PATIENT'S MANAGEMENT

OUTLINE

Introduction

Objectives

Process

INTRODUCTION

- family medicine is: primary , continuing , comprehensive and personal health care for individuals

OBJECTIVES FOR THE CONSULTATION

Tasks to be achieved in the consultation

1-Management of presenting problem

2-Management of continuing problem

3-Modification of help seeking behaviour

4-Opportunistic health promotion

PATIENT PRESENTING WITH A PROBLEM

- A 32 of age female patient presenting to you with left heel pain , started 3 weeks ago when she began working out to lose weight .
- Her past medical history is unremarkable
- How do you manage ?

CONTENT

Doctor agenda

- History taking
- physical examination
- Differential diagnosis
- Investigation
- Treatment
- Referral

Patient agenda

- Ideas and believes
- Concerns and worries
- Expectations for now and future

HISTORY TAKING

The chief complaint is typically sharp and stabbing heel pain that is *most severe in the morning* or *standing after rest*.

The pain usually improves with ambulation but may worsen after activity or at the end of the day

there is localized tenderness upon palpation of the medial calcaneal tubercle. Passive dorsiflexion of the hallux may cause pain or discomfort in the plantar fascia.

Onset , duration, associated symptoms, previous history .

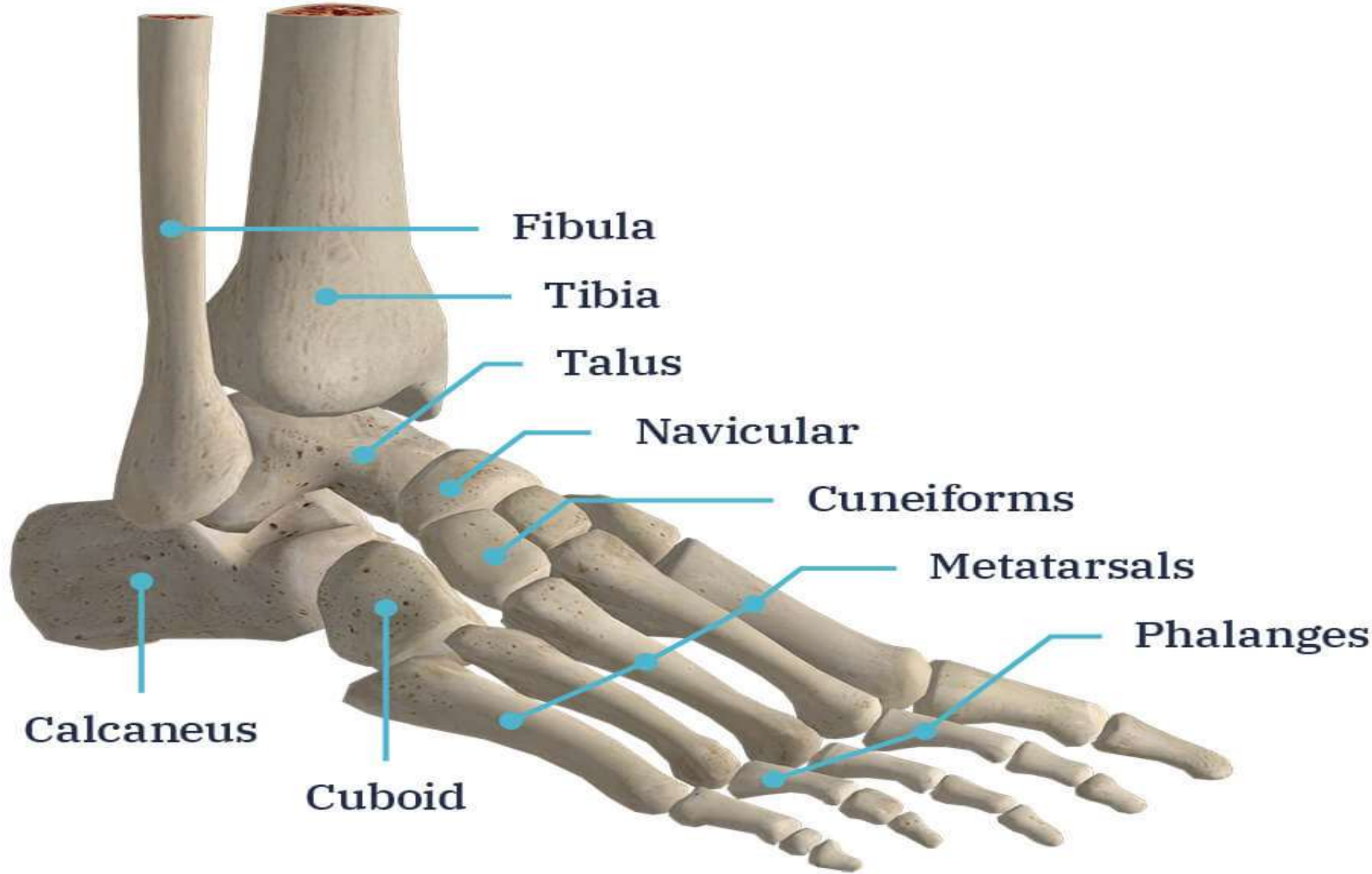
Family history , past medical and surgical history

