

For Immediate Release: March 7, 2008

For more information, contact:

Lauren Pearson C: (224) 374-8610 or O: (847) 384-4031 lpearson@aaos.org
Catherine Dolf C: (847) 894-9112 or O: (847) 384-4034 dolf@aaos.org

Sore Step Relief: New Treatments for Plantar Fasciitis

Ranging from conservative and surgical relief to those gadgets seen on television

SAN FRANCISCO—The foot is the part of the body critical for maintaining function, balance and coordination while walking. However, thousands of Americans step out of bed every morning with an excruciating throbbing sensation in the foot and heel, affecting their quality of life. For many, plantar fasciitis has become a “real pain.”

[Plantar fasciitis](#) is one of the most frequently seen conditions by foot and ankle orthopaedic surgeons. It is an overuse injury affecting a band of tissue (fasciia), which supports the arch and extends from the heel to the toes. Simply, it is a degenerative “wear and tear” of a tissue within the foot.

“This is a very common problem in the adult population,” said Steven Ross, MD, clinical professor in the Department of Orthopaedic Surgery at the University of California, Irvine, and president of the [American Orthopaedic Foot and Ankle Society](#) (AOFAS). “This repetitive strain injury affects all walks of life, people both very active and even sedentary, but may most frequently be seen in middle-aged, overweight women.”

The problem with plantar fasciitis is twofold:

- Physicians cannot directly pinpoint what triggers the pain in the first place.
- Nor can they prescribe medication or surgically go in and bring the fasciia “back to life” instantaneously.

“I have seen patients ranging from marathon runners to those who sit behind a desk for 12 hours a day,” Dr. Ross added. “We know the cause of the pain may be attributed to repetitive strain, but the threshold for symptoms is highly variable. This occurs in patients with both high and low arches and is just not a predictable ailment, and there are not many things people can do to prevent it.”

Patients living with plantar fasciitis have several options, including but not limited to:

- **Non-operative treatment** – foot and toe exercises, massage techniques, stretching, cortisone injections, etc.

- **Partial plantar fasciectomy** – a surgical procedure that takes the strain out of the fasciia so that it heals but transfers the strain to other areas of the foot.
- **Shockwave therapy** – machine-induced electrical therapy that stimulates new tissue formation.
- **Gastrocnemius recession** – a more controversial, newer procedure that correlates the pain in the plantar fasciia to tightness in the calf. The surgery releases the calf tightness, aiming to decrease the strain in the fasciia.

“Each treatment option has its pros and cons,” Dr. Ross noted. “But the fact is that this problem just heals itself with time, exercise and patience. We live in a ‘now’ society, where people want the instant fix. In the case of plantar fasciitis, that is just not the best option.” According to Dr. Ross, approximately 90 percent of plantar fasciitis patients get better with exercises or non-operative techniques over a nine-month span.

Dr. Ross, along with Benedict DiGiovanni, MD, Troy Watson, MD, and John G. Anderson, MD, will be discussing “**Sore Step Relief: New Treatments for Plantar Fasciitis**” at a media briefing in the Moscone Convention Center to be held at the 75th Annual Meeting of the [American Academy of Orthopaedic Surgeons](#) (AAOS) in San Francisco on Friday, March 7, 2008, at 11:00 a.m. This panel will tackle the different options, myths and facts to help patients navigate through this ever so common problem.

[American Orthopaedic Foot and Ankle Society](#)

[About AAOS](#)

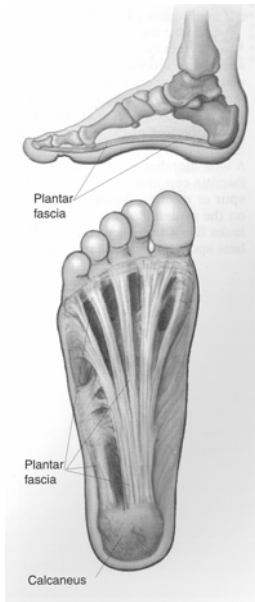


Image courtesy of the American Orthopaedic Foot and Ankle Society (AOFAS)

###