



# Plantar Fasciitis / Calcaneal Apophysitis

## General Principles:

This protocol was designed to provide the rehabilitation professional with a guideline of postoperative care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications.

## PHASE I:

### Week 1

#### Weight Bearing-

1. May be full weight-bearing as tolerated. Physician may advise limited weight-bearing depending on severity of symptoms

#### Orthotics-

1. Heel cup, foam heel pad, or other at discretion of the physician
2. Night splint if indicated by physician

#### Modalities (PRN)-

1. Ice Massage
2. Whirlpool
3. Electrical Stimulation
4. Ultrasound
5. Phonophoresis with 10% Hydrocortisone cream or Iontophoresis with Dexamethasone if no relief with Ultrasound

#### Exercises-

1. Ankle Stretching
  - a. All planes with special attention to Gastroc and Soleus
  - b. Plantar arch stretches
2. Intrinsic foot stretching / strengthening
  - a. Towel scrunches
  - b. Marble pick ups
3. Plantar massage with bottle, rolling pin, ball, or manually
4. Educate patient on home stretching and massage to be done daily

## PHASE II:

May progress to Phase II if patient has full, pain-free foot and ankle ROM with minimal/improving tenderness to palpation

### Week 2 – 3

#### Weight Bearing-

1. May be full weight-bearing as tolerated with normal gait

#### Orthotics-

1. Continue use of orthotic as directed by physician



At HaysMedicalCenter

## Plantar Fasciitis / Calcaneal Apophysitis

### Modalities (PRN)-

1. Continue only as needed.

### Exercises-

1. Continue/progress previous exercises.
2. Ankle isotonic with Theraband, all planes as tolerated
3. Heel / Toe raises
  - a. No resistance initially, progress as tolerated
  - b. Start seated, progress to standing
4. Stationary bicycle, stair stepper, elliptical
5. Begin interval running program

### **PHASE III:**

May progress to Phase III if patient has full, pain-free AROM, no tenderness to palpation, and no pain with ambulation or Phase II exercises.

### **Week 4+**

#### Orthotics-

1. Continue with orthotic as needed for comfort

#### Modalities (PRN)-

1. Continue only as needed.

#### Exercises-

1. Gradually progress into sport / functional activities
  - a. Initiate Interval Running Program
  - b. May start light jumping / plyometric activity