Personal history

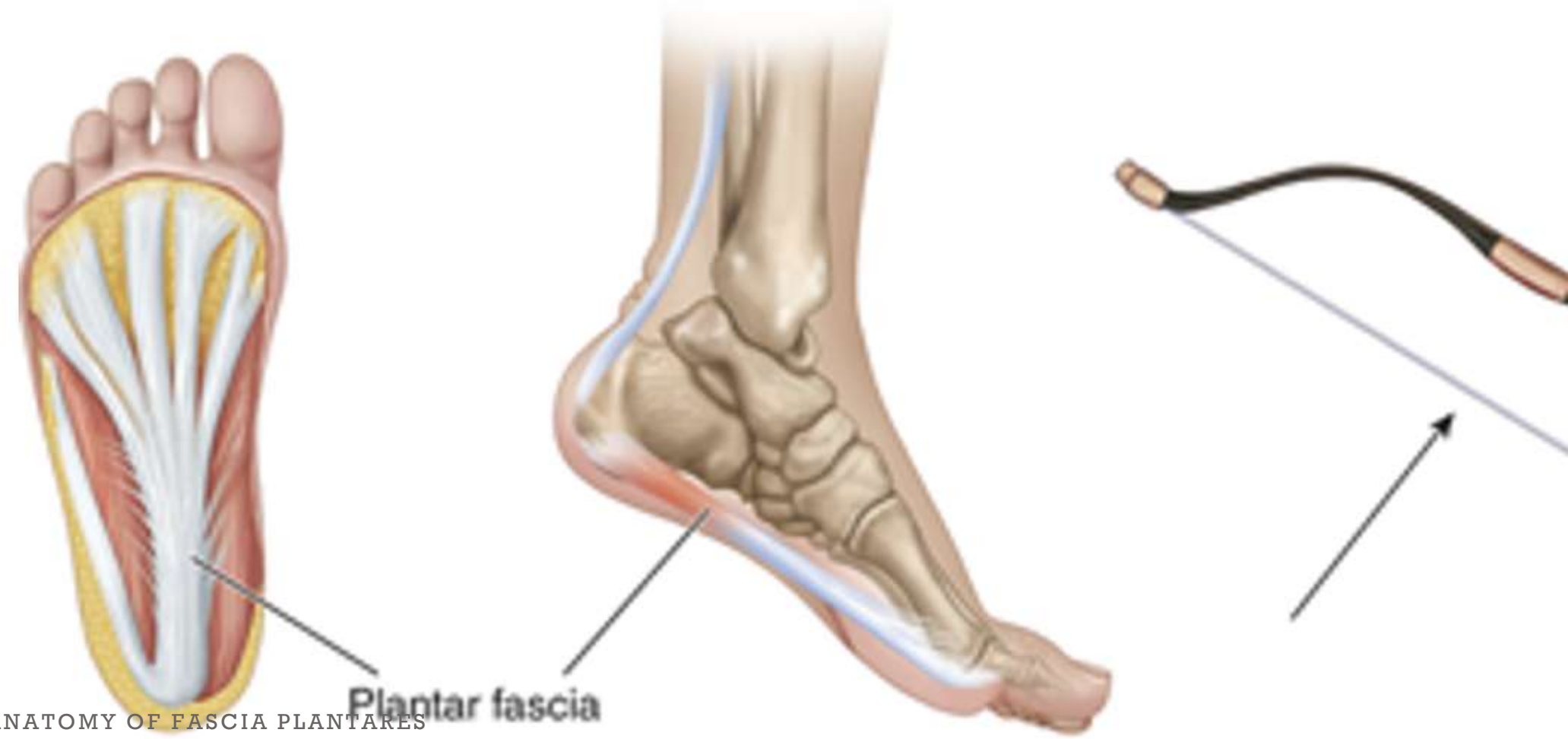
DIFFERENTIAL DIAGNOSIS

Origin of heel pain	musculoskeletal	vascular	dermatological	neurological
	Planter fasciitis	Peripheral arterial disease	Planter verruca	Tarsal tunnel syndrome
