

Restoring Structural Balance – A Key to Effective Treatment of Plantar Fasciitis

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In the last several years I have seen an increase in clients with plantar fasciitis ranging from dancers, to pregnant mothers, construction workers, and athletes. The activities of the clients are vastly different, but the symptoms are debilitating and painful. They are all looking for relief from pain and the ability to resume their normal life activities. Understanding and identifying the cause of each client's plantar fasciitis guided me in choosing the most effective treatment. In this article I will discuss two client histories and show how understanding the cause of their plantar inflammation led to their recovery.

Mary, a 28-year-old mother who was six months pregnant with her second child, first noticed pain in her left foot at five months after she danced at her sister's wedding reception. This was the first time she had worn three-inch heels since becoming pregnant. The next day when she got out of bed and stood up she noticed a sharp burning pain in her left foot that continued whenever she was standing or walking. She went to her doctor who injected her left foot with cortisone but the relief was minimal. She went to a podiatrist but refused any additional injections due to her pregnancy and previous lack of success with them. He made her orthotics promising her that they would be her solution. Immediately upon using the orthotics the foot pain became worse so he gave her a boot that would support and immobilize her foot. However, the pain persisted with no relief. She then went to a chiropractor who adjusted her back and foot which only irritated her foot, but he told her the adjustments and ice should resolve the issue. The ice helped but when she took it off and stood up the pain returned in full intensity. Her ob/gyn told her that she would probably not get better until she delivered because the extra weight she was carrying with her pregnancy was continually straining her plantar fascia. He suggested minimal standing and walking until after delivery. Mary was quite frustrated as she had always been active and felt fine except for her left foot and some discomfort in her low back which she felt was from the additional weight of carrying the baby.

Mary had tried a number of medical solutions with no success. It seemed like everything she did aggravated the condition. She had little control over the weight she gained, and she knew she would gain more with her pregnancy.

The pregnancy was definitely a contributing factor. The postural analysis clearly showed that her left ilium was significantly rotated anteriorly and her right ilium posteriorly. More than likely this rotation had been present for years since this is the core distortion that even a normal one year old exhibits.¹ The weight gain with the growing fetus caused it to become more pronounced. Looking at her left leg it was obvious that her knee was rotated medially and hyperextended, her lower leg and foot were rotated laterally, and the arch was everted and much flatter than her right foot. These were compensations for the longer left leg due to the anterior rotation of the left ilium. This structural pattern was putting significant stress on her medial plantar fascia where she was experiencing her pain and inflammation. Additionally, her anterior transverse arch just behind the ball of her foot was flat to the floor and painfully inflamed. Dancing in high heeled shoes with this structural collapse pattern strained her plantar fascia in these areas. The continued

¹ ESSENTIALS OF SKELETAL RADIOLOGY, Vol. 1, 2nd ed., Terry R. Yochum, BS, DC, DACBR, FCCR, (C), FICC, and Lindsay J. Rowe,, M. App. Sc. (Chiropractic), M.D., DACBR, FCCR, (C), FACCR. (AUS), FICC, Williams & Wilkins 1996, pg 175, Table 2.26, pg 176, Table 2.27, 2.28

weight gain with her pregnancy also put more strain on the entire structural pattern from the hip down through the arches, especially the plantar fascia. Bringing her body back into structural support including the arches would take the pressure off the plantar fascia. This turned out to be structural solution to rehabilitate the condition that was causing her plantar fasciitis.

John, was a retired 58 year old construction worker who had been a prominent contractor building homes working mainly in a supervisory capacity. When the economy crashed his construction business went under so he returned to doing home improvements where he did heavy physical work himself. After working on a ladder carrying roofing materials up to the roof and painting he noticed his right foot hurting and his calf cramping. The next morning he could hardly put any weight on the foot. He went to a walk-in clinic and was told to stay off it until the pain was better. They gave him anti-inflammatory medication and pain pills. John had to work so he doubled up on the pain pills hoping that his foot would get better. Unfortunately, it got worse. He went to an orthopedic surgeon who gave him a cortisone injection and a boot with instructions to minimize his walking and no lifting. He sent John to physical therapy for treatment twice a week to strengthen his lower leg and foot. John ran out of pain pills and discovered the pain was worse than it had been before. He went back to the orthopedic surgeon who suggested surgery and told him he would be out of work for six weeks. John called my office for an appointment. He definitely could not be laid up and not working for the six weeks that the orthopedic surgeon had described. In fact, John had deadlines that he had to meet and actually had to work more for the next several weeks.

Structural evaluation revealed that John's left ilium was rotated anteriorly creating a long left leg, and his right ilium was rotated posteriorly producing a functional short right leg. The pain was in John's right foot and it was in the lateral plantar fascia up into the heel. The posteriorly rotated ilium produced stress in the back of John's leg down the lateral side all the way down to the lateral side of his foot. This structural imbalance was a major contributing factor to John's plantar fasciitis. Both applied and functional kinesiology showed significant weakness in this pattern all the way down through the plantar fascia. The rotation of the iliums was part of the core distortion and needed to be brought back into balance reducing the weakness down the legs into the feet. This was the structural solution for rehabilitating the condition that caused John's plantar fasciitis.

Both Mary and John had developed plantar fasciitis while being in the core distortion and having significant structural weaknesses that affected the plantar fascia during weight bearing activities. A combination of therapies including Cranial/Structural therapy and specific myofascial release techniques were used with both clients. Mary, whose weakness was more in the medial plantar fascia in her left foot on the side of the anteriorly rotated ilium, responded well when the anterior rotation of the left ilium was reduced because it evened out the leg length and reduced the weight bearing collapse that went down into her medial arch. John, whose plantar fascia was in the right foot on the side of the posteriorly rotated ilium, responded well when the posterior ilium was brought back into balance shifting the weight from the heel and lateral arch to being evenly spread through all three arches.

Even though one client had a left foot problem, and the other client had a right foot problem, which meant they were associated with different rotations of the iliums, bringing both iliums into weight bearing support changed the stress down through the feet and into the plantar fascia for both clients. Both functional and applied kinesiology showed significant strengthening throughout the legs of both clients when the iliums came back into support. This was also

observable in the plantar fascia. The inflammation of the plantar fascia responded well to the myofascial soft tissue release techniques since the stress was taken off the tissue with the improved structural alignment. Even though John and Mary had situations in their lives where they would continue to have increased stress down through their feet (Mary with her pregnancy, John with his work) the plantar fasciitis was completely alleviated by bringing the body into structural balance and applying the myofascial soft tissue releases. Neither of these cases would have been resolved without looking beyond the symptoms of the plantar fascia and addressing the structural imbalances.

Cranial / Structural
Core Distortion
Injuries
Legs/Lower Body
Torso
Kinesiology