoskeletal disorder primarily affecting the fascial enthesis.
- Histological evidence does not support this concept, with inflammation rarely observed in chronic plantar fasciitis.
- Vascular and metabolic disturbances, the formation of free radicals, hyperthermia and genetic factors have also been linked to degenerative change in connective tissues like plantar fasciitis.


- In an automobile engine assembly plant the study looked at factors that increased the risk of presenting with plantar fasciitis: forefoot pronation on physical examination, high metatarsal pressure on the gait assessment, increasing time spent standing on hard surfaces, increased time spent walking, medium tenure at the plant, and an increased number of times getting in and out of the vehicle (for the truck/forklift drivers).
- Factors that decrease the risk of getting plantar fasciitis were: rotation of shoes during the work week and increased supervisor support, use of shoe orthoses with a medial longitudinal arch and metatarsal pad may, work stations that decrease the percentage of time walking or standing on hard surfaces (eg, allowing workers to alternate between sitting and standing postures or providing cushioning mats for concrete surfaces).


- A running shoe manufacturing defect was found that possibly contributed to the development of plantar fasciitis. Assessing athletic shoe construction may prevent lower extremity overuse injuries.

Websites


- Very good overview of plantar fasciitis from the medical doctor point of view.