Role of Soft Orthosis in Treating Plantar Fasciitis: Suggestion from the Field
Michael J Goulet
PHYS THER. 1984; 64:1544.

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Role of Soft Orthosis in Treating Plantar Fasciitis

Suggestion from the Field

MICHAEL J. GOULET

Plantar fasciitis is an inflammatory reaction that usually occurs at the insertion of the fascia on the calcaneus and is the most common cause of heel pain in runners. The fascia helps to support the plantar surface of the foot and can become irritated or torn if repetitive stress is applied. This syndrome, caused by overuse, usually manifests itself as pain with the first few steps in the morning, pain during running, and point tenderness over the origin of the fascia.

When we see these patients, the condition is usually chronic because these athletes tried to “run through” the problem. In addition to the usual treatment modalities of whirlpool, ultrasound, deep friction massage, and stretching, we provide our patients with an easily constructed soft orthosis. The soft orthosis consists of 0.25-in* soft cast felt and 0.25-in adhesive-backed foam. An outline of the patient’s arch (Fig. 1) is traced on the soft foam; the outline extends from the base of the calcaneus to the head of the first metatarsal and to the medial extent of the arch. We adjust the thickness of the support by using varying thicknesses of commercially available foam so that in full weight bearing, the arch is supported in the nonweight-bearing resting position.

Once the dimensions of the soft orthosis are established by the tracing, we cut the felt and foam to correct size and thickness. We compress the felt and adhesive foam with the felt contacting the arch and the nonadhesive side of the foam contacting the shoe (Fig. 2). The soft orthosis is kept in place by three longitudinal 1-in tape strips over the medial, lateral, and middle aspects of the arch. Eight 1-in tape strips are applied in a lateral to medial direction closing on the dorsum of the foot. Patients are instructed to use the soft orthosis when they ambulate. The patient stops using the soft orthosis when he or she is asymptomatic in all activities, including sports.

This soft orthosis, which can be readily applied by the patient, offers the convenience of full arch support at minimal cost. Easy construction makes the soft orthosis readily replaceable because it wears out (usually 5–7 days) or the thickness of the soft orthosis must be decreased as the fasciitis improves. We have had excellent results in the elimination of symptoms when we use the soft orthosis in combination with standard treatment practices.

REFERENCE


* 1 in = 2.54 cm.
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