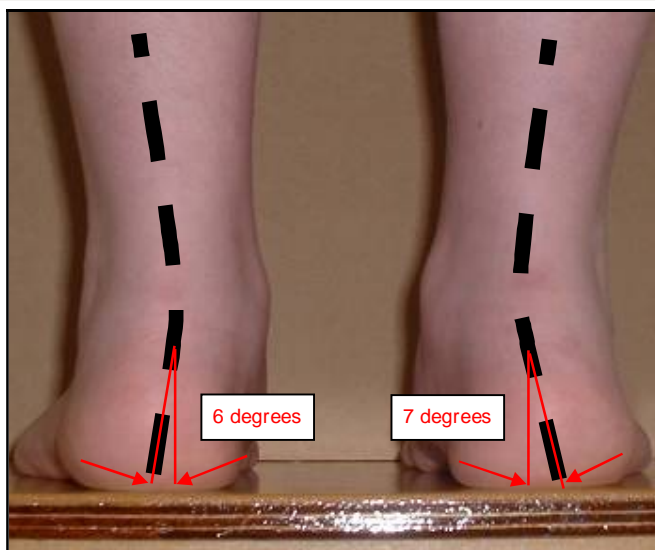


CASE STUDY- *For more details contact Nick Dinsdale as above.*

Name of Patient:	Male
Age:	13 years old
Sport / Occupation:	Student
Level of Activity:	Day to day activities
Condition:	Low Level Achilles Tendon and Plantar Fascia Pain

BEFORE fitting orthotics



History:

The above patient consulted the clinic regarding foot and ankle and Achilles discomfort. The problem had existed for 4 months and was exacerbated during daily walking. Sporting activities were no longer possible without the patient suffering from serious discomfort.

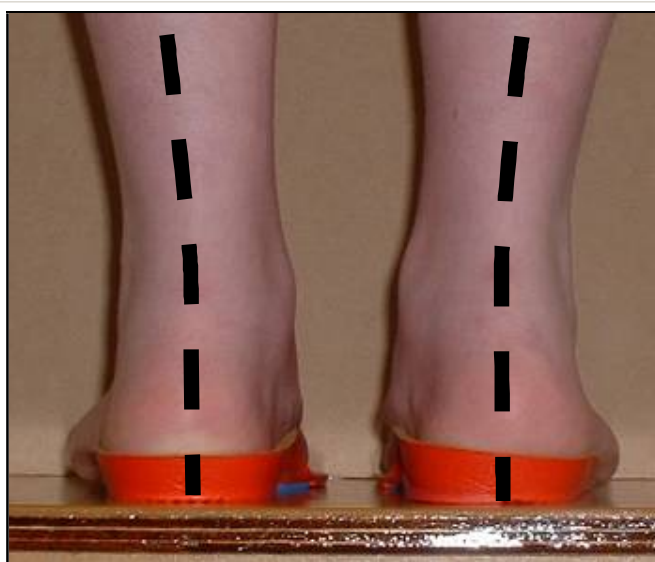
Symptoms reported by patient:

Pain on the lateral aspect of both ankles / feet. The right foot being worse than the left. Soreness in the Achilles tendons, right worse than left and the origin of the Plantar fascia

Examination & Aetiology:

- Bilateral excessive subtalar joint Pronation of 6° to 7° (this is when the feet roll inwards). Excessive pronation adversely affects lower limb biomechanics - placing undue stress on structures throughout the kinetic-chain.
- Tenderness of Achilles tendons with slight thickening.
- Tight calf / Achilles complex, with poor lunge test results. R = 50mm, L = 65mm.

AFTER fitting pre-fabricated custom soft orthotics



Agreed Treatment Plan:

Restore correct biomechanics

The human foot was originally designed to walk on natural, soft surfaces like earth and sand which moulded under the arch to provide support. However, while the foot has not changed over thousands of years, the surfaces we walk on have. We now spend most of the day on unnatural, hard, flat surfaces like pavements, concrete or tiled floors. These surfaces force our arch to flatten; the foot then collapses and pronates in search of the flat hard ground. The pathological effects of excess pronation and associated overuse injuries are well documented. Therefore, customised orthoses were prescribed.

Restore Dorsi-flexion

Specific exercises were prescribed to stretch the Calf / Achilles complex (L & R) to improve flexibility and restore range of motion in the ankle joints. The patient was given clear and precise instructions on how to perform the exercises, correct frequency and durations. Further visits were necessary to monitor the effectiveness of treatment and to monitor changes in the range of motion within the ankles - dorsi-flexion.

Outcome / Patient satisfaction:

Within a number of weeks the symptoms had subsided. The patient's father stated "I can now see a vast improvement in his mobility. This has had a positive effect on his self confidence; for example, he now undertakes much more physical activity and gets more involved in social activities".