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Management of Symptomatic Plantar Fasciitis

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Abstract

Plantar fasciitis is one of the most common causes of heel pain. Plantar fasciitis occurs from increased stress on the plantar aponeurosis as a result of progressive, repetitive microtears and degeneration. Plantar fasciitis is largely a clinical diagnosis based on clinical exam; thus utilizing history and physical examination findings. Initial therapy involves addressing of possible modifiable disease factors. Surgical management of plantar fasciitis is considered after an unsuccessful course of nonoperative management, with open or endoscopic release. This article reviews the diagnostic and treatment management for patients with symptomatic plantar fasciitis.

Introduction

Plantar fasciitis is one of the most common causes of heel pain. In the United States, approximately 2 million people, both high demand athletes and even a more sedentary lifestyle, are impacted annually.¹ The pathology has been thought of as an inflammatory process, however, new reports suggests that there is more of a degenerative process of plantar fasciosis.² Plantar fasciitis is largely managed with conservative measures that allow once to maintain and participate in daily activities. For patients that are recalcitrant to such measures, the surgical

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