



ORTHOPEDICS & SPORTS MEDICINE

BAYCARE CLINIC®

Dr. Woods

Plantar Fascia Ultrasound Guided Percutaneous Fasciotomy

Phase 1- Early Protective Phase Week 1 (Days 1-7)

Goals for Phase 1

- Minimize swelling
- ROM per guidelines listed
- Partial weight bearing using boot for protection

Criteria for Progression to Phase 2

- Minimal pain with AROM/PROM
- Be able to complete partial weight bearing ambulation using crutches

Brace

- Protective boot using crutches/scooter to get around.
- If given a foot orthotic, wear it in the boot.

Weight Bearing

- Non-WB for 3 days post op then may transition to partial weight bearing in boot days 4-7 using crutches.
- If using scooter, begin partial weight bearing by placing untreated leg on scooter and bearing some weight on the treated foot in the boot.

PROM/AROM

- May begin gentle PROM/AROM on day 2. Perform 3x/day.

Manual Therapy

- No STM with hands or IASTM directly over operative site until 8 weeks Post Op.

Strengthening

- Initiate toe crunch isometrics with foot and toes flat on the floor. Perform 3x/day.

Gait Training

- Partial weight bearing using crutches.

Modalities

- Ice and elevate foot as needed to reduce swelling.



Phase 2 – Intermediate Phase Weeks 2-4 (Days 8-21)

Goals for Phase 2

- Minimize swelling
- WBAT with boot when out in the community
- AROM near normal limits with minimal pain
- Able to perform initial balance, stretching and strengthening exercises

Criteria for Progression to Phase 3

- Able to walk with heel to toe gait pattern with minimal discomfort
- Able to perform toe crunches and resistance band exercises with minimal discomfort

Brace

- Continue to wear protective boot

Weight Bearing

- Day 8:
 - Continue partial weight bearing with boot and crutches/scooter when out in the community.
 - May begin WBAT in the home with boot on.
- Day 15:
 - WBAT with boot on in the community.
 - May begin walking without boot as tolerated at home.

PROM/AROM

- Continue ankle ROM exercises 3x/day.

Manual Therapy

- Day 15:
 - Gentle plantar fascia and Achilles tendon stretching
 - No STM with hands or IASTM directly over operative site until 8 weeks Post Op.

Strengthening

- Day 8:
 - Continue toe crunch isometrics.
 - Initiate full AROM toe crunches 3x/day
- Day 15:
 - Add towel to toe crunches for resistance
 - Start ankle strengthening with resistance bands

Proprioception

- Day 15: Begin balance exercises such as single leg stance, etc.

Gait Training

- Focus on heel-toe gait pattern with ambulation.

Aquatics

- May begin gentle swimming and pool exercise when the wound is healed.

Modalities

- Ice and elevate foot as needed to reduce swelling.



Phase 3- Intermediate Phase Weeks 4-6 (Days 22-42)

Goals for Phase 3

- Minimize swelling
- Wean out of boot to WBAT
- Initiate manual therapy to plantar fascia
- Progress strengthening and balance exercises as able
- May begin using weight machines and cardio machines

Criteria for Progression to Phase 4

- WBAT without boot with minimal discomfort
- Able to perform normal gait pattern on level surfaces

Cardiovascular

- Begin non-impact aerobic exercise with a stationary bike without the boot.

Brace

- May go with regular shoes as tolerated.

Weight bearing

- WBAT without boot. Mild soreness is normal.

PROM/AROM

- Progress ROM as able.

Manual Therapy

- Continue manual plantar fascia and Achilles tendon stretching.
- No STM with hands or IASTM directly over operative site until 8 weeks Post Op.

Strengthening

- Continue strengthening with resisted toe crunches.
- Progress ankle strengthening with heavier resistance bands.
- May begin using leg press. First for quadriceps strengthening and then progress to low resistance calf raises.

Proprioception

- Continue balance exercises as tolerated. Unstable surfaces and single leg progression as able.

Gait Training Advanced

- Gait training on unlevel surfaces.

Modalities

- Ice and elevate foot as needed to reduce swelling.

Cardiovascular

- Once walking is normal in home and community, may begin using an elliptical. (Begin with no incline and low resistance).



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Phase 4 – Return to Function Weeks 7-12

Goals for phase 4

- Return to function
- Return to work or sport

Criteria for Return to Work, Function, Sport

- No pain
- Full ROM
- Strength 5/5

If patient is looking to return to sports patient should complete return sport testing at Aurora BayCare Sports Medicine and meet the tested criteria with <10% side to side difference in all testing

Other Considerations

- Patient should have a gradual return to activity plan – work with your Therapist and Doctor to develop this plan

Return to high impact activities is typically ≥ 12 weeks based on the recommendations of your care team and individual progression through rehabilitation

Weight Bearing

- Continue WBAT with regular shoes

Manual Therapy

- Continue manual plantar fascia and Achilles tendon stretching.
- Soft tissue work including hands on and IASTM at 8 weeks.

Strengthening

- Strengthening exercises as able based on patient tolerance and capabilities.

Modalities

- Ice and elevate foot as needed to reduce swelling.

Cardiovascular

- Increase the intensity of biking, swimming, elliptical, fast walking as able.

Work Related Activities

- Resume normal work activities as tolerated.

Sport Related Activities

- May begin impact activities (jogging, running, sprinting, jumping) once they can perform cardio machines and resistance exercises without pain.



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Things to Avoid Before and After Your Procedure

- Anti-inflammatory medicine like ibuprofen (Advil™, Motrin™) and naproxen (Aleve™, Naprosyn™): Avoid 1 week before and 2 weeks after your procedure.
- Alcohol: Avoid 48 hours before your procedure. Do not consume alcohol while you are taking prescription pain medication.
- Tobacco & nicotine: Consider talking to your physician about stopping- These products impair your ability to heal and might reduce the beneficial effects of the procedure.
- Diet: There is no need to fast before the procedure. You may eat normal meals before your procedure and resume your regular diet when you feel able. A well-balanced diet will promote healing. If you are interested in more details, we can arrange a consultation with our dietician.

Discomfort

Some pain after your procedure is expected for the first few weeks. Use an ice pack on the painful area for 15 minutes as needed; in the first 2-3 days consider icing 3 times daily. In some circumstances your care team may prescribe pain medicine. If you are concerned about your pain, please contact your care team.

Dressing

- Remove dressing after 24-48 hours. Replace with simple bandage.
- Keep ACE wrap or compression sleeve on ankle for 2 days. It should be snug, but not tight. If you see swelling in your toes, the compression is too tight.
- Sterile strip bandages can be removed when they begin peeling off or after 7 days. Keep bandages and procedure area clean and dry.

Bathing

Do not soak/submerge foot in water for 1 week. Showering is OK.

Follow-up Appointment

You will be scheduled for follow-up appointments approximately 2 weeks and 6 weeks after your procedure. In some circumstances, a care team member may follow-up with you over the telephone or electronically. If you have questions about your appointments, call office during normal clinic hours.

When to Call your Provider

If you notice increasing redness, warmth, pain, fever, drainage from the wound or other problems that concern you, call office during normal clinic hours. Otherwise seek care at your local emergency room.