



Joggers Heal (Plantar Fasciitis) – The What, Why and how to Beat It.

Andy Curtis, Specialist Sports Injury Physiotherapist and Co-Founder of UK wide Physiotherapy service YourPhysioPlan.com reports “One of the most common causes of rear foot pain is plantar fasciitis. The condition will normally occur in runners and the older athlete, but is also known as ‘Policeman’s Heal’, due to sustained periods of weight bearing with poor foot biomechanics being a contributing factor”.

In clinic we are often presented with an athlete who has had to stop training due to a gradual increase in debilitating heel pain. The first thing we need to establish here is the mechanism and timescale of the athletes symptoms, as fat pad damage in this area can often be mistaken for plantar fasciitis, and requires different management. A simple rule of thumb here is that plantar fasciitis is likely to occur gradually with worsening onset over time, and being most painful for the first few hours after getting out of bed in the morning, easing a little as you go about your morning activities. Fat pad damage will have been caused either by a single traumatic event, or from repeated heel strike during an activity with insufficient heel support.

The What -

Plantar fasciitis is an over use injury with several predisposing factors. Poor foot biomechanics in people with low arches (flat feet) or high arches, combined with inappropriate foot wear for their foot type are the primary causes; however obesity and work related weight bearing have both been linked also. One study found that reduced ankle dorsi flexion (pulling your toes towards you) was the most significant risk factor for developing plantar fasciitis in athletes. As an ex-professional rugby player and current sports injury specialist, it is frustrating that the main causes of this sport limiting injury are largely preventable, and with regular contact with a YourPhysioPlan.com Physio, the majority of people side lined by plantar fasciitis need not be. The treatment techniques for plantar fasciitis can and should be

performed at ‘prehab’ prior to an athlete ever having symptoms. This can be implemented easily if the risk factors are identified and monitored by your Physio.

The Why -

The Plantar fascia is a strong connective tissue or ‘aponeurosis’ that runs from your heel to the base of your toes. Its job is to provide support to the arch of your foot, acting as a dynamic shock absorber. The overuse occurs at the origin of the Plantar Fascia at the heel end resulting in collagen disarray. This is often associated with tightness in the calf, hamstrings and gluteal regions of the affected side. Gait analysis from your Physio is vital at this stage to identify the root cause, prior to embarking on treatment. It is commonly observed that the athlete with Plantar Fasciitis will either supinate or pronate at the foot, as a result of the previously mentioned foot postures. During a gait analysis we generally see the athlete produces an abducted gait; combine this with calf tightness and the strain experienced by the plantar fascia is dramatically increased.

How to Beat it –

The early stages of management are avoiding aggravating factors. Weight bearing for extended periods and running need to be avoided to allow the overuse cycle to subside. Some self-management techniques can be effective if the condition is identified early enough, but it is important to differentiate the cause of your heel pain by seeking advice from your Physiotherapist initially. Following this the focus of self-management should be to:

- Lengthen the plantar fascia, calves and hamstrings through a stretching programme.
- Freeze a 500ml bottle of water and roll it under your foot like a rolling pin while seated. This will ice and stretch the affected area.

YourPhysioPlan.com intervention would then be able to work in conjunction with your self-management to:

- Prescribe gel heel cups if appropriate / advise on type of footwear required.
- Correct weaknesses or restrictions in your gait pattern.
- Prescribe orthotics to correct foot pronation or supination.
- Complete soft tissue release on the calf complex, hamstrings and plantar fascia itself.
- Design a strengthening programme for the intrinsic muscles of the foot to help support the arch.
- Tapping to off load the over stressed area of tissue.
- Joint mobilisation and capsule stretches to ensure full dorsi flexion is achieved.

Beating plantar fasciitis becomes achievable when you understand the What and Why factors, and by identifying these potential risk factors before the onset of symptoms may prevent them from occurring at all. Injury prevention and optimal performance – What’s Your Plan?

