

# Footnotes

Monthly Newsletter of Podiatric Innovations

ISSUE 3: Fasciotomy



## Typical Patient Presentation

- Intense heel pain after resting - especially in the mornings
- Pain is consistent throughout the day
- Conservative treatments including orthotics and physiotherapy not effective
- Pain has lasted more than 6 months
- Cortisone is ineffective

### Burlington

200-488 Locust Street  
Burlington, ON L7S 1V2  
(905) 631-8423

### Milton

350 Main Street East  
Milton, ON L9T 1P6

[www.medicalfootsolutions.com](http://www.medicalfootsolutions.com)



## Upcoming Issues

**Tenotomy**

## When to Perform a Fasciotomy....

Heel pain is one of the most common disorders that a chiropodist encounters. Though we have been aware of this syndrome for quite some time (first identified in 1812 by Wood, who interestingly, attributed the syndrome to tuberculosis) the “cure” has remained somewhat elusive. There are three broad categories for the etiology of heel pain. These include mechanical, degenerative and systemic. Each etiology may occur individually, or it may be in combination. However, no matter what the etiology is, it always comes down to the fact that tensile forces are exceeding the capacity of the fascia band.

It is estimated that of all of the foot complaints encountered, 15% is from heel pain. Typically, the majority of these patients can be effectively managed through the use of orthotics, changes in foot wear, exercises, cortisone and traditional icing techniques. However, there is a small group of patients, approximately 10%, that will progress to a more chronic form of plantar fasciitis. It is this “chronic” group of patients that this article addresses.

## Discussion

Over the last few years, the term chronic plantar fasciitis has been replaced with a new term, plantar fasciosis, to better reflect the nature of the pathology. In plantar fasciosis, the body has moved out of the acute inflammatory phase, and into a chronic, degenerative, scarring, non-inflammatory phase. In fact, research has shown that there is no inflammatory cells present. For this reason conservative treatments are frequently unsuccessful. Thus, in order to alleviate the patient's discomfort, the fascia needs to return to an inflammatory stage (eg: a percutaneous procedure using a #61 blade) OR, the excessive tensile strain on the fascia needs to be removed, by performing some kind of fasciotomy technique.

A fasciotomy is generally performed when all other conservative treatments have failed or, the tissue has moved into a degenerative stage (demonstrated by an abnormal thickening of the fascia). There are three general categories that all fasciotomies will fall into: full tissue exposure, partial tissue exposure, and minimal tissue exposure. No matter which technique is used the aim is to release a portion of the medial plantar fascia in an effort to reduce the tensile strain on the band. Though the literature has some contradictory opinions, it is generally accepted that a complete plantar fascia release is not recommended under most circumstances. The general consensus is that a complete severing of the fascia de-stabilizes the lateral side of the foot, typically at the calcaneal/cuboid joint, causing moderate to significant discomfort on the lateral side of the foot. Therefore it is recommended to sever between 25% to a maximum of 50% of the fascia band.

A fasciotomy is an in office procedure requiring only local anesthesia. Depending on which technique is selected, patients are able to ambulate within a couple of days and symptoms have usually begun to improve within a couple of weeks. Medical Foot Solutions performs a number of these procedures each year, and we have considerable experience in evaluating those patients who would most benefit from a fasciotomy, thereby ensuring an optimum outcome for each patient. New referrals can generally be assessed within a week, and if required, surgery the following week.

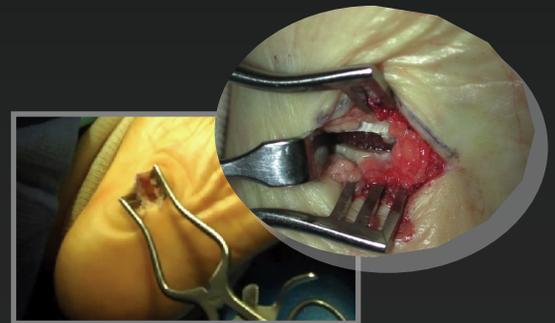
## About Us...

Medical Foot Solutions has been in operation since 1999 when we opened our clinic in Burlington, Ontario. We have expanded our clinic out to Milton, Ontario as of 2010. We currently have three provincially registered Chiropodists on Staff. The clinic assesses and treats approximately 7200 patient visits per year. We are able to provide a variety of services ranging from: Bio-mechanical assessments, diabetic wound debridement, soft tissue procedures as well as general podiatric care. We are committed to providing the absolute best podiatric services in Burlington and Milton, therefore we offer all patients a full refund if they are not completely satisfied.

## Surgical Techniques



I - Fully Exposed Incision Technique



II - Minimal Incision Technique



III - Minimally Invasive Technique

## INNOVATIVE HEALING

**MILTON**  
350 Main Street East  
Milton, ON L9T 1P6  
(289) 878-7334

**BURLINGTON**  
200-488 Locust Street  
Burlington, ON L7S 1V2  
(905) 631-8423