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# RAPID RESEARCH

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November 2021

## Inside This Week: Plantar Fasciitis Management

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- ✓ Does Manual Therapy Help Plantar Fasciitis?

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  - ✓ Physical Therapy v. Podiatry for Plantar Fasciitis

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  - ✓ PRP v. Corticosteroid Injection for Plantar Fasciitis



# DOES MANUAL THERAPY HELP PLANTAR FASCIITIS?

[Click for Full Text](#)  
[\(Fraser et al. 2018\)](#)

This systematic review compared manual therapy techniques with control interventions in patients with plantar fasciitis, to determine the effectiveness on pain and function.



# KEY FINDINGS

**7 RCTs included comparing manual therapy to other control interventions.**

## Patient Reported Pain:

[6 studies]

- No conclusive differences in patient-reported pain at 2 weeks through 6 months post treatment.
- Manual Therapy and Routine care (consisting of stretching, strengthening, and ultrasound) had a large effect size vs. routine care alone at 3 and 6-week time points.
- Manual Therapy + self-stretching, demonstrated moderate effect sizes at 4 weeks post treatment.
- When compared with manual therapy, injections had better outcomes, at 3 weeks, 6 weeks, and 3 month time points, but fared no better at 12 months.

## Pressure Pain Threshold:

[3 studies]

- Patients treated with MT had better outcomes than controls at 4 weeks and 3 months with large Effect Size in 2 studies, but were equivalent at 4 weeks in the 3rd study.

## Patient Reported Function:

[7 studies]

- There was a trend of improved function that favored patients who received Manual Therapy from 3 weeks to 6 months with moderate to large effect size.
- Patients who received a corticosteroid injection to the plantar fascia had improved function with large Effect Size from 3 weeks to 3 months, but no better than those treated with MT at 12 months

# MAIN TAKEAWAYS

Inclusion of Manual Therapy in a treatment plan improves Pressure-Pain Thresholds (PPT) and Function.

Manual Therapy for PF helped to improve function and PPT from 3 weeks to 6 months and PPT.

MT techniques included:

