



# EFFECTS OF SPECIFIC STRETCHING IN PLANTAR FASCIITIS

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## Abstract :

**BACKGROUND:-** Plantar Fasciitis is also known as Police man heel. It is the commonest cause of heel pain. Some specific stretching like

Calf stretching and plantar fascia stretch are commonly performed by Physiotherapist in the plantar fasciitis.

**OBJECTIVE:-**To evaluate and investigate the effects of these specific stretching By application on the patient in the treatment program of plantar fasciitis.

**METHOD:-**By many researchers, presented studies on PubMed, Web of Science was included. Studies that implemented stretching as a co-intervention were excluded. For risk of bias previous trials were included to internal validity. For overall quality GRADE approach was adopted. To see the effects of calf stretching and plantar fascia specific stretching in terms of mean difference by Visual Analog Scale Pain Score was performed by Pooled Analysis.

**RESULTS:-**Eight articles of Randomized Controlled Trial are included. In comparison of other therapies there was few evidence of less .Effectiveness of calf stretching and plantar fascia specific stretching.

Comparison between both stretching revealed moderate results.

Pain Score had evidence for calf stretching as compared to Plantar fasciitis specific stretching, low effects for both stretching and only Calf stretching had effected results to invalid other Stretching.

**CONCLUSION:-**In the treatment of plantar fasciitis stretching show Effectiveness to better the condition in compared to other therapies.

## Introduction-

Plantar fasciitis is also known as policeman's heel. Plantar fasciitis is the result of collagen degeneration of the plantar fascia at the point of origin, the calcareous tuberosity of the heel, and the surrounding fascial structures. The plantar fascia plays an important role in the normal biomechanics of the foot. Plantar fasciitis usually causes a stabbing pain that usually occurs with the first steps in the morning. The pain usually subsides on standing and moving, but may return after standing for a long time or standing after sitting. Tightness and stress in the fascia can cause small tears. Repeated stretching and tearing of the fascia can irritate or inflame it, although in many cases of plantar fasciitis the cause remains unclear.

## Method\_

- (1) Type of studies: RCT with parallel or cross-sectional design. (2) Type of control intervention: no treatment, other active interventions, or usual care. (3) Type of procedure: CS or PFSS alone, combined or used

Complementary intervention with other therapeutic means. (4) Type of participant: Adults (>18 years) diagnosed with PF or

Pain in the plantar heel. (5) Type of result: (VAS)

Rating Score (NRS), which is rated on a 0-10 subscale over a short period of time

(immediately after treatment or kajlt; 3 months) or long term

(3 months) follow-up.

## Result –

The study found that the combined effectiveness of CS and PFSS was greater than sham treatment and no treatment. The decrease in VAS scores was significantly greater in the PFSS group in both the short and long term, and the decrease in VAS scores was greater in the CS group than in the sham group. There was very little evidence for moderate quality evidence for a better reduction in VAS pain scores in the PFSS group than in the CS group.

## Discussion-

This meta-analysis found moderate-quality evidence that the addition of PFSS to other treatments was better than other treatments alone, and very low-quality evidence that the effectiveness of CS plus PFSS or CS alone was higher than sham. The review found a short-term advantage of PFSS over CS, which could be explained by a special stretchable anatomical structure. The duration and frequency of the stress technique used varied considerably, from 10 s to 60 min CS and 10 to 30 s PFSS, while the duration of treatment varied from 4 days to 8 weeks. Five studies used participants' self-stretching, while only one study used therapist-applied stretching. Three studies allowed co-interventions during the stress program.

## Conclusion –

There is moderate quality evidence for the positive effects of PFSS on CS and the use of PFSS. There is very low-quality evidence that combined stretching was better than other treatments and that PFSS alone was better than CS. The therapeutic effect of stretching is not small and comparable to other treatments. Future trials of higher quality may improve some of the results of this review.

## References –

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