

SET TALK

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PLANTAR FASCITIS

Recently, I have noticed an increase in the number of clients who are seeking treatment for pain in their heels and arches. They are often diagnosed with *plantar fasciitis*, which seems to be the diagnosis of the new millennium. *Plantar fasciitis is an inflammation of the fascia (soft tissues) of the sole of the foot, often complicated by plantar flexion.* The following four examples will illustrate what appears to be either an increase of the problem, or an increased awareness in diagnosis by physicians of the problem.

Example 1: Jack, a ballroom dancer, had been seeing me for shoulder, hip and low back problems. He also complained of severe pain in the heel and the arch while dancing in long competitions. He noticed this especially after dancing on the balls of his feet.

Example 2: Shelly was being treated for injuries following an auto accident with a diagnosis of a cervical flexion / extension injury, and low back lumbar/sacral sprain/strain. She had difficulty standing up straight and walking due to the low back injury, and about a week after the accident she started noticing severe pain in the heel of her right foot.

Example 3: Jim ran a pressure washing business and came to me complaining of severe pain in both arms and shoulders. He also had shaded the backs of his legs and heels on the intake form indicating pain in those areas. Upon talking to him further I found out that a lot of his work was done while standing on ladders, and that the pain in his heels got worse when the pain in his arms and shoulders increased.

Example 4: Sally, a full-figured data input operator who was only five feet tall, always wore high heels. She initially came to me for relief of tension and pain in her head, neck and shoulders. Then, after spending one weekend at Sea World, she came limping in saying her feet, especially her heels, were excruciatingly painful.

All of the above clients had plantar fasciitis, and in each case the plantar fasciitis was brought on by a structural distortion pattern that originated in the hips and low back and involved the feet.

Jack, the ballroom dancer, was experiencing pain in his low back and hip, as well as his shoulder, due to a structural distortion involving his low back. Dancing and

spending long hours on his feet while in this distortion was irritating his heel and the plantar fascia. This was exacerbated further by his shoes, which had inadequate arch support and inadequate padding for his heels. Also, the way his foot related to the ground due to the structural distortion caused the muscles in the arch to be in a weakened state and incapable of maintaining a proper and balanced support relationship with the ground. Thus, the tissues of the arch, heel and plantar fascia were constantly being strained while dancing.

Shelly, who was being treated for her injuries from the auto accident, also had a low back injury which resulted in a distortion of the low back and hips. This created an imbalance in her foot that caused the tissues in her foot to be severely strained whenever she walked resulting in inflammation of the plantar fascia and heel. Her physician kept asking her where her foot had been during the accident trying to determine whether it was injured in the accident. Shelly's foot had not been directly injured by the accident, but the distortion in her low back resulting from the accident created an imbalance in her foot. This imbalance in her foot caused the plantar fascia to become increasingly strained and inflamed as she went about her normal daily activities.

Jim, who ran the pressure washing business, had a structural distortion in his entire back that caused both shoulders and arms to be internally rotated creating severe pain. This distortion also forced the feet to compensate for the internal rotation of his shoulders, which put undue strain on his arches and plantar fascia. In addition, standing on a ladder for long periods of time caused extreme tightness in his gastrocnemius and soleus which pull on the heel and the arch. Consequently, the heel and plantar fascia became increasingly inflamed and painful.

Sally, who always wore high heels, came to me for treatment of head, neck and shoulder pain. Her right shoulder was also rotated internally, which caused her left foot to rotate laterally setting up a strain pattern across her left arch and into her left heel. She aggravated this strain by wearing inappropriate shoes with high heels, and walking extensively beyond her conditioning during the weekend at Sea World. Consequently, the lateral rotation of her left arch was strained by extensive walking, and exacerbated by inappropriate support from the high heel shoes. In addition, the high heels caused a shortening of the gastrocnemius, soleus, and hamstrings and a pulling on the arch. The result – plantar fasciitis.

The common thread that runs through all these cases is that there was an existing structural imbalance before the symptoms of plantar fasciitis appeared for each client. I

find this to be true in 90% of clients that present for treatment with plantar fasciitis. The activities of the clients that actually directly affect the heel would very possibly not cause inflammation and strain of the plantar fascia if the distortion of the structural balance was not already affecting the client's arches and heels. Evidence to this effect is that prior to having plantar fasciitis, each client had years of using his/her feet in the same way without having the painful symptoms.

Those of you who have been reading this column will not be at all surprised when I tell you that to effectively treat plantar fasciitis you need to also treat the structural imbalance from the low back down the leg to the foot that causes the relationship of the foot to the ground to be changed.

Some of the most common structural distortions that I find with people who have plantar fasciitis symptoms are:

- foot rotated laterally
- arches inverted
- knees hyperextended
- knee medially rotated
- ilium rotated anteriorly
- one or both shoulders internally rotated

For treatment to be effective for plantar fasciitis I have found that I have to first correct the significant structural distortion so that the foot is able to relate to the ground in balance. This essentially takes away the initial cause for the strain and the inflammation. It is then appropriate to work on the tissues that directly affect the plantar fascia. These I consider to be any of the soft tissues from the knee to the toes. I pay special attention to the gastrocnemius, soleus, tibialis anterior, peroneus longus, peroneus brevis, extensor digitorum, popliteus, plantaris, and all the muscles and soft tissue of the feet. Again, I find the three-step approach to be most effective to: first, initially release fluids, toxins and trigger points; second, release the myofascial holding patterns; and third, work on the individual fibers that may be strained or formed into adhesions and even holding mineral deposits. (You can refer to my article on "Being Successful Using Deep Tissue Techniques" in the November/December, 2001 issue of the *Massage Message*, and on our website.) Because of the severe pain of plantar fasciitis, this technique will allow you to be able to work within the client's pain threshold and still work deeply to accomplish the release of the adhesions and strained soft tissue.

All of the above cases improved dramatically within three to five treatments, and were able to maintain pain-free function as long as they were able to maintain structural balance.

If the information in this article has left you with questions, confused or feeling inadequate, there are courses and workshops you may take for additional education on how to balance structural distortions, and how to use and apply the three-step approach. One source for courses and workshops that can increase your knowledge and effectiveness is our website - www.structuralenergetictherapy.com.

I hope the information in this article will increase your awareness of effective treatment for supporting your clients with plantar fasciitis. Keep up the good massage therapy until we communicate again in the next installment of SET TALK.