	Stress fracture	Vascular insufficiency	Ulcers	Medial or lateral planter neuritis
	Bone cyst		Foreign body	
	Calcaneal stress fracture Achilles tendinitis			

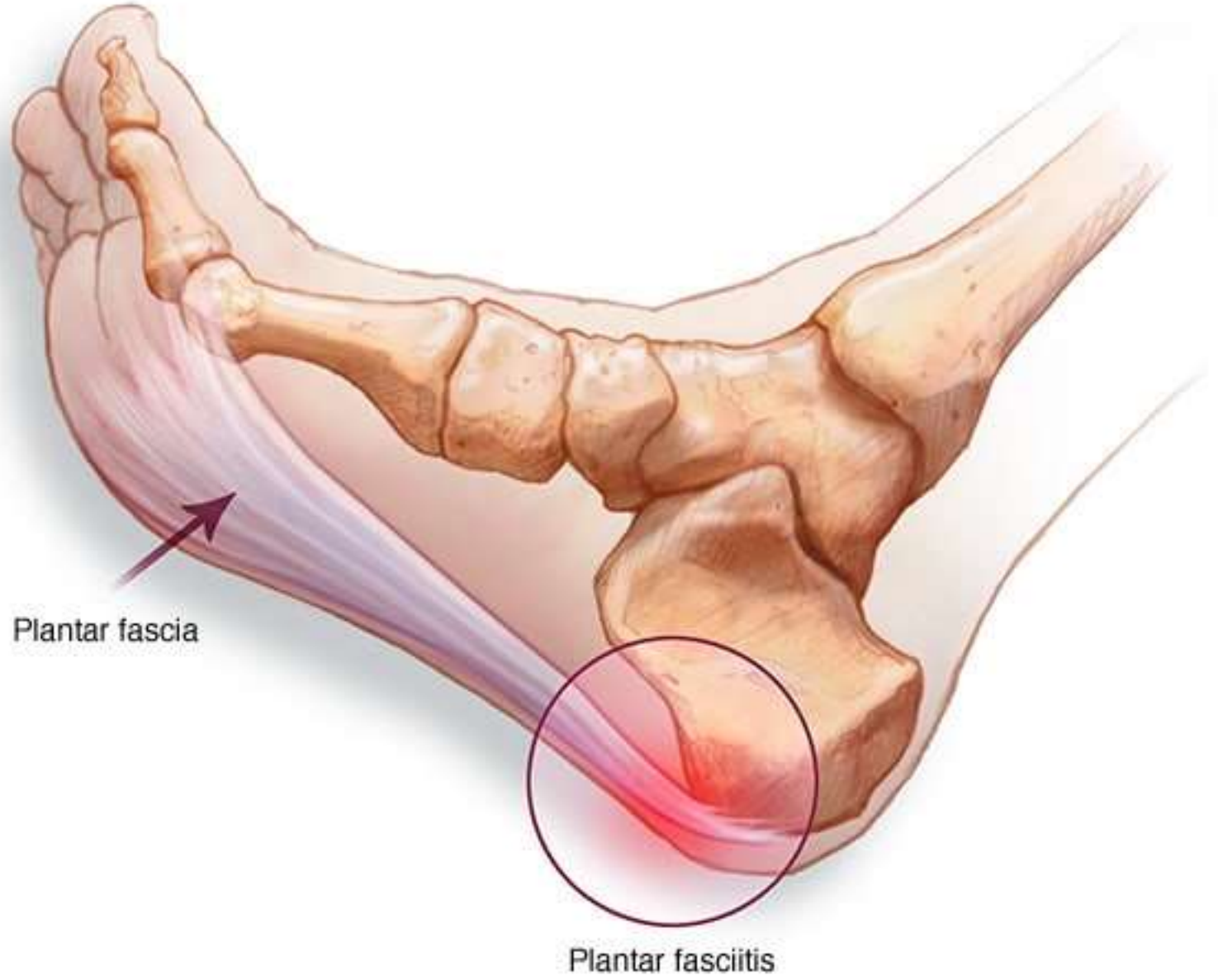
So, from patient complain and history you suspect **Planter fasciitis**


