APOA Foot & Ankle Council Presents..

Case of the Month

June 2025

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Presented by:

Dr. Yudha Manggala
Orthopaedic and Traumatology Surgery,
Faculty of Medicine Soegijapranata Catholic University,
Semarang, Indonesia

Title:

Surgical Repair of Plantar Fascia Tear

Learning Points:

The plantar fascia plays a crucial role as the primary ligamentous support for the longitudinal arch of the foot. Maintaining tension in this aponeurosis is important for mechanical efficiency, particularly during high-load activities. The previous study found that 50% of patients who experienced a complete rupture had fair to poor functional outcomes (Chin et al., 2022; Schaarup et al., 2020). Management approaches vary widely ranging from non-weight-bearing protocols to immobilization of the injured limb. The more structured and cautious rehabilitation process in the surgically treated group may have influenced the study's outcomes. In contrast, conservatively managed patients did not regain full high-load capacity in the foot. Despite this, surgical repair or reconstruction for plantar fascia ruptures is rarely discussed (Debus et al., 2020; Gitto & Draghi, 2018). The literature noted that in high-performance athletes, surgical repair using suture anchors or non-absorbable sutures can restore sufficient mechanical integrity. Based on our observations, surgical repair of complete plantar fascia ruptures is technically viable. This approach warrants further investigation to better define its indications and potential complications. Ultimately, the decision to perform surgery should depend on the patient's specific functional demands (Schaarup et al., 2020; Venosa et al., 2024).

Upcoming Case of the Month

July 2025

Presented by:

Dr. Wong Chong Hing
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Princess Margaret Hospital
Hong Kong SAR

Title:

Surgical Strategies for Bilateral Severe Comminuted Talus Fractures

Want to present a case? Write to...

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Surgical Repair of Plantar Fascia Tear

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Case

Clinical presentation

A 28-year-old male patient suffered a right medial side of the arch a month ago. He complained about pain that increases with walking, especially barefoot. The patient was otherwise fit and well with no other significant past medical history.

Clinical evaluation

Clinical examination showed a bruise had subsided on his right medial side of the arch with no open wounds. He had tenderness to palpation over his right medial side of the arch. Pain aggravated when bearing weight. He showed a loss of tension in the plantar fascia during passive dorsiflexion of the ankle and metatarsophalangeal (MTP) joints and then compared these findings with the contralateral side. No other discomfort or past medical history was reported. Neurovascular examination showed intact findings.

(Fig. 1)

Phsycial finding of right medial side of the arch at the first-time visit

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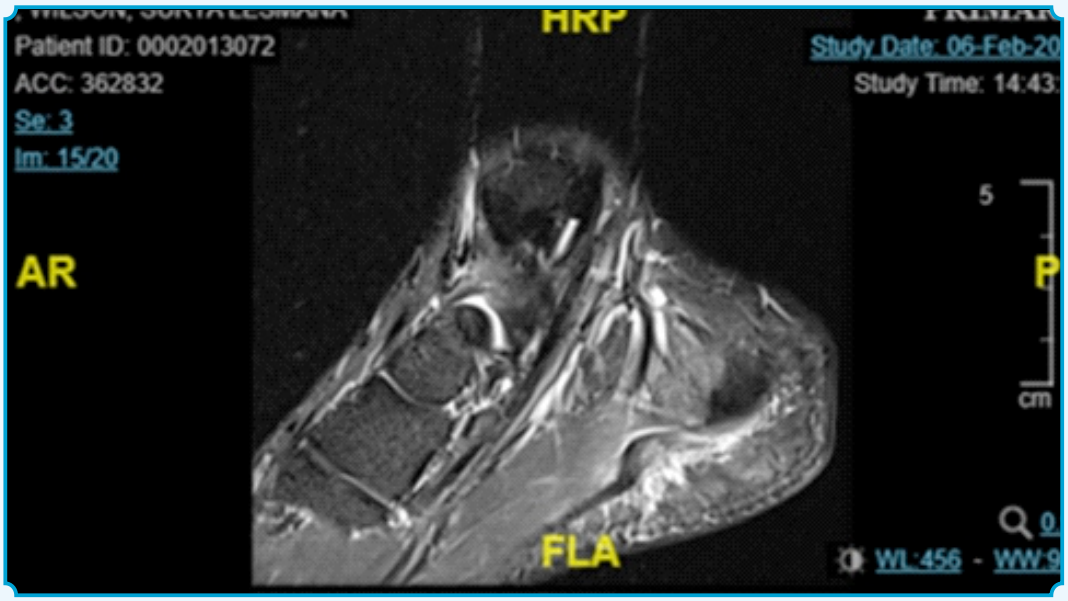
Radiologic evaluation

Magnetic resonance image of foot showed rupture of plantar fascia. The continuity of plantar fascia disappeared near the calcaneal insertion site. MR imaging features include absence of T1-weighted low signal intensity at the site of rupture and high signal intensity on T2-weighted images around granulation tissue.



(Fig. 2)

The MRI finding a plantar fascia tear

Treatment

Regarding his presentation, the author decided to perform the surgery to treat his plantar fascia tear with open surgical repair using suture anchor. Patient was positioned prone on the operating table, and a tourniquet was applied. A longitudinal slightly curved medioplantar incision was made, the injured plantar fascia was identified. Two suture anchors loaded with non-absorbable suture material were used for repair. Distal part of plantar fascia was attached with knotless suture anchor to calcaneus.

Postoperatively, the patient underwent 1 month non-weight bearing followed by partial weight bearing for another month. Full weight bearing was allowed at 2 months postoperatively. He has returned to sport activity at 4 months after operation without any complains.

