Consider Muscle Strengthening for Plantar Fasciitis

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To the Editor: This article provides a thorough overview of common foot problems. The section on plantar fasciitis recommends the standard treatment methods: rest, activity modification (not specified), stretching, strengthening exercises, ice massage, anti-inflammatory medications, or analgesics. It also recommends orthotics, arch taping, night splinting, and physical therapy. How is the family physician to choose from such a list?

We reported that muscle strengthening alone resulted in complete resolution of uncomplicated plantar fasciitis after one to two weeks. In addition, the feet became stronger, allowing for a continuation of physical activity. We coined a simple exercise, the foot grip, which can be done anywhere while standing, sitting, or lying down and does not require any equipment. Others have found that muscle strengthening is superior to standard treatments for plantar fasciitis.

Using muscle strengthening for plantar fasciitis is a paradigm shift. It makes the feet stronger, whereas standard treatments may weaken the feet and delay return to exercise.

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In Reply: Thank you for your letter. Our article focused on helping the family physician recognize and differentiate between the potential etiologies of heel pain. Management of each diagnosis is only briefly touched on and was not meant to be comprehensive. American Family Physician has published an article specifically about plantar fasciitis that explored each of the treatments, along with their risks, benefits, and effectiveness.

You asked how the family physician should choose between treatments. My article states that initial treatment is typically conservative, with rest, activity modifications, stretching, strengthening exercises, ice massage, and use of anti-inflammatory or analgesic medications. These are not mutually exclusive. Treatment of plantar fasciitis is similar to using PRICE (protection, rest, ice, compression, elevation) for the treatment of acute ankle sprains; all treatments can be done at once, and strengthening is one of these. My article also states that custom or prefabricated orthotics, arch taping, night splinting, and physical therapy can be combined with more conservative approaches. This does not mean that these treatments are routinely recommended, but that they can be used with the initial conservative treatments.

I enjoyed reading your article on the foot grip method, and I will incorporate it into my own practice. I agree that muscle strengthening should have a prominent role in the treatment of plantar fasciitis.

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References
