

ENTITLEMENT ELIGIBILITY GUIDELINES

PLANTAR FASCIITIS

MPC 01352
ICD-9 728.7

DEFINITION

Plantar Fasciitis is a painful condition of the subcalcaneal aspect of the foot resulting from inflammation or contracture of the deep fascia of the sole (plantar fascia) with or without calcaneal spur. Plantar Fasciitis has been used synonymously with the following terms:

- painful heel syndrome
- subcalcaneal bursitis
- subcalcaneal pain
- medial arch sprain
- stone bruise
- calcaneal periostitis
- neuritis
- subcalcaneal spurs
- calcaneodynia
- policemen's heel
- heel pain syndrome
- runner's heel

Please note: Entitlement should be granted for a chronic condition only. For VAC purposes, "chronic" means that the condition has existed for at least 6 months. Signs and symptoms are generally expected to persist despite medical attention, although they may wax and wane over the 6 month period and thereafter.

DIAGNOSTIC STANDARD

Diagnosis by a qualified medical practitioner is required. (Certain conditions, such as fat pad atrophy, may be misdiagnosed as Plantar fasciitis.)

Evidence of duration of a disability for at least 6 months should be provided.

ANATOMY AND PHYSIOLOGY

The plantar “aponeurosis”, or bands of fibrous tissue radiating towards the bases of the toes from the medial process of the heel area, is composed of medial, central and lateral portions. The central portion is the thickest and is generally the structure referred to as the **plantar fascia**. It originates from the calcaneus (medial calcaneal tuberosity), where the structure is thickest and most narrow. It fans out from there, becoming wider and thinner, dividing into five bands, each of which contributes a superficial and a deep layer to each toe.

The functions of the fascia include maintaining the longitudinal arch of the foot by tethering the calcaneal bone to the metatarsal heads, providing static support for the longitudinal arch. Shortly after heel strike, at the beginning of the stance phase of the gait cycle, the tibia rotates internally and the foot pronates, stretching the plantar fascia as the foot flattens. The fascia has no elastic properties. Thus, repetitive stretching results in microtears at the heel.

CLINICAL FEATURES

Plantar Fasciitis is characterized by pain occurring under the heel on weight-bearing, and localized tenderness. The disability may initially present as a minor complaint for which medical attention may not have been sought. Pain is typically of gradual onset, with no associated single acute traumatic episode. Morning stiffness is common, with an improvement after taking a few steps, followed by worsening of pain through the day. The pain is often severe and interferes with walking as pain is felt when the heel hits the ground. Although pain may decrease as activity progresses, usually returning after resting and then resuming with activity, the most severe cases demonstrate pain with any weight-bearing. While pain generally occurs in the heel, it can radiate throughout the bottom of the foot toward the toes. The pain may be dull, similar to that of a toothache. There should be no tenderness with medial to lateral heel compression.

Aggravation (permanent worsening) may manifest as a greater degree of inflammation and/or contracture of the plantar fascia causing increased pain and discomfort.

Bone spurs are a finding in some persons with Plantar Fasciitis, but are not a cause, and may exist independently, of Plantar Fasciitis.

Plantar Fasciitis is common in sports requiring running and jumping, where there is repetitive, maximal plantar flexion of the ankle and dorsiflexion of the MTP joints. There may be a history of recent weight gain or a sudden change in exercise pattern (e.g. longer distance, harder surface, change in shoe).

There is some evidence that individuals who are overweight may be at increased risk of Plantar Fasciitis. However, due to number of confounding variables, including reduced activity of those who are overweight and the body's adaption to gradual weight gain, the evidence supporting obesity as a cause of the condition is not strong.

PENSION CONSIDERATIONS

A. CAUSES AND/OR AGGRAVATION

THE TIMELINES CITED BELOW ARE NOT BINDING. EACH CASE SHOULD BE ADJUDICATED ON THE EVIDENCE PROVIDED AND ITS OWN MERITS.

1. A foot and/or ankle condition prior to clinical onset or aggravation

Foot and ankle conditions include, but are not limited to, the following:

- pes planus
- pes cavus
- chronic foot pronation
- tight Achilles tendon resulting in inadequate dorsiflexion
- weakness of the plantar flexor musculature
- osteopenia of the calcaneus
- subcalcaneal bursitis

2. An arthropathy prior to clinical onset or aggravation

Arthropathies include, but are not limited to, the following:

- arthritis associated with inflammatory bowel disease
- (Enteropathic Arthritis)
- Psoriatic Arthritis
- Reiter's syndrome
- Ankylosing Spondylitis

3. Trauma to the plantar aspect of the affected foot prior to clinical onset or aggravation

For trauma to cause or aggravate Plantar Fasciitis, the following should be evident:

- Within 24 hours of the injury, development of tenderness, pain, swelling, discoloration, or altered mobility, or any other pertinent sign or symptom, should occur in the sole of the foot, *and*
- Signs/symptoms should recur, either continuously or intermittently, from the time of the specific trauma to the time of diagnosis.

Trauma means specific or repetitive injuries to the sole of the foot caused by an extraneous physical or mechanical force. It may involve a fracture of the calcaneous.

Running is an example of a repetitive injury. Factors to be considered are:

- duration and frequency of running
- excessive pronation resulting in an unstable foot and stretching of the plantar fascia
- footwear problems, e.g. ill-fitting footwear
- training errors, e.g. rapid increases in distance running or training intensity

4. Inability to obtain appropriate clinical management

B. MEDICAL CONDITIONS WHICH ARE TO BE INCLUDED IN ENTITLEMENT/ASSESSMENT

- Calcaneal spurs

C. COMMON MEDICAL CONDITIONS WHICH MAY RESULT IN WHOLE OR IN PART FROM PLANTAR FASCIITIS AND/OR ITS TREATMENT

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