

### Dr. Hjelm Plantar Faciitis Rehab Protocol

<b>Time Frame</b>	<b>Treatment</b>	<b>Goals</b>
Phase I (Acute)	<ul style="list-style-type: none"> <li>- Stretching to gastroc and soleus musculature in seated or standing as tolerated</li> <li>- Four-way banded ankle strengthening as indicated</li> <li>- Foot intrinsic strengthening: Arch doming, towel scrunches, toe coordination exercises, improve great toe extension ROM</li> <li>- Implement modalities such as: Gentle IASTM/STM with great toe on stretch, ultrasound, iontophoresis</li> <li>- Gait analysis</li> <li>- Educate the patient regarding avoiding painful movements, activity modification, proper footwear, self-massage (rolling frozen water bottle on bottom of foot)</li> <li>- See in-clinic 1-2x/wk for progressive ankle/foot intrinsic strengthening, balance, stretching progressions, light STM/IASTM, modalities such as ultrasound and iontophoresis, and reviewing HEP for proper form</li> <li>- Dorsiflexion night splint as ordered by physician</li> </ul>	Decrease inflammation Promote tissue healing Retard muscular atrophy
Phase II (Subacute)	<ul style="list-style-type: none"> <li>- Continue interventions listed above as indicated</li> <li>- Instruct the patient regarding utilizing heat at home to improve tissue extensibility</li> <li>- Initiate pain-free hip/knee musculature strengthening if deficiencies are noted</li> <li>- Continue use of cryotherapy after exercise/function</li> <li>- Continue to see in-clinic 1-2x/wk for progressive ankle/foot intrinsic strengthening, balance, stretching progressions, light STM/IASTM, modalities such as ultrasound and iontophoresis, and reviewing HEP for proper form</li> <li>- Consider dry needling if the pt. is not progressing</li> </ul>	Improve heel cord flexibility Increase muscular strength/endurance Increase functional activities/return to function
Phase III (Chronic)	<ul style="list-style-type: none"> <li>- Continue interventions listed above as indicated</li> <li>- Gradually decrease the use of modalities and move more towards strengthening and stretching</li> <li>- Instruct the patient on gradual return to high-level activities and once painful activities</li> <li>- Implement discharge home exercise program and instruct the patient on programming this as well as the importance of a maintenance program</li> <li>- Gradually decrease frequency of in-clinic therapy appointments</li> </ul>	Improve muscular strength and endurance Maintain/enhance flexibility Gradual return to sport/high-level activities

