Plantar Fascia Rupture Test

Name: Jonathan Bennett	Age: ⁴⁵
Examiner's name: Dr. Susan Weaver	Age: 45 Date: August 28, 2024
Medical history	
Check the patient's medical history for plantar fascia-related problems or if they have flat feet.	
Recent complaints of severe heel pain following a s	strenuous run. Patient has flat feet.
Windlass Test	
Part 1: Seated position (non-weight-bearing)	
 Have the patient sit on an examination table or chair with their affected leg extended. Stabilize the patient's heel with one hand. With the other hand, apply pressure to the base of the toes while passively dorsiflexing the patient's foot. This means pulling the toes upwards towards the shin. Continue dorsiflexing until the patient reports pain or resistance is felt. Lower the foot back to the starting position and repeat the procedure, this time asking the patient to actively dorsiflex their foot while you apply pressure on the base of the toes. 	
Positive: Pain provoked at the end of the range of motion.	
Negative: No pain provoked.	
Part 2: Standing (weight bearing)	
 Have the patient stand on a stool with their metatarsal heads just off the edge, ensuring they place equal weight on both feet. Passively dorsiflex the big toe until the end of the range while allowing the interphalangeal joint to flex. 	
Positive: Pain provoked at the end of the range	e of motion.
Negative: No pain provoked.	
Physical exam	
Examine the affected foot for the following:	
Tenderness in the plantar fascia area, especially the medial side	Swelling in the plantar fascia area
Bruising in the plantar fascia area	✓ Tightness in the calf muscle

Imaging		
Please select which method/s were used:		
✓ MRI	Bone scanning	
Ultrasound	Computed tomography	
✓ X-rays	Other (specify):	
Results of imaging:		
MRI shows a partial tear in the plantar fascia with significant inflammation. X-rays indicate no fractures or other bone-related injuries.		
Additional notes		
Patient has been advised to rest, use ice therapy, and consider a walking boot. Physical therapy will be discussed at the next follow-up if symptoms persist. Surgical intervention is not required at this time.		

References

Bolgla, L. A., & Malone, T. R. (2004). Plantar fasciitis and the windlass mechanism: A biomechanical link to clinical practice. *Journal of Athletic Training*, 39(1), 77–82. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC385265/

De Garceau, D., Dean, D., Requejo, S. M., & Thordarson, D. B. (2003). The association between diagnosis of plantar fasciitis and Windlass Test results. *Foot & Ankle International*, *24*(3), 251–255. https://doi.org/10.1177/107110070302400309

Rolf, C., Guntner, P., Ericsäter, J., & Turan, I. (1997). Plantar fascia rupture: Diagnosis and treatment. *The Journal of Foot and Ankle Surgery*, *36*(2), 112–114. https://doi.org/10.1016/s1067-2516(97)80055-5