



PRECISE[®]
BIOSCIENCE

Plantar Fascia Release

Brian Dix, DPM, FACFAS



Clinical History

40-year-old male diagnosed with chronic plantar fasciitis and gastrocnemius equinus deformity. The patient had pain overlying the insertion of the plantar fascia to the plantar medial tubercle of the calcaneus. An MRI did confirm the chronic plantar fasciitis (FIG 1). The patient did fail NSAID's, orthotics, different shoes, corticosteroid injections, and physical therapy.



Technology Platform

XCELLERATE™ is opaque and thicker than other grafts. The Lyophilized graft is flexible and easy to handle. What you can't see is the benefit of our proprietary Lyophilization processing focused on preserving the quality of the matrix. The growth factor-rich matrix with an outer basement membrane immediately serves as a natural barrier and supports re-epithelialization.

Procedure

- An open instep incision is made overlying the medial band of the plantar fascia (FIG 2). The incision is deepened through skin and subcutaneous tissue.
- Next, the medial band of plantar fascia is identified (FIG 3).
- Next, the medial band of the plantar fascia is then released and the flexor digitorum muscle belly is observed to confirm the release (FIG 4).

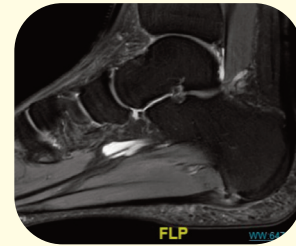


Figure 1

MRI demonstrating inflammation within the plantar fascia.



Figure 2

Incision placement for the open instep plantar fascia release.

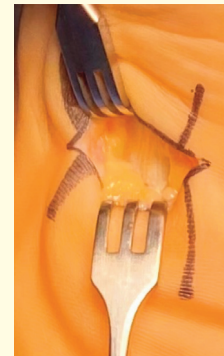


Figure 3

Identification of the medial band of the plantar fascia.

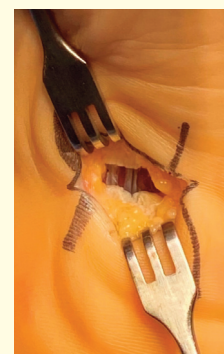


Figure 4

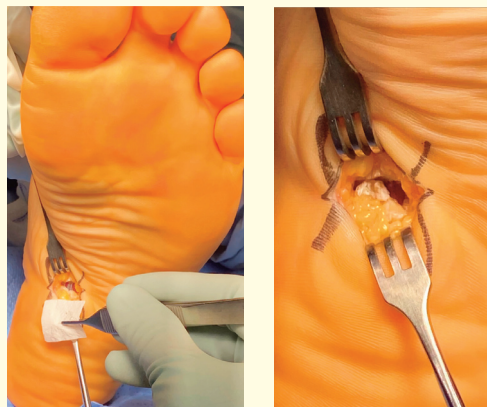
Release of the plantar medial band of the plantar fascia with observation of the flexor digitorum muscle belly.



- Next, XCELLERATE was placed within the defect of the plantar fascia to help decreased scarring and facilitate healing of the plantar skin (FIGs 5 &6).
- Next, the wound is then closed in layers without reattachment of the plantar fascia (FIG 7).
- The patient also had a gastrocnemius recession given the gastrocnemius equinus deformity.

Outcome

- The patient is placed into a cam boot and is non weight bearing for 2 weeks.
- Sutures are removed at 2 weeks and the patient is allowed to weight bear in the cam boot for 2 weeks.
- The patient returned to all activities at 6 weeks (FIG 8).
- The patient has resumed all his activities without pain and is very pleased with the final outcome.



Figures 5&6

Insertion of XCELLERATE within the defect of the plantar fascia to help decrease scarring and facilitate healing of the plantar skin.



Figure 7

Final closure of the incision.



Figure 8

Final healing of the open instep plantar fascia incision.

PRECISE BIOSCIENCE
 7630 PLAZA COURT | WILLOWBROOK, IL 60527 | WWW.PRECISEBIOSCIENCE.COM
CUSTOMER SERVICE 1-888-248-8698 Ext. 103 | customerservice@precisebioscience.com
BILLING billing@precisebioscience.com | **ORDERS** orders@precisebioscience.com
FAX 1-888-701-1157