Disclosure

- Caio Nery, M.D. – See Disclosure Information at the AAOS Disclosure Program. There is nothing to disclose related with the subject of this presentation.
- The other authors have nothing to disclose.
Material and Methods

- From 1991 to 2010, 22 patients (26 feet) were submitted to surgery.
- Surgery was performed after at least 8 months of conservative treatment without symptoms remission (14.8 months on average).
- 35% were sedentary and 65% were physically active.
- We used the AOFAS score to evaluate all patients pre and post operatively.
Operative Technique

- The medial portal is performed aligned to the medial malleolus at the plantar fascia medial boarder level
- The inside out technique for the lateral portal is used
- The fenestrate throcacar is placed dorsal to the fascia
- Hook blade is used to release the medial 2/3 of the fascia under direct visualization
Operative Technique

- The medial portal is performed aligned to the medial malleolus at the plantar fascia medial boarder level
- The inside out technique for the lateral portal is used
- The fenestrate trocar is placed dorsal to the fascia
- Hook blade is used to release the medial 2/3 of the fascia under direct visualization
Results

Pre Op  | Post Op
---|---
89 |
49 |

AOFAS

>90: 17 (65%)
80-89: 7 (27%)
70-79: 2 (8%)
<69: 0 (0%)
Results

Calcaneal Spur presence

Comparison of patients with and without spur

- NO: Pre Op
- YES: Post Op

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presence</td>
<td>12 (46%)</td>
<td>14 (54%)</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td>40</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>60</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>80</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>100</td>
<td>0</td>
</tr>
</tbody>
</table>

89 89

51
Results

Activity

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedentary</td>
<td>4</td>
<td>15%</td>
</tr>
<tr>
<td>Recreative</td>
<td>9</td>
<td>35%</td>
</tr>
<tr>
<td>Amateur low performance</td>
<td>2</td>
<td>8%</td>
</tr>
<tr>
<td>Amateur high performance</td>
<td>4</td>
<td>15%</td>
</tr>
<tr>
<td>Professional</td>
<td>7</td>
<td>27%</td>
</tr>
</tbody>
</table>

Improvement

<table>
<thead>
<tr>
<th>Category</th>
<th>Pre Op</th>
<th>Post Op</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedentary</td>
<td>50</td>
<td>48</td>
</tr>
<tr>
<td>Active</td>
<td>81</td>
<td>94</td>
</tr>
</tbody>
</table>
Discussion

- Frequent pathology
- Despite self limited, symptoms can take months to disappear
- Surgery is indicated for cases refractor to conservative management
- Endoscopic release has the advantage of less complications and same good results
- We obtained an AOFAS score of 89 on average after 9.6 years FU
- Patients with and without calcaneal spur had the same results post op
Conclusions

• Endoscopic plantar fascia release has good results
• Physically active patients have better results than sedentary
• Endoscopic release proved to be a safe procedure with a low complication rate
• Level one studies should be performed for comparison between open and endoscopic techniques
Bibliography


