

How to Care for Plantar Fasciitis

By: Angie Liautaud, Physical Therapist for the Rehabilitation Center at Marquette General

Plantar fasciitis is a common injury to the bottom of the foot. It often occurs from high-impact activities such as running or aerobics, but it can also occur from low-impact activities like walking.

The plantar fascia is a tough band of connective tissue on the bottom of the foot that runs from the inside of the heel and attaches to each of the five toes. It's main purpose is to support the arch of the foot. When this tissue is inflamed, plantar fasciitis occurs. Typically, the pain is worse in the morning and gets better after walking around for a short period of time. The pain usually worsens with high amounts of activity.

People who have high or fallen arches are at increased risk of developing plantar fasciitis. For this reason, orthotics such as arch supports or heel cups can help to ease pain.

Each person has a unique way of walking, and the manner in which the foot strikes the ground and pushes off varies. Some people have a walking pattern

that increases their risk of injury. A physical therapist, orthotist or podiatrist can determine the best type of treatment for plantar fasciitis.

Proper footwear is key to healing plantar fasciitis. A high-arched foot usually requires well-cushioned shoes with great flexibility and shock absorption. A flat foot typically does best with motion-controlled shoes or shoes that control excessive pronation.

Treatments for plantar fasciitis include rest, ice, antiinflammatory medications, night splints (a foot support used to stretch the plantar fascia all night long), stretches, strengthening exercises, taping, ultrasound, massage and iontophoresis. The most effective

treatment is initiated early in the injury process before changes in the plantar fascia become permanent. Patient compliance with recommended behavioral changes in activity level also strongly impact the effectiveness of treatment.

For more information on plantar fasciitis, contact a physical therapist at the Rehabilitation Center at 1-800-562-9753.

Got heel pain?



...it could be plantar fasciitis.

More than just your typical ankle sprain

By: Michael Maciejewski, Athletic Trainer for the Rehabilitation Center at Marquette General

It's been estimated that 27,000 ankle injuries occur in the U.S. every day. These injuries could be acute or chronic in nature, but with proper, early treatment, they can resolve quickly, allowing one to return to their prior level of activity. There are some ankle sprains, however, that without proper diagnosis and treatment, can lead to functional disability.

Lateral Ankle Sprains

A **first-degree sprain** is a slight stretching of the ligamentous tissue. Depending on the individual, there will be slight to moderate pain; little, if any, swelling; and relatively full-functional activity.

A **second-degree sprain** affects the ligamentous structures, but the ankle still maintains functional stability. The injured athlete may experience moderate to severe pain, increased swelling throughout the ankle, discoloration, and moderate to significant loss of functional activity.

In the case of a **third-degree sprain**, the ligamentous structure of the ankle will have complete disruption. Surprisingly, the individual may experience less pain than with a first- or second-degree sprain because of the disruption of the neuroreceptors located in these structures. Time of recovery typically ranges from 2-8 weeks after the initial injury.

High Ankle Sprains

A high ankle sprain, occurs

much less frequently than a lateral ankle sprain. High ankle sprains make up 10% of all ankle sprains, and if not properly treated, the effects can be felt for months to years post-injury.

A high ankle sprain occurs when the foot is planted firmly into the playing surface and a forceful load is applied to the lower extremity forcing the ankle into upward flexion and outward rotation. This type of injury can occur in sports like football or soccer or in baseball when the athlete slides into a base. The forceful load of a slide, places undo stress upon ligaments.

There may be less swelling with a high ankle sprain as compared to the more common lateral ankle sprains. Athletes will complain of medial ankle pain and will have difficulty with full, weight-bearing activities. Reproducing the action that caused the sprain will aggravate symptoms.

Early care for this injury requires rest, ice, wrapping, elevation and support. It is imperative that this type of sprain is evaluated by a physician to establish the proper diagnosis and plan of care. The severity of the sprain will dictate the course of treatment. Typically, there will be a period of immobilization, decreased weight-bearing activities and rehabilitation. In some cases, surgical intervention may be warranted. Athletes can be

sidelined for 6-12 weeks post-injury. During this time, a rehabilitation program will be established in order to restore active range-of-motion, functional strength and to decrease pain. Balance or proprioceptive training will aid the athlete in returning to physical activities.

For more information on ankle sprains, contact an athletic trainer at the Rehabilitation Center at 906-225-3186.

