SET TALK

By Don McCann, MA, LMT, LMHC, CSETT
MM003717
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SUCCESSFUL, NON-SURGICAL TREATMENT OF PLANTAR FASCIITIS, HEEL SPURS AND COMPARTMENTAL SYNDROM

Beyond the usual sprains, breaks and dislocations of the ankle and the foot the three conditions presenting most often in my office for treatment are plantar fasciitis, heel spurs, and compartmental syndrome. There seems to be an increase of clients seeking treatment for these conditions - some are athletes, but quite a few are leading non-athletic lives. The medical profession has developed surgical procedures for treating all of these that often leads to months of rehabilitation with the client still in pain. However, all three of these conditions respond extremely well to techniques that are within the scope of massage therapy.

It is interesting that all three of these conditions relate directly to structural imbalances that are present when clients are in the core distortion pattern with the left ilium rotated anteriorly and the right ilium rotated posteriorly. This creates a long leg / short leg condition and the legs themselves distort to compensate for this.

On the left side, the long leg side, the most common leg distortions are a knee medially rotated and hyperextended with a foot laterally rotated. This results in eversion - collapsing the arch and stressing the plantar fascia, or inversion - shifting the weight into the heel and off the arches stressing the soft tissue under the calcaneus bone. The shortening on the lateral side of the ankle due to the medial rotation of the knee and lateral rotation of the foot also shortens the compartment of the peroneus muscles weakening them and making them susceptible to strains.

On the right side, the short leg side, there often is a medial rotation of the knee and lateral rotation of the foot, but on this side the weight tends to shift further back onto the heel putting pressure at the base of the calcaneus. The flexor inverter muscles tend to be weaker which puts pressure on the plantar fascia. There is also a weakening of the soleus which takes support away from the calcaneus membrane (Achilles tendon) often leading to strains.

Based on this information it becomes evident that the core distortion with its unequal leg lengths and resulting distortions in the legs is the underlying cause of plantar fasciitis, heel spurs, compartmental syndrome and many other issues of the foot and ankle. What has worked exceptionally well for the treatment of these conditions is to first bring the core distortion into balance. This takes away the source of these problems addressing the causes of the conditions and not just treating the symptoms.

Specialized techniques are used to release this core distortion. The first is to bring the body into weight bearing support which is most effectively done using Cranial/Structural techniques. They are the only structural balancing techniques that create long term balance and weight bearing support in the iliums and sacrum and equalize the leg length. An additional benefit is a strengthening of the weakened muscles throughout the legs and feet that support and balance the joints, tendons, ligaments and connective tissue.

After the core distortion is released with the CSCDR you will be working with the body to move it further into structural balance and function, not fighting against an old holding pattern of imbalance based on the structural core distortion. This can be accomplished using specialized myofascial release techniques to further shift the weight into balance, release myofascial holding patterns, adhesions and scar tissue, reduce inflammation, calcium build up and crepitus tissue in the feet and lower legs.

Genna, a 42 year old marathon runner, had developed plantar fasciitis and compartmental syndrome in her left foot and lower leg while in heavy training for a race. The doctors prescribed cortisone injections and physical therapy with no long term improvements. Genna was told that her only alternatives were surgical – either cutting the plantar fascia or cutting some of the fibers of the peroneus longus muscle for the compartmental syndrome. This would mean a 2-3 month layoff from training resulting in missing her marathon. Genna had talked to another runner who had had surgery for plantar fasciitis and learned that she was still having pain six months after the surgery and couldn't run distances.

Upon structural evaluation Genna was in the core distortion with her left ilium rotated anteriorly and right ilium rotated posteriorly creating a long left leg and shorter right leg. The distortions in the left leg were a medial knee with hyperextension, lateral foot with a collapsed everted arch. These imbalances directly stressed both the plantar fascia (plantar fasciitis) and the peroneus compartment (compartmental syndrome). The first treatment applied was the CSCDR to bring the iliums into balance and equalize the leg length. There was also an immediate improvement in the left leg with the knee less medial and less hyperextended, the foot less lateral, and the arch less collapsed and everted. This was an important structural improvement that initiated

changes in structure and soft tissue that could now be addressed. Specialized myofascial release techniques were applied to release the myofascial holding pattern of the medial knee, hyperextension, lateral foot, adhesions and inflammation in the plantar fascia and peroneus compartment, bringing structural balance to Genna's three arches. After the session Genna reported a 50% reduction in pain and felt that her leg and foot were more supporting and stronger. She left encouraged and excited about her next treatment.

At Genna's next treatment she had maintained the improvements and was excited. Cranial/Structural techniques were applied to bring the foot/knee/ankle/hip into increased structural support and balance. This again initiated soft tissue changes that were addressed with additional specialized myofascial release techniques to release specific fibers in the plantar fascia and peroneus compartment that were inflamed and shortened. At the end of the session Genna reported she was 80% better.

Over the next eight weeks Genna had five treatments to further release the core distortion holding patterns in the soft tissue with specific work in her plantar fascia and peroneus compartment. Each session started with structural evaluation, followed by Cranial/Structural techniques and specialized myofascial techniques. Genna was then able to run the marathon that the doctors said couldn't be done without surgery.

Walt, a 50 year old company sales director, had developed intense pain in his right heel after spending three days on his feet at the company's booth at a building convention. The pain had become so bad that Walt was taking pain medication left over from a tooth extraction to get through the final day of the convention. After x-rays the doctor told him he had a heel spur and surgery could be scheduled in three weeks due to Walt's busy schedule. He had been given a prescription for pain pills but they made him woozy and he was not able to do his job under their influence.

Walt came for treatment and upon initial evaluation the core distortion was evident. Walt had a short right leg due to the posterior rotation of the right ilium and a long left leg due to the anterior rotation of the left ilium. Walt's right leg had a medial rotation of the knee, lateral rotation of the foot and shortness up the back of the calf and hamstring due to the posterior rotation of the ilium. This shifted the weight back to the lateral edge of his calcaneus where the crepitus tissue/bone spur had formed and become inflamed. The imbalances causing this bone spur were directly related to the core distortion so his treatment began with the CSCDR to bring the iliums into balance and equalize the leg length. This immediately shifted some of his weight off the lateral side of his heel where the heel spur was. The CSCDR was followed with specialized myofascial release protocols to bring the iliums and legs into balance and release the old myofascial holding patterns in the soft tissue. Then additional specialized myofascial protocols were applied to his right foot and lower leg with very specific fiber and adhesion work along the soleus, calcaneus membrane, and deeply through the heel to break up some of the crepitus build up that was being referred to as a bone spur. Walt reported a significant decrease in pain and was greatly encouraged after the first session. He asked the doctor to wait on scheduling surgery.

After an additional four sessions of Cranial/Structural techniques to further release the structural imbalances, specialized myofascial techniques to release the soft tissue holding patterns, and specific fiber and adhesion work through the achilles tendon soleus and heel, Walt was in no pain and there was no sign of the heel spur on x-ray. Walt was able to resume his busy schedule on his feet without pain medication.

I hope this article has given you a better understanding of how to successfully treat plantar fasciitis, heel spurs, and compartmental syndrome for long term rehabilitation.

Please visit our website for more information – www.StructuralEnergeticTherapy.com. You may also contact me through that site with any questions you may have.