Fibula
Tibia
Talus
Navicular
Cuneiforms
Metatarsals
Phalanges
Calcaneus
Cuboid

The plantar fascia, which spans the bottom of the foot, is a tense band of connective tissue that acts like the string on a bow to help maintain the arch.



ANATOMY OF FASCIA PLANTARES



CLINICAL FINDING

Epidemiology

- *Plantar fasciitis is the most common cause of heel pain.*
- Each year, an estimated 2 million Americans are affected, resulting in more than 1 million clinician visits.
- Risks factors include pes planus as well as pes cavus foot types, obesity, limb length discrepancy, Achilles tendon tightness, and occupations that require prolonged standing or walking.

Symptoms and Signs

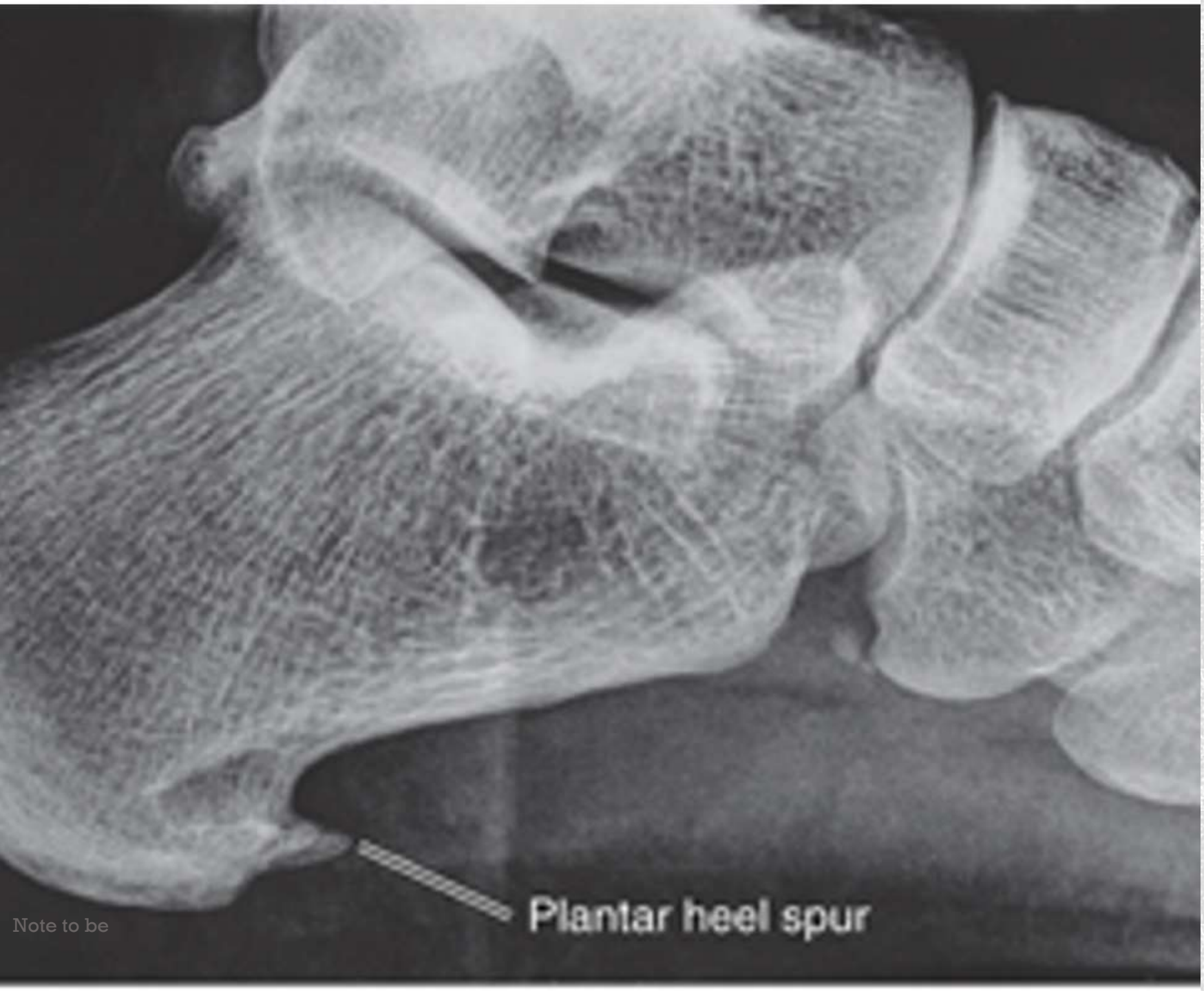
- The chief complaint is typically sharp and stabbing heel pain that is *most severe in the morning* or *standing after rest*.
- The pain usually improves with ambulation but may worsen after activity or at the end of the day
- there is localized tenderness upon palpation of the medial calcaneal tubercle. Passive dorsiflexion of the hallux may cause pain or discomfort in the plantar fascia.

Imaging

- imaging is rarely needed since the diagnosis of plantar fasciitis is usually clinical.

