RAPID RESEARCH

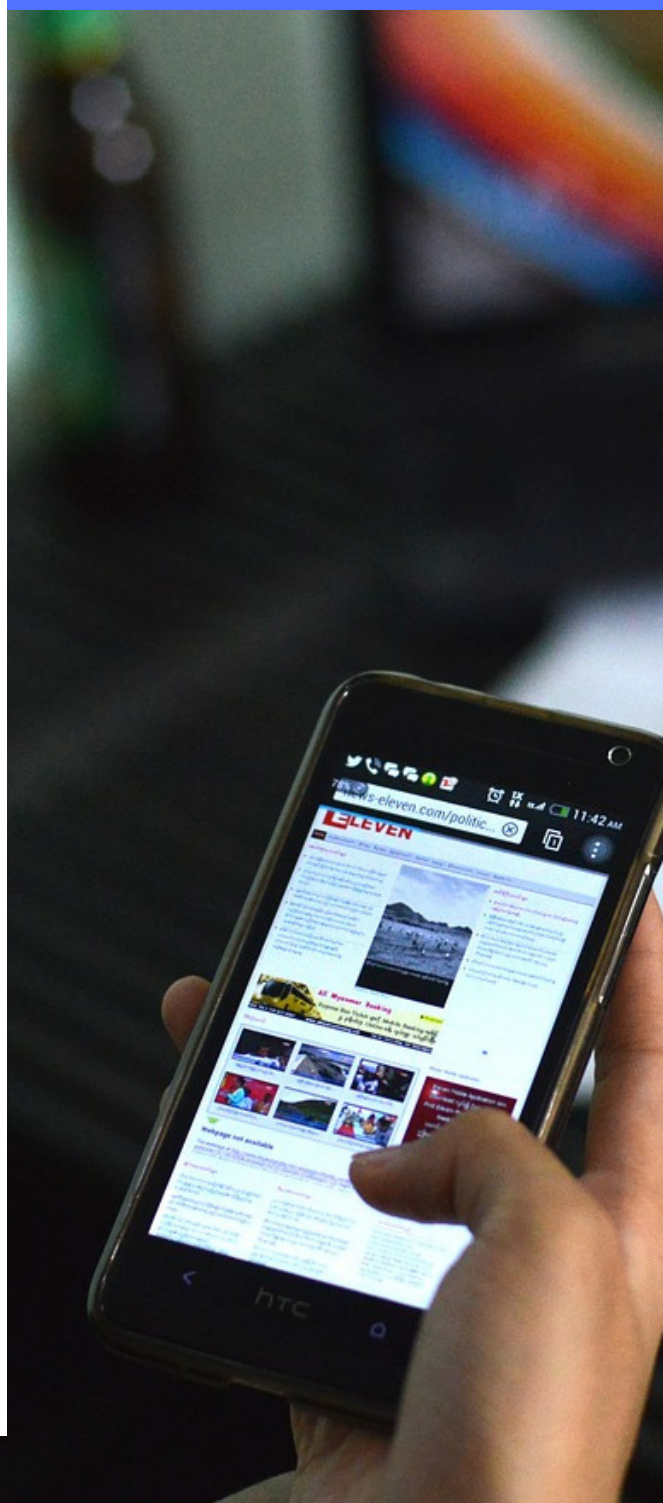
@physicaltherapyresearch

April 2021

Inside This Week:

Foot & Ankle Common Problems

- Plantar Heel Pain: Insoles vs. Placebo vs. Doctor
- Risk factors for lateral ankle sprains
- The Foot Core: Assessing for Plantar Heel Pain



APRIL 2021

PLANTAR HEEL PAIN: INSOLES VS. PLACEBO VS. DOCTOR

This randomized clinical trial compared custom-made insoles with sham insoles, as well as general practice (GP)-led usual care to test which was better at 12 weeks follow-up in terms of pain at rest and during activity.

KEY FINDINGS

185 patients aged 18 to 65 years, were randomly allocated into 3 groups:
1. Usual GP-led treatment, plus an information booklet exercises.

2. Referral for custom-made insole plus an information booklet with exercises.

3. Referral for a sham insole plus an information booklet

No difference in pain or function between the i**nsole and the sham groups at 12 weeks.**

GP-led usual care group vs. the custom insole group reported:
Less pain during activity at 12 weeks.
Less first step pain.
Better function.
Higher recovery rates.

