Plantar Fasciitis Rehabilitation Protocol

I. Phase I: Acute Phase

Goals: Decrease inflammation

- Promote tissue healing
- Retard muscular atrophy

lontophoresis (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

Shoe modification

Emphasize maintenance program