Treatment

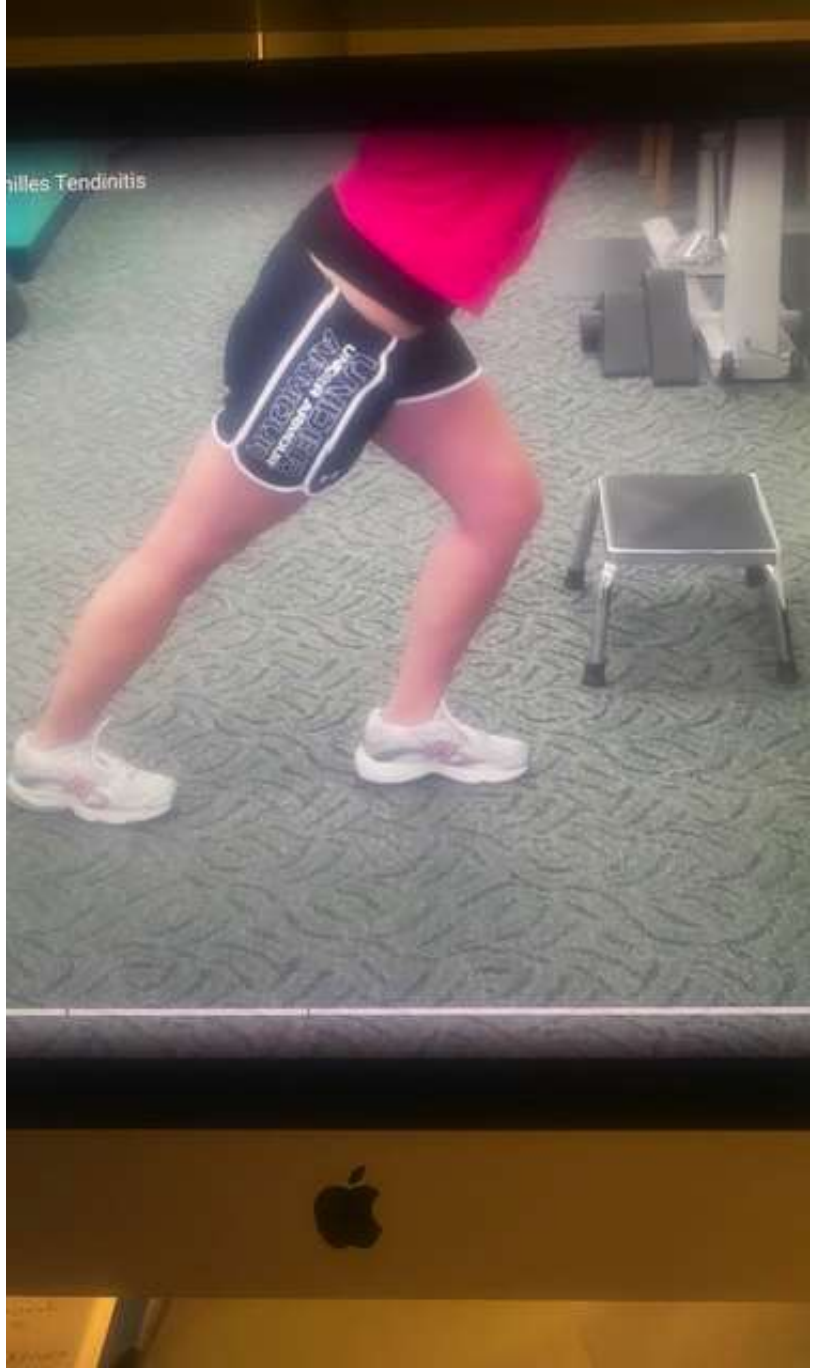
- Initial treatment of plantar fasciitis consists of stretching the Achilles and plantar fascia
- oral nonsteroidal anti-inflammatory drugs, night splints, and corticosteroid injections.
- Plantar fasciotomy done through either open or endoscopic technique may be effective for plantar fasciitis that does not respond to conservative treatment after 1 year

