Partial Plantar Fasciotomy with Distal Tarsal Tunnel Release for the Treatment of Recalcitrant Plantar Fascitis

Troy S. Watson, MD

(b – Arthrex, Inc, Wright Medical Technology, Inc
c – Arthrex, Inc
e – Arthrex, Inc, Wright Medical Technology, Inc)

Subcalcaneal pain syndrome is a common pathologic entity that frustrates patients and practitioners alike. The exact etiology and pain generator remains elusive to the clinical practitioner. Various treatment options are typically presented to the patient. Conservative treatment, which is generally effective, can take months and even years before alleviating symptoms. Many studies have shown the effectiveness of a conservative regimen with greater than 90% of patients showing signs of improvement and avoiding surgical intervention. It is the remaining 5-10% of patients with recalcitrant, disabling heel pain that present difficult decision-making for the clinician.

There are numerous surgical procedures described in the literature for the treatment of recalcitrant plantar fascitis including excision of the heel spur, plantar fasciotomy (endoscopic and open), nerve decompression, gastrocnemius recession, extracorporeal shock wave and some combinations of the above procedures. The difficulty with these patients often lies in making the correct diagnosis and then further differentiating between patients with variants of tarsal tunnel syndrome and plantar fascitis. In addition, many patients have continued symptoms with the less invasive procedures and present with the hope of finding some relief with an additional procedure.

It is in this small subset of patients that an argument can be made in support of an open procedure to address the pathology. Due to the difficulty in assigning a specific diagnosis to these patients, performing a partial plantar fasciotomy with release of the first branch of the lateral plantar nerve can lead to resolution of symptoms in most cases.