

Plantar Fasciitis

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Abstract

A common complaint of many people who need expert orthopedic therapy and are mostly experiencing persistent discomfort behind their heels is heel pain, which is typically brought on by Plantar Fasciitis (PF). The current article reviews research on the anatomy of plantar fasciitis and its histo-pathological characteristics, factors that contribute to PF, clinical characteristics, imaging studies, differential diagnoses, and various treatment modalities for PF, with a focus on non-surgical treatment. In patients with PF, anti-inflammatory drugs, plantar stretching, and orthoses were found to be of the utmost importance; corticosteroid injection, night splints, and extracorporeal shock wave therapy were of the next-highest importance. Surgical intervention should be taken into consideration if a patient is resistant to the aforementioned treatments.

Keywords: Plantar fasciitis; Orthopedic treatment; Plantar fasciitis; Heel pain; Calcaneal spur; Extracorporeal shock wave therapy

Introduction

Plantar fasciitis (PF), also known as heel pain, is a common condition that affects the plantar fascia, a thick band of tissue that runs along the bottom of the foot, connecting the heel bone to the toes. It is characterized by sharp pain, especially in the morning or after long periods of rest. The prevalence of PF is estimated to be between 11% and 15% in the general population. The condition is often associated with obesity, prolonged standing, and wearing inappropriate footwear. Treatment options include rest, ice, stretching, and orthotic devices. In some cases, corticosteroid injections or extracorporeal shock wave therapy may be necessary. The purpose of this review is to provide a comprehensive overview of the current research on the pathophysiology, diagnosis, and management of plantar fasciitis.

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