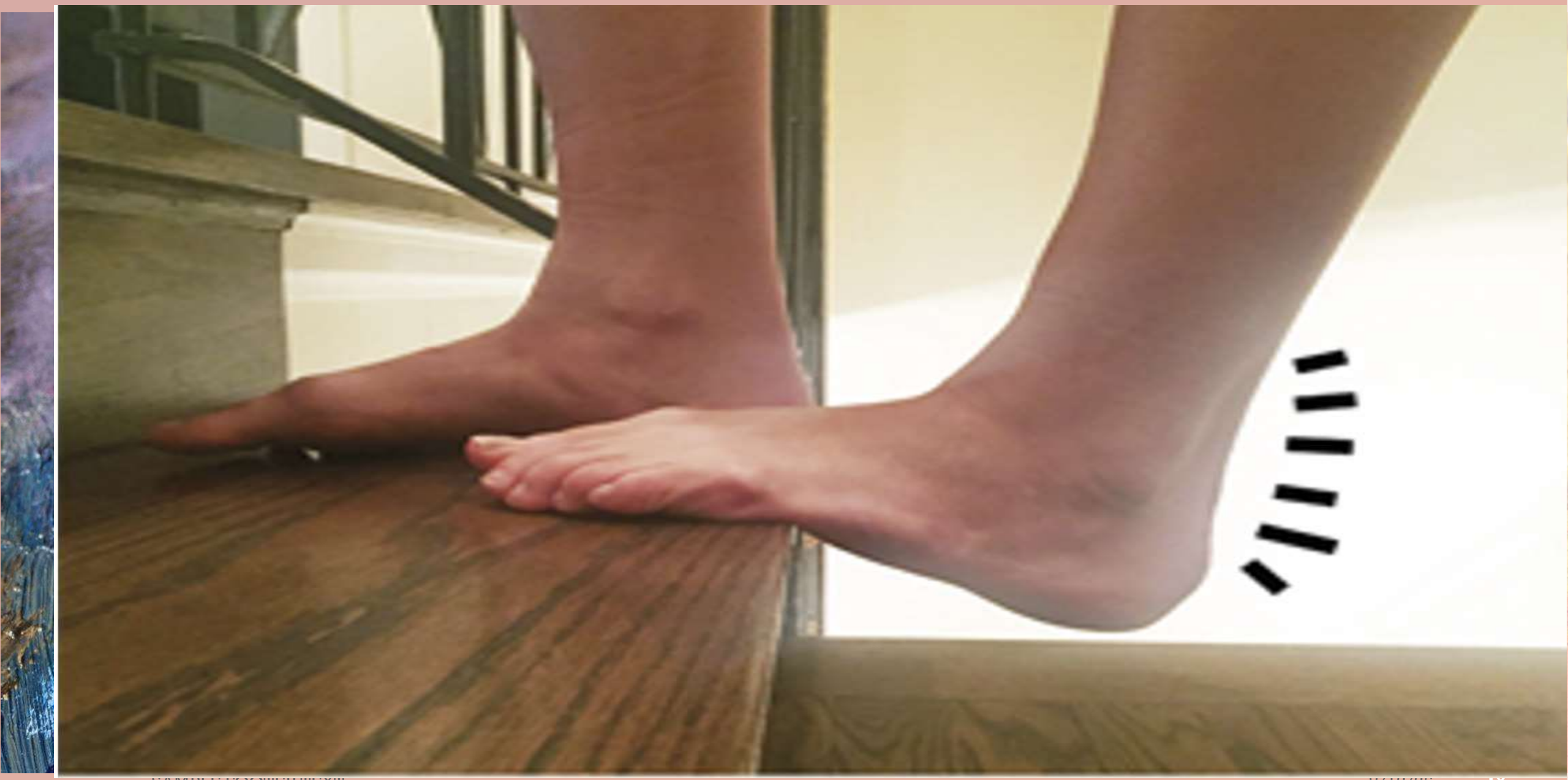


In the case of plantar fasciitis, the chronic inflammatory changes occur at the insertion point of the plantar fascia onto the calcaneus, and the fascia at this point may calcify, forming the plantar heel spur

It is important to note that the plantar heel spur is the *result* of the chronic, local ischemic conditions associated with plantar fasciitis, not the *cause* of the planter fasciitis

Note to be


illes Tendinitis



SUMMARY
PLANTER FASCIITIS

ESSENTIALS OF DIAGNOSIS

Heel pain worse in the morning with initial weight bearing or after a period of rest.
Heel pain precipitated by a recent increase in activity.
Localized tenderness at the medial calcaneal tubercle.
Pain with passive dorsiflexion of the great toe.

TASKS OF CONSULTATION

2

-Management of continuing problem

3

-Modification of help seeking behavior

4

-Opportunistic health promotion

THANK YOU

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