Clinical Results of Surgical Treatment of Plantar Fasciitis
- Preliminary Report -

Hyun-woo Park, M.D, In-tak Chu, M.D, Ph.D*

Department of Orthopaedics, Dankook University,
College of Medicine.

Foot and ankle Service, Catholic Orthopaedic Clinic*
Clinical Results of Surgical Treatment of Plantar Fasciitis—Preliminary Report

Hyun-woo Park, M.D
In-tak Chu, M.D, Ph.D

My disclosure is in the Final AOFAS Program Book.
I have no potential conflicts with this presentation.
Introduction

Plantar fasciitis is the most common cause of heel pain and most of them are very responsible to conservative treatment. But, sometimes it failed and needs surgical treatment such as plantar fascia release. We report the clinical result of surgical release in cases of resisted plantar fasciitis.
Methods

- From Jan to Dec in 2011 on 10 feet of 8 patients (F/U : for 3 to 12 months)
- The surgical procedures
  - The release of plantar fascia was the partial resection (30%) of the plantar fascia thru the medial insertion.
- Clinical functions
  - (AOFAS and subjective satisfactions)
- Radiological measurement
  - (Med. Longit. Arch change)
Intra-operative findings (1)

Made incision along tibial nerve running

We found inferior calcaneal branch of tibial nerve

Dissected the flexor retinaculum carefully
Intra-operative findings (2)

We cut the following structures to free the nerve:
1) The flexor retinaculum
2) The muscle fascia of abductor hallucis

We cut the plantar fascia partially (about 30%) to release the excessive tension of the plantar fascia.
Results

- Subjective satisfactions & AOFAS measurement

<table>
<thead>
<tr>
<th>Subjective Satisfactions</th>
<th>Feet</th>
<th>AOFAS Hindfoot Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>3</td>
<td>86</td>
</tr>
<tr>
<td>Satisfied</td>
<td>3</td>
<td>77</td>
</tr>
<tr>
<td>Unsatisfied</td>
<td>2</td>
<td>52</td>
</tr>
<tr>
<td>Very unsatisfied</td>
<td>2</td>
<td>45*</td>
</tr>
</tbody>
</table>

* because of neuroma of the calcaneal branches of tibial nerve.

- Radiologically the medial longitudinal arch collapse was not found. (At 6 mo)
Conclusion

- The surgical release of the fascia in cases of resisted plantar fasciitis is the one of good option of treatment, but must be careful not to injury the calcaneal branches of the tibial nerve to prevent neuroma as complications.

- We should consider other differential diagnoses, such as medial plantar neuropraxia (jogger’s foot) and tarsal tunnel syndrome, especially.
Thanks for sharing your time

Dankook University Hospital
In city “Cheonan”
References