Joint mobilizations

Soft tissue techniques

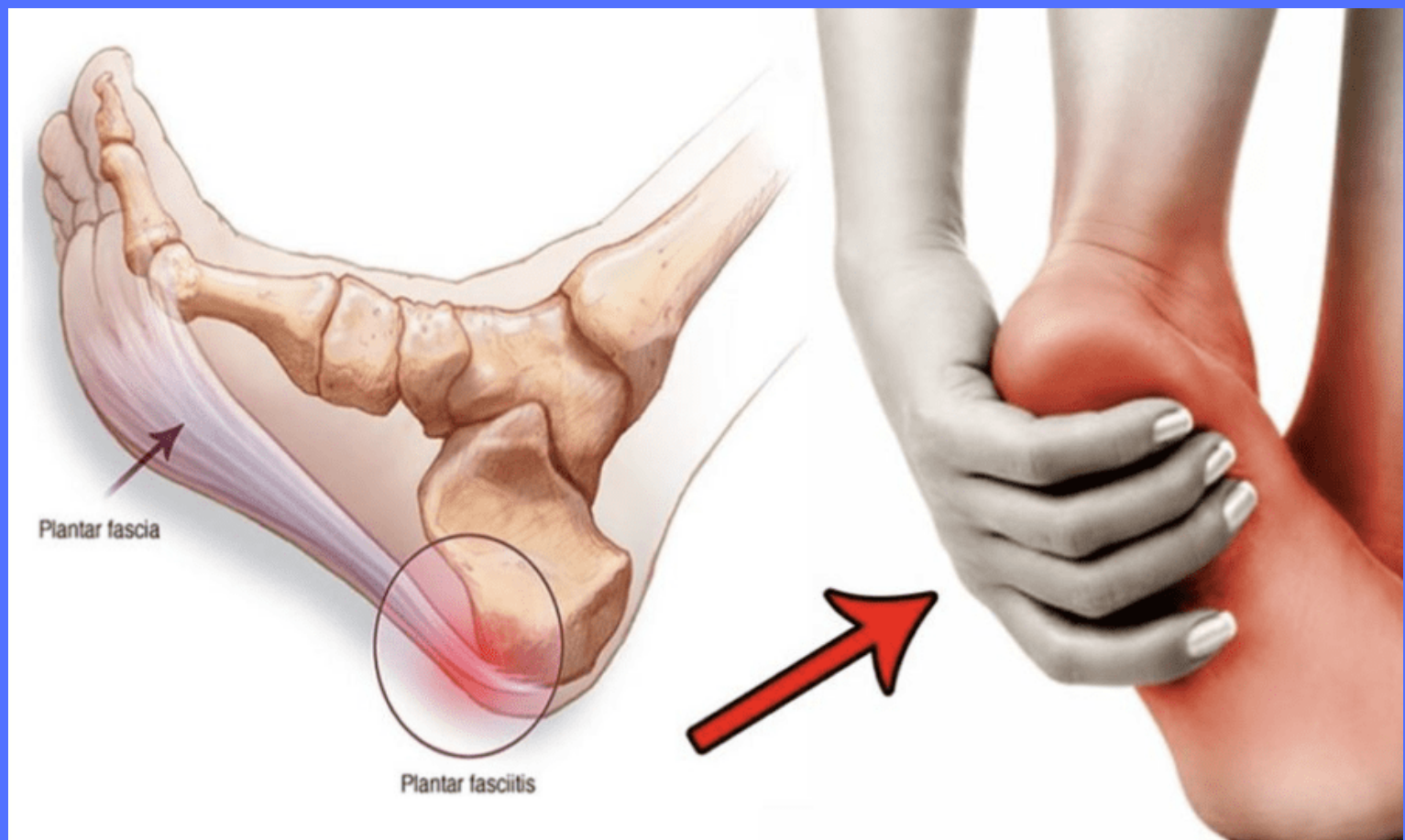
[Applied for 1.5–10- min in 6–16 treatment sessions].

Based on the low risk and the potential benefits it is recommended that MT be included in a comprehensive rehabilitation program, including stretching and exercise, in the treatment of patients with PF.

# PHYSICAL THERAPY V. PODIATRY FOR PLANTAR FASCIITIS

[Click for Full Text](#)  
[\(McClinton et al.](#)  
[2019](#)

This study examined the effects of interdisciplinary care for Plantar Heel Pain (PHP) that incorporated physical therapy treatment after initiating podiatry treatment.



# KEY FINDINGS

174 Participants randomized to receive usual podiatry care (uPOD) or usual podiatry care + physical therapy treatment (uPOD+PT).

## **Primary outcome (Foot & Ankle Ability Measure; FAAM):**

Change from baseline to 6-months:

Both groups improved significantly.

But there was **no between-group difference**.

## **Secondary Outcomes:**

uPOD+PT showed greater improvement in pain at 6 weeks and 1 year. uPOD+PT group demonstrated greater improvement in:

FAAM at 6 months and 1 year

Pain at 6 weeks, 6 months, and 1 year.

Patient-reported success at 6 weeks, 6 months, and 1 year.

# MAIN TAKEAWAYS

Analysis indicated no additional benefit of uPOD+PT to uPOD in the primary outcome of FAAM change at 6 months.

Secondary outcomes demonstrated improvements in pain at 6 weeks and 1 year that favored the uPOD+PT group.

