PLANTAR FASCIITIS TREATED WITH MCKENZIE APPROACH OF MECHANICAL DIAGNOSIS AND TREATMENT: A CASE REPORT

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Subject signed a consent form. Subject data was kept confidential.

Background and Purpose: Heel pain is a common complaint in the general population and often a cause for a person to seek physical therapy (PT). However, traditional diagnostics and interventions do not always alleviate symptoms. The purpose of this report is to describe the diagnosis and treatment of a patient with heel pain using the McKenzie Approach of Mechanical Diagnosis and Treatment (MDT).

Case Description: The patient was a 27 year old male who presented to PT with a two year history of left heel and foot pain which he identified as plantar fasciitis. Previous treatments included corticosteroid injections bilaterally which resolved previous right heel and foot pain but failed to resolve it in his left. Ice, rest, and use of nonsteroidal anti-inflammatory drugs also failed to alleviate pain. Initial treatment focus was to reduce MDT determined lumbar derangement with extension biased exercises during PT sessions and throughout the day as part of a home exercise program. As symptoms diminished, core and general body strengthening was performed. Education on prevention of recurrence was the focus later in the plan. Joint mobilizations, manual therapy techniques, and modalities to relieve symptoms were used as needed.

Outcomes: The patient achieved abolishment of all pain from 3/10 to 0/10, as measured by the Numeric Pain Rating Scale, through 12 visits over 5 weeks with use of MDT which identified and reduced an underlying lumbar spinal derangement rather than specifically targeting the ankle and foot. The patient continued working throughout the plan of care and experienced cessation of pain while working. Lower Extremity Functional Scale score improved from 58/80 initially to 80/80 at discharge.

Conclusions: This case report highlights the importance of screening the entire body of a patient and addressing underlying issues of the spine that potentially present distally.