

BRIAN STRAUS, MD

Dr. Straus earned his doctorate in medicine at the University of Texas Southwestern Medical School in Dallas and completed his Orthopaedic Surgery Residency at the Medical University of South Carolina. Dr. Straus obtained further sub-specialization in lower extremity surgery at the prestigious Foundation of Orthopaedic Athletic and Reconstructive Research in Houston, TX under director Dr. Thomas O. Clanton. Dr. Straus is fellowship trained in all aspects of foot and ankle surgery including minimally invasive techniques, sports injuries, and reconstructive surgery. A member of many prestigious medical organizations, Dr. Straus has been involved in the care of professional sports teams such as the Houston Rockets and Dallas Mavericks.



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ALL-STAR ORTHOPAEDICS BRIAN STRAUS, MD

PLANTAR FASCIITIS TREATMENT



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WHAT IS PLANTAR FASCIITIS?

When your first few steps out of bed in the morning cause severe pain in the heel of your foot, you may have plantar fasciitis (fashee-EYE-tiss). It's an overuse injury affecting the sole of the foot. A diagnosis of plantar fasciitis means you have inflamed the tough, fibrous band of tissue (fascia) connecting your heel bone to the base of your toes.

You're more likely to get the condition if you're a woman, if you're overweight, or if you have a job that requires a lot of walking or standing on hard surfaces. You're also at risk if you walk or run for exercise, especially if you have tight calf muscles that limit how far you can flex your ankles. People with very flat feet or very high arches are also more prone to plantar fasciitis.

The condition typically starts gradually with mild pain at the heel bone often referred to as a stone bruise. You're more likely to feel it after (not during) exercise. The pain classically occurs right after getting up in the morning and after a period of sitting.

Area of Pain from Plantar Fasciitis

Fibrous Band Plantar Fascia



TREATMENT

Stretching is the best treatment for plantar fasciitis. A program of home exercises to stretch your Achilles tendon and plantar fascia are the mainstay of treating the condition and lessening the chance of recurrence. It is also very important to maintain cushion and support to the heel and arch at all times. Avoid going barefoot at any time during the treatment phase. It is a good idea to keep cushioned slippers or sandals next to the bed for use when getting out of bed at night or in the morning.

STRETCHING TECHNIQUES

ACHILLES TENDON STRETCHES

In the first exercise, place your affected leg behind your unaffected leg with the toes of your back foot pointed towards the heel of your other foot. Lean into the wall. Bend your front knee while keeping your back leg straight with your heel firmly on the ground. Hold the stretch for a count of 30. Perform the stretch at least 3 times a day.



In the second exercise, you lean forward onto a countertop, spreading your feet apart with one foot in front of the other. Flex your knees and squat down, keeping your heels on the ground as long as possible. Your heel cords and foot arches will stretch as the heels come up in the stretch. Hold for 10 seconds, relax and straighten up. Repeat 20 times.



PLANTAR FASCIA-SPECIFIC STRETCH

Cross your affected leg over your other knee. Using the hand on your affected side, take hold of your affected foot and pull your toes back towards your shin. This creates tension/stretch in the arch of the foot/plantar fascia. Check for the appropriate stretch position by gently rubbing the thumb of your unaffected side left to right over the arch of the affected foot. The plantar fascia should feel firm, like a guitar string. Hold the stretch for a count of 10. A set is 10 repetitions.

Perform at least 3 sets of stretches per day. You cannot perform the stretch too often. The most important times to stretch are before taking the first step in the morning and before standing.



REDUCING INFLAMMATION

Anti-inflammatory medicine may help decrease the inflammation in the arch and heel of your foot. These include: Advil®, Motrin®, Ibuprofen, and Aleve® or Naprelan®. Occasionally a steroid or Medrol dose pack may be utilized as well.

1. Use the medication as directed on the package. If you tolerate it well, take it daily for 2 weeks then discontinue for 1 week. If symptoms worsen or return, then resume medicine for 2 weeks, then stop.
2. You should eat when taking these medications, as they can be hard on your stomach.

Stop taking the medication immediately and alert your doctor if you notice stomach upset. Ice massage is another method to reduce inflammation. This is best done after activity or at the end of the day. One method is to freeze water in a plastic bottle and then roll this under the foot along the arch for 15 minutes.

ORTHOTICS & BRACES

Commonly, simple gel heel cups may be utilized. These provide increased cushion and fit in almost all types of footwear. Over the counter full-length inserts (Spenco® or Superfeet® orthotics, for example), provide added arch support and cushion. Based on the individual needs of your foot, you may require custom inserts, such as Footmaxx orthotics (www.footmaxx.com).

Other options include taping or a Plantar Fascia Strap which works in the same fashion as an elbow or knee strap for tendonitis. By compressing the middle of the plantar fascia, stress is decreased at the painful insertional area on the bone.

A Night Splint is designed to 'stretch for you' while you sleep. Normally, we sleep with our feet and ankles in a downward or flexed position. This relaxes the plantar fascia, but when you take that first step out of bed, the fascia is suddenly stretched. The night splint is designed to keep the plantar fascia and the Achilles tendon in a stretched or lengthened position.

FURTHER TREATMENT

If these interventions fail to relieve your symptoms, Dr. Straus may discuss other options such as immobilization in a cast or walking boot, physical therapy, or steroid injections. Surgery is an option if treatment has failed after at least 10 months.