

INJURY OF THE MONTH: PLANTAR FASCIITIS

This column discusses injuries common to runners. No, you needn't experience an injury each month to read on. However, I will start the series with the first injury I suffered as a runner, plantar fasciitis. I will describe the symptoms, suggest the causes, and offer suggestions for healing including professional and home care.

Plantar fasciitis, how do you even pronounce that? I say planter (like the ceramic planter holding the flowering plant), fa (as in fabulous) she eye tis, accent on the eye. The plantar surface of the foot is the sole, and the fascia is the connective tissue throughout the body. -itis means inflammation. Plantar fasciitis is a common overuse condition which usually involves micro-tearing and re-tearing of the fascia at the heel of the foot, sometimes at the arch, and occasionally at the base of the toes.

Do you dread that first step out of bed or away from your desk because of the sharp pain under your heel? But then after you've been on your feet, or even after you've run your first mile or two, the pain diminishes or even disappears, possibly re-appearing at the end of a longer run? That's a classic symptom of plantar fasciitis. You may experience this in one foot or both. Usually the onset is slow and without a specific injury. In other words, ignorable. Weeks after onset, I noted in my running log, "finally acknowledged pain in my foot".

How did I get it? Quickly upping your mileage or hard workouts, and running on hard surfaces are primary causes of plantar fasciitis. Poor biomechanics such as "flat feet", a hard foot strike or an awkward gait can predispose one to plantar fasciitis. Weight gain, tight calves, worn-out shoes can also be culprits.

What to do? Before you seek treatment for any ailment, question how you got it. After I found "finally acknowledged my foot pain" in my running log, I looked back to see my mileage had quickly climbed. I found an earlier notation of "tight calves", and made an appointment with my physical therapist. She ordered orthotics to correct my pronation, prescribed massage for my tight calves, and she friction massaged the site under my heel where the pain was most significant. Cortisone injections are an aggressive course of action, as is immobilization or surgery. Devices are available to keep the foot flexed while you sleep.

Home treatment can include non-steroidal anti-inflammatories like Advil. Ice, especially after exercise or after friction massage, is good to reduce inflammation. Rest is often recommended. The most important thing you can do is stretch the plantar surface well before you take that first step in the morning. If you roll your foot over a can or rolling pin, you will avoid re-tearing the fibers each and every time you stand on your foot after it's been at rest.

Seek attention early to avoid adhesions from constantly re-tearing the fascia. At that point the condition can persist for many months. A podiatrist or physical therapist will diagnose, order orthotics if necessary and prescribe an anti-inflammatory drug. A sports or therapeutic massage therapist will assess and treat the injured tissue and the compensating muscles of the leg, and possibly the hip and back. I recommend you use aggressive home care and conservative medical intervention. Stretch your foot, check your shoe wear, get a professional assessment. Stay on the roads.

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My training as a therapeutic massage therapist includes ongoing study in anatomy and physiology, pathology and clinical practice.

Please send me feedback on this series. Do you want more info than I offered? Do you want more case history? Less? Do you have an injury you're curious about? Let me know at BobbiVT2PA@aol.com