MAIN TAKEAWAYS

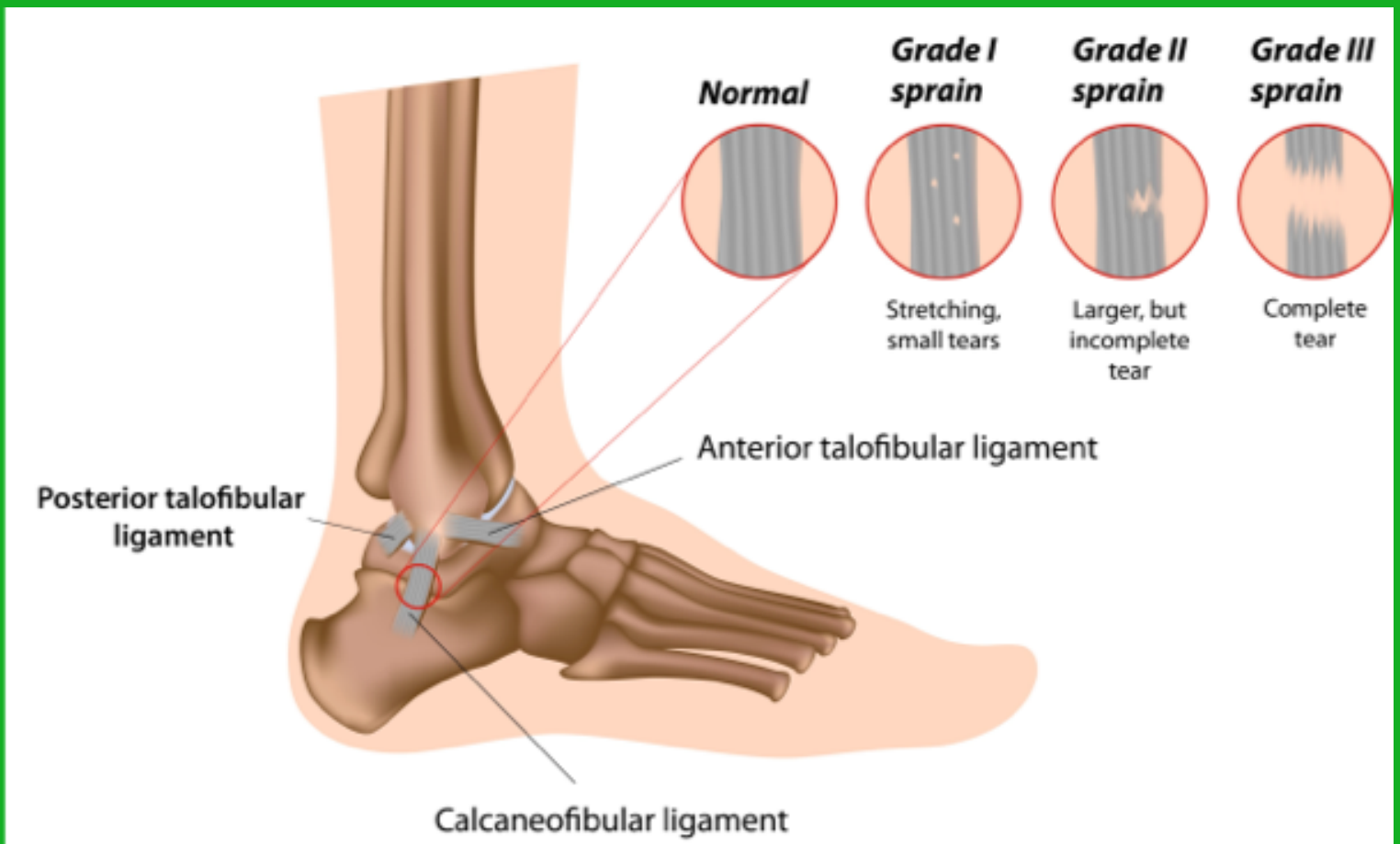
Referral to a podiatrist for a custom-made insole **does not lead to a better outcome** compared to **sham insoles** or **GP-led usual care.**

Healthcare providers should be reserved in prescribing custom-made insoles to patients with plantar heel pain.

APRIL 2021

RISK FACTORS FOR LATERAL ANKLE SPRAINS

This study aimed to determine the risk of non contact ankle sprains in athletes based on Previous ankle sprain history, Q angle, Knee recurvatum, Navicular drop, Tibia vara, Tibia torsion, and Ankle Range of Motion.



KEY FINDINGS

Logistic regression revealed 3 significant intrinsic predictors of Lateral Ankle Sprains:
Previous ankle sprain history.
Navicular drop.
Knee recurvatum.

None of the other variables were identified as significant risk factors.

Receiver operating characteristic (ROC) analyses revealed predictive potentials:
Previous ankle sprain history [0.706].
Navicular drop [0.906].
Knee recurvatum [0.724].

MAIN TAKEAWAYS

Athletes with previous ankle sprain history, knee recurvatum, and especially navicular drop may have a greater risk of LAS injury.

A functional assessment must identify the major anatomical risk factors associated with LAS.

A rehabilitation protocol focusing on the reduction or control of anatomical malformations can reduce the risk of occurrence of lateral ankle ligaments sprains.

APRIL 2021

THE FOOT CORE: ASSESSING FOR PLANTAR HEEL PAIN

This study compared the passive, active, and neural subsystems of the 'foot-core' in those with and without plantar heel pain to improve rehab direction.

KEY FINDINGS

No differences between groups in Age, Height, Weight, Physical activity levels.

Those with Heel Pain had **lower self-reported function scores** on:
FAAM & FAAM-Sport tests.

Individuals with **Heel Pain vs. healthy controls** exhibited:
Pronated foot posture.
Reduced sensation at 1st metatarsal base.
Greater proximal plantar fascia thickness.

No differences in:
Abductor hallucis thickness at rest or active.
Plantar fascia thickness mid-foot or distal. .

Additionally, there were **no significant differences** in I**ntrinsic Foot Muscle Test** ratings.

MAIN TAKEAWAYS

Individuals with **Plantar Heel Pain** exhibited:
A more pronated foot posture.
Thicker plantar fascia.
Diminished plantar tactile sensation.

Overall, these findings indicate that those with PHP displayed distinct differences within the passive and neural subsystems of the foot core.

GIVE US YOUR FEEDBACK!

MEMBERS

We are on a mission to make research more accessible, easier to interpret, and quicker to implement.

Help us by giving 1 minute of your time to leave feedback for us.

We would greatly appreciate any feedback you have, as it helps us continually improve!

Leave Review