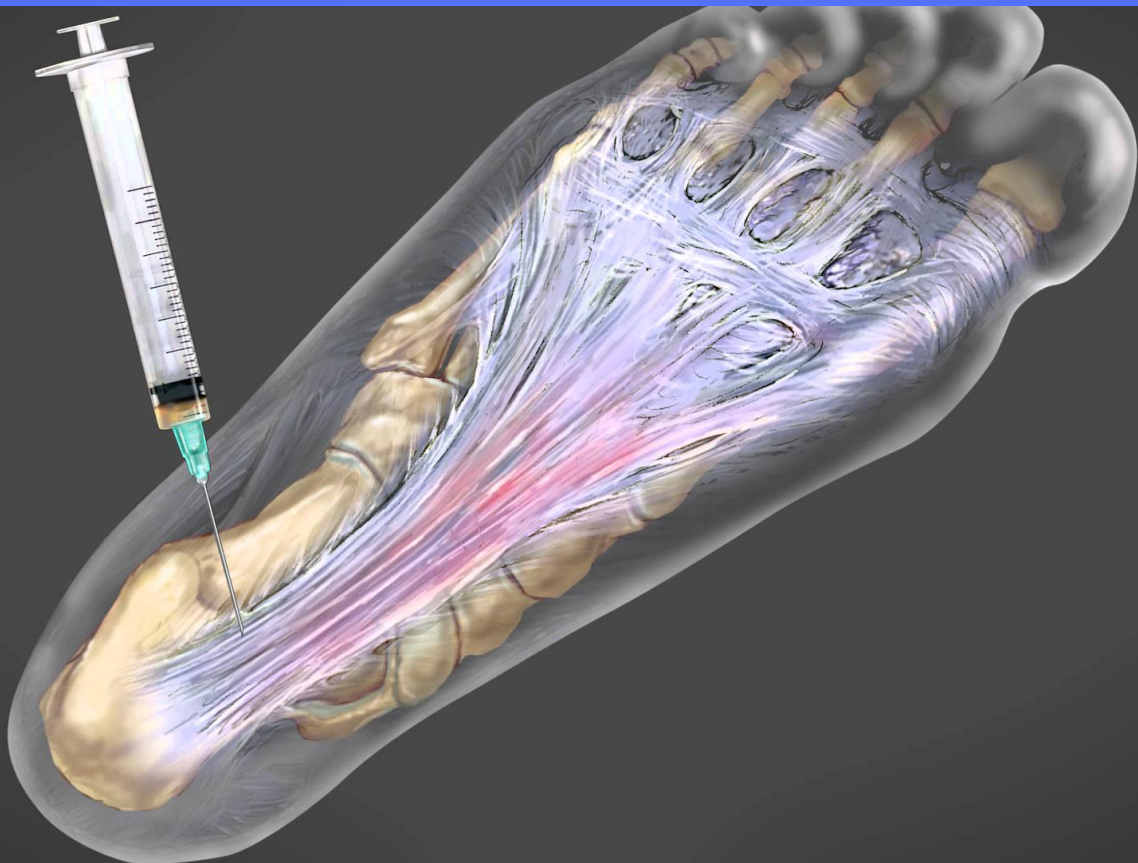
Per-protocol analysis demonstrated additional benefit and a higher rate of success of uPOD+PT.



[Click for Full Text  
\(Hurley et al. 2020\)](#)

# PRP V. CORTICOSTEROID INJECTION FOR PLANTAR FASCIITIS

This meta-analysis ascertained whether PRP or Corticosteroid (CS) results in decreased pain levels and improved patient outcomes in plantar fasciitis.



**9 RCTs comparing  
239 patients with PRP with 240 patients with CS injections.**

At the follow-up time points, including 1-1.5, 3, 6, and 12 months, there were **statistically significant differences in pain scores in favor of PRP.**

At 1 and 3 months, there was **no difference in American Orthopaedic Foot and Ankle Society (AOFAS) scores.**

At 6 and 12 months, there **was a difference in AOFAS scores in favor of PRP.**

## MAIN TAKEAWAYS

In patients with chronic plantar fasciitis:  
Current clinical evidence suggests **platelet rich plasma injections may lead to a greater improvement in pain and functional outcome** as compared with Corticosteroid injections.

However, the **follow-up in the studies was short**, and only 2 studies evaluated the outcomes at 1-year follow-up

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## MEMBERS

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

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