

Plantar Fasciitis Rehabilitation Protocol

I. **Phase I: Acute Phase**

- Goals: Decrease inflammation
Promote tissue healing
Retard muscular atrophy
- Iontophoresis (with anti-inflammatory, ie, dexamethasone)
 - Phonophoresis
 - cryotherapy
 - Stretching to gastrocnemius/soleus musculature
 - Ankle strengthening
 - Foot intrinsic strengthening
 - Gentle Cross Friction Massage
 - Improve great toe extension range of motion
 - Improve posterior tibialis function
 - Initiate isometrics
 - Avoid painful movements (ie, prolonged walking, etc)
 - Gait analysis
 - Pes planus/cavus, etc
 - Shoe analysis
 - Assess midfoot mobility
 - Great toe ROM

II. **Phase II: Subacute Phase**

- Goals: Improve heel cord flexibility
Increase muscular strength/endurance
Increase functional activities/return to function
- Exercises:** Emphasize Concentric/Eccentric Strengthening
- Foot intrinsics
 - Isotonic strengthening of ankle
 - Eversion, inversion, dorsiflexion, plantarflexion
 - Continue flexibility exercises
 - Modalities as needed
 - heat

Ultrasound
Iontophoresis
cryotherapy

- Emphasis on heating tissue to improve extensibility
- Cross friction massage
Soft tissue mobilization
- Initiate pain-free CKC hip/knee strengthening (if deficiencies are noted)
Step down
Lunge
Wall squat
Hip extensors/external rotators

- Continue use of cryotherapy after exercise/function
- Gradual return to stressful activities
- Gradually re-initiate once painful movements

III. **Phase III: Chronic Phase**

Goals: Improve muscular strength
and endurance

Maintain/enhance flexibility

Gradual return to sport/high level activities

Exercises:

- Continue strengthening exercises (emphasize eccentric and concentric)
- Continue to emphasize deficiencies in hip and knee strength
- Continue flexibility exercises
- Gradually decrease use of counterforce Brace
- Use of cryotherapy as needed
- Gradual return

to sport activity

- Consider

custom orthotics

- Sh

oe

- Emphasize
maintenance
program