

## Is PRP The Cure for Plantar Fasciitis?

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**Received:** August 12, 2016; **Published:** August 16, 2016

The answer is yes and no. Plantar fasciitis has probably been around since the first humans started walking, and has slowly come to the front of our domain thanks to the roughly 200 to 375 million US dollars annually spent trying to manage the condition [1]. In general, plantar fasciitis is a self-limiting disease. Although 90% of cases resolve with conservative treatment within a few weeks, there is no general consensus on the best treatment. Once the primordial treatments fail, there are only a handful of options for the recalcitrant victims, being most commonly steroid or the newer PRP.

Steroid injections were long touted as the be all and end all of plantar fasciitis. That is of course the time that it was still considered to be a fasciitis or an inflammatory reaction. As our understanding has progressed of this fasciosis, it has become clear that steroids are theoretically flawed by inhibiting the very inflammatory reaction that we need for a natural healing response. Although there have been good short term results, in adults, steroid injections have been associated with rupture of the plantar fascia in 2.4 to 10% of patients, as well as attenuation of the plantar fat pad, which may be a new pain generator in itself.

Consequently, the hype has now shifted towards the newer PRP. PRP is a bioactive supersaturated concentration of platelets postulated to release multiple growth factors to augment the natural healing response and result in better tissue quality. Theoretically, very good, but does the promise meet the hype? Some studies have examined the role of PRP in chronic plantar fasciitis and found that although there is good long term results [2,3], the short term results are typically better with steroids [4]. A rider here is that plantar fasciitis is a self-limiting disorder so some of the long term result may be due to the background natural healing phenomenon. It is definitely a better option in regards to side effects, being much safer than steroids.

But will your patients be happy? Probably not. In our practice, despite some exceptions, we have had almost half of the patients receiving PRP come back with minimal to moderate relief wanting further treatment. Unfortunately, the buck stops there as to what can we do? Can we give them a steroid to negate the pro-inflammatory effect of PRP? Or a much costlier but almost equally efficacious experimental stem cell injection? How many times do we keep injecting the foot hoping for a cure?

Clearly, PRP is not the only answer, and we as researchers need to continue the search for options.

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**Volume 3 Issue 6 August 2016**

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