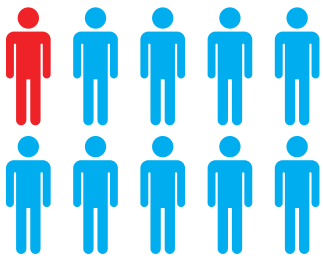


# PLANTAR FASCIITIS

## PREVALENCE and risk

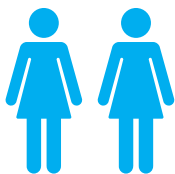


**1 OUT OF 10**  
Americans  
experience  
plantar fasciitis<sup>1</sup>

It is the most common cause  
of **HEEL PAIN** in adults<sup>1</sup>



Women are **2.5 TIMES**  
**MORE LIKELY** to report  
plantar fasciitis than men<sup>1</sup>



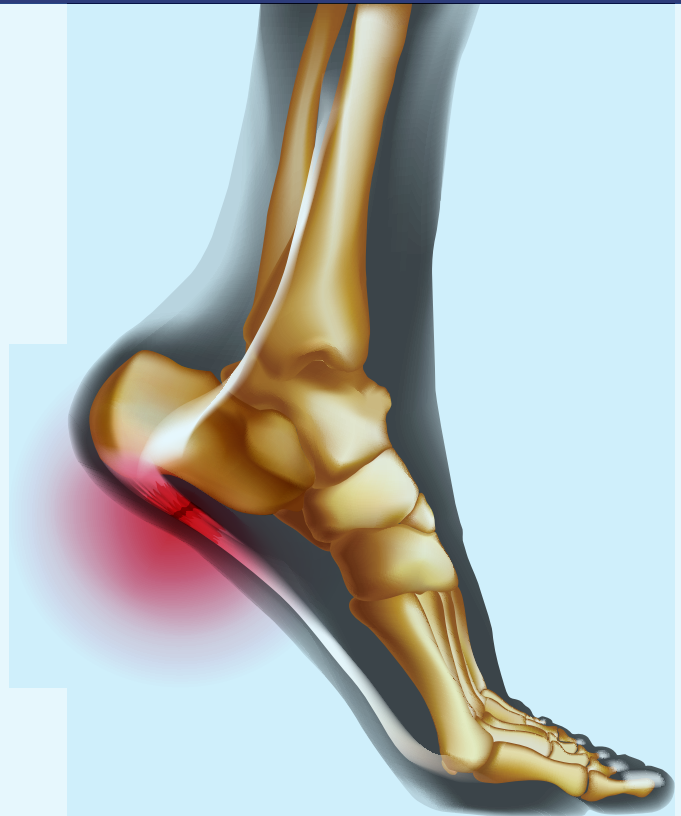
Peak incidence of plantar fasciitis is  
between the **AGES OF 40 AND 60**<sup>1</sup>

Plantar fasciitis may present bilaterally  
in **ONE-THIRD OF CASES**<sup>2</sup>

Prevalence rates among runners  
are **AS HIGH AS 17.4%**<sup>3</sup>



While conservative therapy is effective  
over time for most,  
**10% OF PATIENTS DO NOT**  
**RESPOND** to conservative therapy<sup>4</sup>



## TREATMENT OPTIONS

### Conservative therapy includes:

- Ice
- Massage
- Stretching
- Night splints
- Orthotics
- Medication
- Steroid or botulinum toxin injections
- Platelet-rich plasma (PRP)

## TREATMENT OPTIONS

Treatment options for chronic plantar fasciitis that has not responded to conservative therapy include:

- Fasciotomy (surgery)
- Focal extracorporeal shockwave therapy
- Plantar fasciitis embolization

### Surgery

**Surgical fasciotomy** is recommended as a last resort, typically for patients who do not respond to nonoperative therapy for at least 6-12 months.

However, the surgical fascia release **DOES NOT GUARANTEE A SUCCESSFUL OUTCOME.**<sup>5</sup>

**44%** of patients experience swelling and tenderness up to 10 years postoperatively.<sup>5</sup>

**Complications of fasciotomy include:**

- Persistent post-operative pain
- Plantar fascia rupture
- Biomechanical instability
- Nerve injury or entrapment
- Slow wound healing
- Recurrent heel pain
- Flattening of the longitudinal arch

### ESWT

**Extracorporeal shock wave therapy** is a non-invasive alternative to surgery. This treatment is marked by a success rate of 74-76% and may require **UP TO THREE TREATMENTS.**<sup>6</sup>

**HEALING** from ESWT may be **SLOWED** with the use of anti-inflammatory medications.<sup>7</sup>

**CONTRAINDICATIONS** for ESWT include having had a corticosteroid injection within 4-6 weeks of the procedure, patients with implanted devices or implanted hormones and those with open wounds around the treatment site.



### Plantar Fasciitis Embolization (PFE)

- Individuals with unilateral chronic plantar fasciitis demonstrated **significantly greater vascularity** and thickened fascia on the affected side compared to the unaffected side.<sup>8</sup>
- PFE targets the source of inflammation **within the fascia**—the abnormal blood vessels that contribute to the condition.
- PFE has an **excellent safety profile and success record.**<sup>9</sup>
- Outpatient treatment for PFE is completed in a **single office visit** vs. up to three for ESWT.

**Our physicians are board-certified in vascular & interventional radiology. If you are interested in learning more about PFE or consulting with us about a patient, please call 205-905-8411.**



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