

HEEL PAIN-PLANTAR FASCIITIS: CLINICAL PRACTICE GUIDELINES REVISION 2014

 Key Clinical Findings of Heel Pain/Plantar Fasciitis Plantar medial heel pain: most noticeable with initial steps after a period of inactivity but also worse following prolonged weight bearing (B) Heel pain precipitated by a recent increase in weight-bearing activity (B) Reproduction of the reported heel pain with palpation/provocation of the proximal insertion of the plantar fascia (B) Positive windlass test (B) Negative tarsal tunnel tests as well as other signs of peripheral nerve entrapment to include lower-limb tension and sensation tests (B) Negative examination findings suggesting lumbopelvic region referred or radiating pain, to include reports of low back pain, provocation of lumbar and pelvic girdle structures, lower-limb nerve tension, and neurological status examination (F)
 Measures to Assess Level of Functioning, Presence of Associated Physical Impairments to Address With Treatment, and Response to Treatment A self-report outcome measure, such as the Foot and Ankle Ability Measure (A) Visual analog scale to assess pain with initial steps after a period of inactivity (B) Active and passive talocrural dorsiflexion range of motion (B) Foot Posture Index-6 score (C) Body mass index in nonathletic individuals (B) Lower-quarter musculoskeletal and biomechanical assessment, to include the following required elements of gait (F): First metatarsophalangeal joint range of motion and accessory mobility to attain 65° of extension at preswing Rearfoot/talocalcaneal range of motion and accessory mobility to attain 4° to 6° of eversion at loading response Tibialis posterior strength and movement coordination to control mid-tarsal joint motion at loading response Fibularis longus strength and movement coordination to control mid-tarsal joint motion at terminal stance
▼ Figure continues on page 2.

FIGURE. Heel pain/plantar fasciitis evaluation/intervention decision-making model. A, guidelines based on strong evidence; B, guidelines based on moderate evidence; C, guidelines based on weak evidence; E, guidelines based on theoretical/foundational evidence; F, guidelines based on expert opinion.



HEEL PAIN-PLANTAR FASCIITIS: CLINICAL PRACTICE GUIDELINES REVISION 2014

 Therapeutic exercises (A) Plantar fascia stretching Gastrocnemius/soleus stretching Manual therapy (A) Joint mobilization to improve identified restrictions in joint mobility of the lower extremity, with an emphasis on improving talocrural dorsiflexion Soft tissue mobilization of the plantar fascia Soft tissue mobilization of the plantar fascia Application of antipronation taping Patient education of antipronation taping Patient education and counseling (E) Address/discuss strategies to modify relevant weight-bearing loads during occupational, recreational, or daily activities Address/discuss strategies to gain or maintain optimal lean body mass, especially in nonathletic individuals with a high body mass index Out orthoses (A) Use of an over-the-counter/prefabricated or custom foot orthoses that support the medial arch and/or provide custom to the hel region, especially in individuals who takibit foot Posture Index-6 scores indicating excessive pronation, demonstrate lower-quarter strength and movement coordination deficits, and/or positively respond to antipronation taping Use of an over-the-counter hele custonin, ondower modification, utilization of night splints for a 1- to 3-month period Physical agents (C) Application of intophoresis, low-level laser, or phonophoresis for individuals who present with acute pain, proceeding with the interventions are tolerated Annual therapy (F) Joint bobilization of annual stretching procedures to restore normal muscle length to the calf, thigh, and hip myofascia, primarily required at terminal stance Physical agents (C) Application of intophoresis, low-level laser, or phonophoresis for individuals who present with acute pain, proceeding with the interventions are tolerated Interventions - T	\checkmark
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Martin RL, Davenport TE, Reischl SF, et al. Heel pain—plantar fasciitis: revision 2014: clinical practice guidelines linked to the International Classification of Functioning, Disability, and Health from the Orthopaedic Section of the American Physical Therapy Association. *J Orthop Sports Phys Ther.* 2014;44:A1-A23. https://doi.org/10.2519/jospt.2014.0303

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