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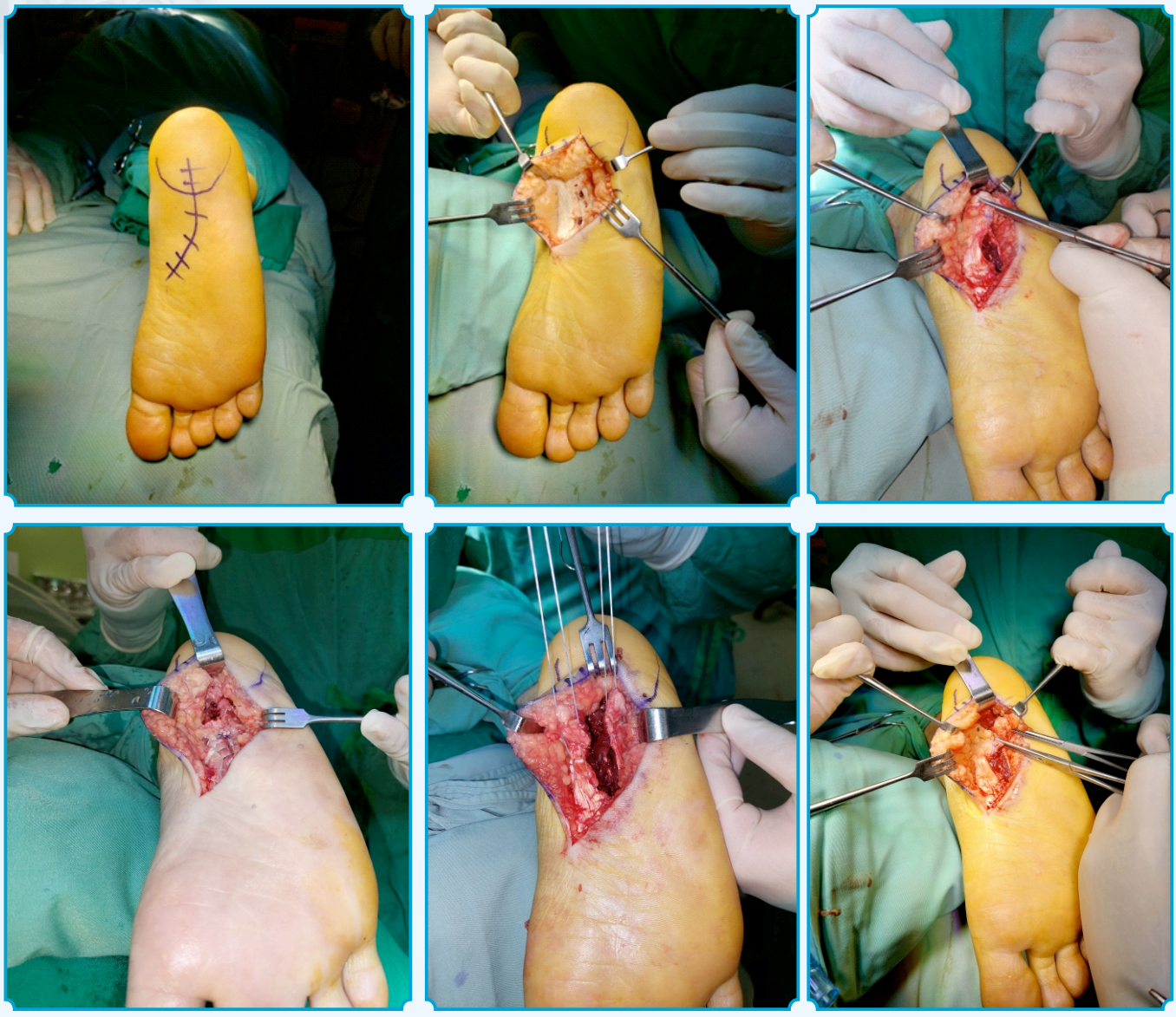

(Fig. 3)

Open repair technique with suture anchor. Distal part of plantar fascia was attached with knotless suture anchor to calcaneus

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References

- *Chin, C. M., Tang, H. M., Yang, K. C., Chen, I. H., & Wang, C. C. (2022). Surgical Reconstruction with Tendon Allografting Following Iatrogenic Rupture of the Plantar Fascia: A Case Report. Medicina (Kaunas), 58(8). https://doi.org/10.3390/medicina58081075*
- *Debus, F., Eschbach, D., Ruchholtz, S., & Peterlein, C. D. (2020). Rupture of plantar fascia: Current standard of therapy: A systematic literature review. Foot Ankle Surg, 26(4), 358-362. https://doi.org/10.1016/j.fas.2019.05.006*
- *Gitto, S., & Draghi, F. (2018). Spontaneous distal rupture of the plantar fascia. J Clin Ultrasound, 46(6), 419-420. https://doi.org/10.1002/jcu.22531*
- *Schaarup, S. O., Burgaard, P., & Johannsen, F. E. (2020). Surgical Repair of Complete Plantar Fascia Ruptures in High-Demand Power Athletes: An Alternative Treatment Option. J Foot Ankle Surg, 59(1), 195-200. https://doi.org/10.1053/j.jfas.2019.07.018*
- *Venosa, M., Romanini, E., Vitale, L., & Logroscino, G. (2024). Spontaneous rupture of the plantar fascia: a case report. Front Rehabil Sci, 5, 1470002. https://doi.org/10.3389/fresc.2024.1470002*

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