THE EFFECT OF STANDARDIZED OSTEOPATIC TREATMENT IN PATIENTS DIAGNOSED WITH PLANTAR FASCIITIS

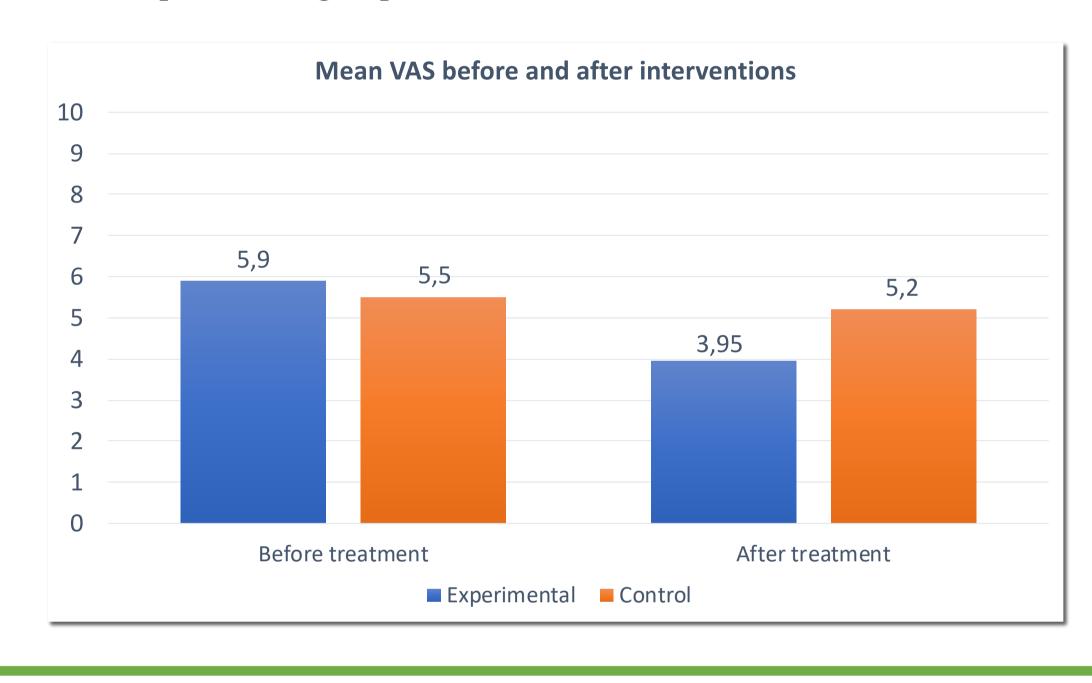


Introduction

- In USA approximately **3 million** people get diagnosed with plantar fasciitis every year⁽¹⁾
- It is associated with severe pain and inhibiting social life and sports, with reported symptoms lasting up till two years $\binom{1}{2}$
- Current research shows that **strength** exercise and manual therapy can decrease pain, but **contradicts** on **long term effects** ^{(3) (4) (5)}
- No studies retrieved investigated the effects of osteopathy for plantar fasciitis
- This study's objective is to determine whether osteopathy is effective measured in **pain** on a VAS scale, in patients diagnosed with plantar fasciitis

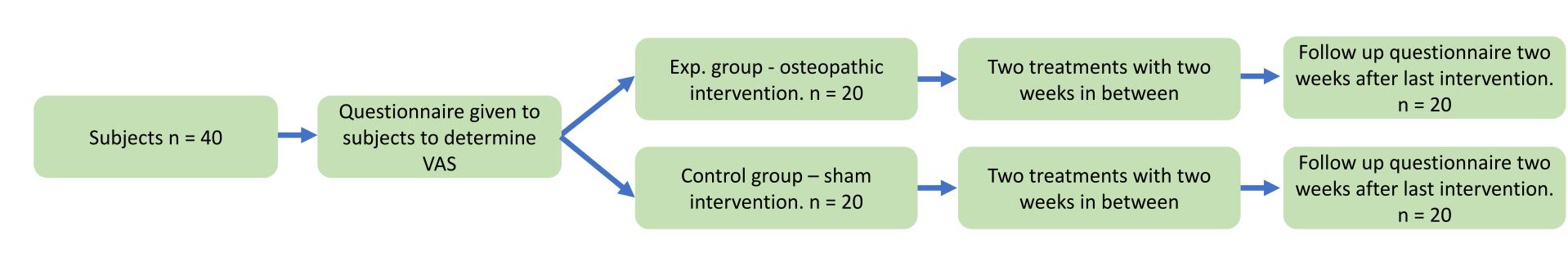
Results

- P<0.00009 (33 %)
- P>0.21 (6,3 %)
- the experimental group. P<0.03



Methodology

- Forty subjects with plantar fasciitis diagnosed by their GP was randomized in to groups
- Experimental group receiving osteopathic treatment consisting of a manipulation of the thoracolumbar junction, "muscle energy technique" (MET) of the sacroiliac joint, manipulation, mobilization and MET of the subtalar joint and gastro-soleus complex
- Control group receiving sham treatment
- The two groups was compared before and after the interventions using paired and unpaired t-test

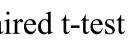


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• A significant decrease in pain was found within the experimental group.

• A nonsignificant decrease in pain was found within the control group.

• A significant decrease was found comparing the two groups in favour of



Conclusions

- method for plantar fasciitis.
- pain associated with plantar fasciitis



References

- 10.1016/j.jmpt.2012.01.007

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• This study found a significant decrease in pain measured on a VAS-scale for the experimental group, compared to the control group

• This research implicates that **osteopathy** might be an **effective treatment**

• The results and findings can be used in osteopathic interventions for relief of

1. Nahin, R. L. 2018. The Journal of Pain 19. DOI: 10.1016/j.jpain.2018.03.003 2. Buchbinder, R. 2014. *N Engl J Med 350.* DOI: 10.1056/NEJMcp032745 3. Rathleff et al., 2015. Scand J Med Sci Sports 25. DOI: 10.1111/sms.12313 4. Huerta, J. 2014. Foot and Ankle Clinics. DOI: 10.1016/j.fcl.2014.08.011 5. Holt et al., 2012. Journal of Manipulative and Physiological therapeutics. DOI:

