

Plantar Fasciitis

****DISCLAIMER:** Total length of rehab will vary depending upon the following factors: severity or acuteness of injury, age, health, or personal goals of the patient.

Patient can be progressed through phases of protocol more rapidly than time frames given, as tolerated.

Phase I: 0 – 3 weeks

Goals for Phase I:

1. Swelling and pain control
 2. Functional ROM
 3. Normal gait
 4. Fit for proper orthotics to support arch and decrease heel pressures
- A. Orthotics: Utilize arch supports or taping as needed (cork vs. sport insoles), moleskin T-strips for acute stage relief, PSC strap as needed
 - B. ROM: Work to restore normal flexibilities, with emphasis on gastroc-soleus stretching. Wall plantar fascia/gastroc stretching w/ great toe extension and wt loaded on uninvolved side.
 - C. Strengthening: PRE's as tolerated, focus on strengthening foot intrinsics
 - D. Soft tissue management: plantar fascia massage w/ toes extended (manual by therapist and self w/ bent knee at home)
 - E. Modalities: Utilize for pain, inflammation, (ultrasound insertion of plantar fascia @ medial calcaneal tubercle. Ice massage PRN.

Phase II: 3 – 6 weeks

Goals for Phase II:

1. Normal ROM
 2. Good strength
 3. Begin work/sports activities
- A. Orthotics: cork vs. sport insoles
 - B. ROM: Continue gastroc, soleus, and plantar fascia stretching
 - C. Modalities: Continue ultrasound PRN
 - D. Strength: More aggressive PRE's, single leg activities etc.
 - E. Balance/Proprioception: Single leg stance activities
 - F. Functional activities: Begin low impact cardio exercise (elliptical/Precor etc.)

Phase III: 6 weeks to release

Goals for Phase III:

1. Normal strength
 2. Return to work/sports
- A. Continue strengthening/conditioning/functional activities as needed