

Comprehensive Physical Therapy Center Staff

Bruce Buley, MA, PT, OCS, CSCS, Clinic Director

Received his physical therapy training at downstate Medical Center in New York City and earned an advanced Master's in physical therapy at UNC-CH. His 30 years of physical therapy experience have included treating patients with orthopedic, neurological, cardiac, pediatric and sports related problems, including foot and orthotic fabrication. Bruce has served on the academic and clinic faculties of UNC and Medical College of Georgia. In 1999, Bruce became a Certified Orthopedic Specialist by the American Physical Therapy Association and in 2002, became a Certified Strength and Conditioning Specialist through the National Strength and Conditioning Association. Mr. Buley received the 2002 "Excellence in Clinical Practice" award given by the North Carolina Physical Therapy Association. In 2005, Bruce was awarded the "Mabel Parker Clinical Education Excellence" award from UNC.

Christopher J. Kosobucki, DPT, CSCS, received his Doctor of Physical Therapy degree from Duke University in May 2004. While attending Duke, Chris focused on orthopedics and sports medicine rehabilitation, gaining additional knowledge and skills in manual therapy and orthotic fit/fabrication. Chris completed his undergraduate studies at James Madison University in May 2001, where he received a B.S. in Kinesiology with a concentration in Exercise Science. In 2005, Chris became a Certified Strength and Conditioning Specialist through the National Strength and Conditioning Association.

Jeanne Gresko, MS, CRC, LPC, has an MS in Rehabilitation Counseling from West Virginia University and is both a Certified Rehabilitation Counselor and Licensed Professional Counselor. She has received training in Mind/Body Medicine from the National Institute for the Clinical application of Behavioral Medicine and has worked in the field of

rehabilitative medicine for over 14 years. Jeanne also has been teaching stress management techniques for over 8 years.

Sally Sargent, PT, received her bachelors in Physical Therapy from the University of Connecticut. Her 28 years of physical therapy experience have included treating patients with neurological, orthopedic conditions, and she has a strong interest in urinary incontinence and pelvic pain.

Juhi Kachalia, MSPT, received her M.S. in physical therapy from Duke University in May 2000. She worked in neurological rehabilitation for three years outside of Washington D.C. where she served in a clinical leadership council. In Boston, MA, and Bethesda, MD, she also gained experience in cardiac rehabilitation, acute care, and orthopedic conditions. She continues to have an interest in both the Neurological and Orthopedic populations.

Office Hours:

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| Monday through Friday | 8:00 am to 5:00 pm |
| Saturday | 8:00 am to 12:00 pm |

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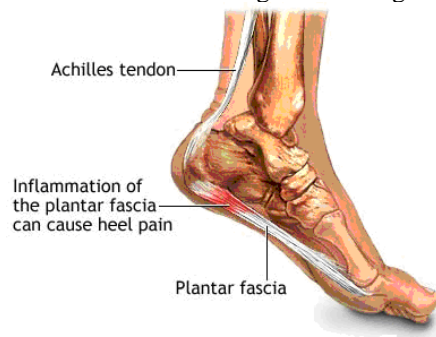


Plantar Fasciitis

Helping People Help
Themselves

What is Plantar Fasciitis?

Plantar fasciitis is an inflammation of the plantar fascia, which is a broad, tough, thick tissue that runs along the bottom of the foot with an attachment at the heel bone (calcaneus) and to the toes. It provides support and helps with foot mechanics when walking and running.



Inflammation and pain occurs at the insertion of the plantar fascia on the inside (medial) portion of the calcaneus (heel bone) for a variety of reasons: increased activity, increased weight gain, the normal aging process, increased weight bearing activity, poor mechanics (increase pronation or supination), and poor foot wear, to name a few.

Signs and Symptoms

- Gradual onset of pain.
- Painful to touch on the inside (medial) portion of the heel.
- Pain is usually the worst when you first step out of bed in the morning.
- Pain can occur after a long drive or after a long period of standing.
- Pain may be worse when walking with bare feet.

What else can cause heel pain?

There are many things that cause “heel pain” besides plantar fasciitis, such as stress fractures, nerve entrapment, tendonitis, or loss of the fat pad under the heel. Some people think that “heel spurs” are the only cause of heel pain, but many people can have a heel spur and have no pain at all or have heel pain and have no spur. A “heel spur” is actually the body’s response to the traction force by the tightened plantar fascia; the body is trying to “shorten” the distance that the plantar fascia has to go in attempts to decrease the pain. A health care provider can determine through an evaluation if the pain is actually plantar fasciitis.

Intervention

Research shows that 90% of all cases are resolved non-surgically, but may take up to 6 months to 1 year to completely resolve.

Rest and activity reduction – Decrease the distance and/or the intensity of your training and compensate with a more non-weight bearing activity such as swimming or bicycling.

Cross-friction massage – Rubbing deeply across (horizontally) the heel where the plantar fascia attaches to the calcaneus (heel) is advantageous. It may be very painful, but it helps bring blood flow to the area to promote healing and break up scar tissue that may have formed.

Stretching – Repeated stretching of the calf and the heel cord (as shown below) holding for 20–30 seconds 3-5 repetitions, 3-5 times a day.

Icing – Icing can help reduce inflammation. Fill a plastic bottle with water and freeze it, then roll the heel over the bottle to ice the painful area. Another icing method is to fill a dish basin with ice cubes and soak heel for 20 minutes.

Appropriate foot wear – A proper shoe is important to provide the support your foot needs. Some people may require orthotics if they have poor foot mechanics.

Splinting – Some people who are not responding to stretching, icing and appropriate foot wear may benefit from a night splint, but should consult a health care provider.

If you continue to have problems be sure to seek medical attention from a healthcare professional to better assess your problem and give appropriate treatment intervention.