

Plantar Fasciitis:

Prevalence, Risks and Treatment Options

PREVALENCE AND RISK



1 OUT OF 10
Americans
experiences
plantar fasciitis¹

It is the most common cause
of **HEEL PAIN** in adults¹



Women are **2.5 TIMES**
MORE LIKELY to report
plantar fasciitis than men¹



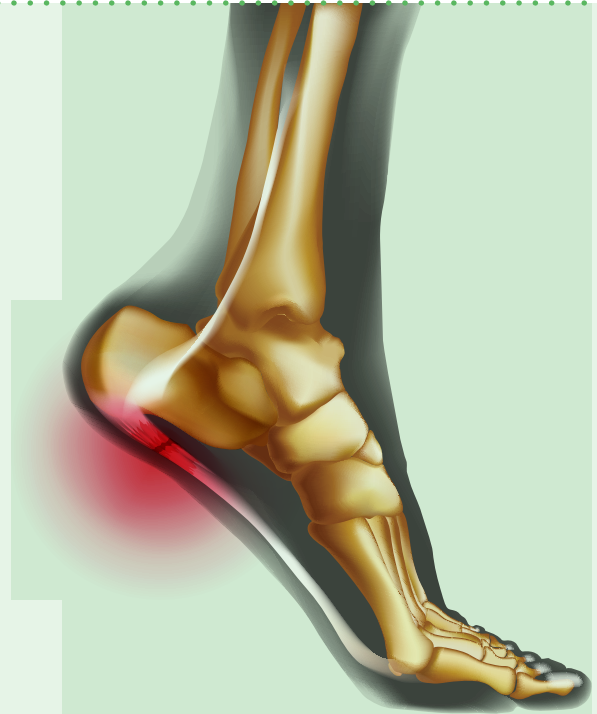
Peak incidence of plantar fasciitis is
between the **AGES OF 40 AND 60**¹

Plantar fasciitis may present bilaterally in
ONE-THIRD OF CASES²

Prevalence rates among runners
are as **HIGH AS 17.4%**³



While conservative therapy is effective over
time for most, **10% OF PATIENTS DO**
NOT RESPOND to conservative therapy⁴



TREATMENT OPTIONS

CONSERVATIVE THERAPY INCLUDES:

- Ice
- Massage
- Stretching
- Night splints
- Orthotics
- Medication
- Steroid or botulinum toxin injections
- Platelet-rich plasma (PRP)



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TREATMENT OPTIONS

Treatment options for chronic plantar fasciitis that has not responded to conservative therapy include:

- Fasciotomy (surgery)
- Focal extracorporeal shockwave therapy
- Plantar fasciitis embolization

SURGERY

Surgical fasciotomy is recommended as a last resort, typically for patients who do not respond to nonoperative therapy for at least 6-12 months.

However, the surgical fascia release **DOES NOT GUARANTEE A SUCCESSFUL OUTCOME.**⁵

44% of patients experience swelling and tenderness up to 10 years postoperatively.⁵

Complications of fasciotomy include:

- Persistent post-operative pain
- Plantar fascia rupture
- Biomechanical instability
- Nerve injury or entrapment
- Slow wound healing
- Recurrent heel pain
- Flattening of the longitudinal arch

ESWT

Extracorporeal shock wave therapy is a non-invasive alternative to surgery. This treatment is marked by a success rate of 74-76% and may require **UP TO THREE TREATMENTS.**⁶

HEALING from ESWT may be **SLOWED** with the use of anti-inflammatory medications.⁷

CONTRAINDICATIONS for ESWT include having had a corticosteroid injection within 4-6 weeks of the procedure, patients with implanted devices or implanted hormones and those with open wounds around the treatment site.

PLANTAR FASCIITIS EMBOLIZATION (PFE)

- Individuals with unilateral chronic plantar fasciitis demonstrated **significantly greater vascularity** and thickened fascia on the affected side compared to the unaffected side.⁸
- PFE targets the source of inflammation within the fascia—the abnormal blood vessels that contribute to the condition.
- PFE has an **excellent safety profile** and success record.⁹
- Outpatient treatment for PFE is completed in a **single office visit** vs. up to three for ESWT.

Plantar fasciitis embolization is performed on an outpatient basis by the doctors at North Star Vascular & Interventional. They are among the very first clinics in the United States to perform this procedure and have been pioneers in other minimally invasive therapies for a host of chronic health conditions.

If you are interested in learning more about our plantar fasciitis treatment or to consult with us regarding a patient, please call (952) 960-9399.



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4. Davis PF, Severud E, Baxter DE. Painful heel syndrome: results of nonoperative treatment. Foot Ankle Int. 1994 Oct;15(10):531-5.
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