Physical Therapy Treatment Plan

Patient Name: Jessica Thompson

Date of Birth: 03/18/1988 Start of Care: 02/12/2025 Paver: Private Insurance

Hospitalization: No hospitalization required

Diagnosis

The patient has the following diagnoses: Med – plantar fasciitis (M72.2) with an onset date of 01/10/2025, Tx – pain in the heel (M79.673) with an onset date of 01/10/2025, and Tx – localized muscle weakness in the lower leg (M62.81) with an onset date of 01/10/2025.

Treatment Approaches

- **PT Evaluation** (Comprehensive evaluation of foot mechanics, gait, and flexibility)
- Therapeutic Exercises (Stretching exercises for calf and plantar fascia; strengthening exercises for intrinsic foot muscles)
- **Neuromuscular Reeducation** (Improving walking and standing mechanics to reduce strain on the heel)
- **Manual Therapy** (Soft tissue mobilization for the plantar fascia and surrounding musculature)
- **Taping Techniques** (Kinesiology taping to provide support to the arch and plantar fascia)
- Cryotherapy/Heat Therapy (Ice application for pain relief and heat for muscle relaxation)
- Night Splints (To maintain a stretch on the plantar fascia overnight)

Frequency, Duration, Intensity, Certified Period

- Frequency: 2-3 sessions per week
- **Duration:** 6-8 weeks
- **Intensity:** Moderate intensity focusing on improving flexibility and strength of the foot and calf muscles
- Certified Period: 02/12/2025 04/12/2025

Plan of Treatment

Short Term Goals

- 1. Jessica will experience a reduction in heel pain to <4/10 within 4 weeks (Target: 03/12/2025).
- 2. Jessica will improve ankle dorsiflexion to 15° and plantarflexion strength to 4/5 within 4 weeks (Target: 03/12/2025).
- 3. Jessica will demonstrate the ability to walk for 20 minutes without increased pain or discomfort within 4 weeks (Target: 03/12/2025).
- 4. Jessica will demonstrate improved foot mechanics with the use of correct footwear and arch support (Target: 03/12/2025).

Long Term Goals

- 1. Jessica will achieve pain-free function while walking and performing activities of daily living (ADLs) by 04/12/2025.
- 2. Jessica will improve strength of foot and calf muscles (5/5 in dorsiflexion and plantarflexion strength) and maintain mobility to prevent recurrence of plantar fasciitis by 04/12/2025.
- 3. Jessica will return to regular exercise routines (including walking and light jogging) without pain or discomfort by 04/12/2025.
- 4. Jessica will perform independent self-management techniques (stretching, strengthening exercises, night splints) to prevent future flare-ups by 04/12/2025.

Patient Goals

- "I want to be able to walk without pain in my heel, especially in the mornings."
- "I'd like to return to running without any issues."

Potential for Achieving Goals

• Jessica demonstrates good potential for recovery, as she is committed to following the treatment plan and motivated to return to normal activities. She has no significant comorbidities that would impact recovery and has shown good adherence to previous rehabilitation plans.

Participation

• Jessica is actively involved in her treatment plan, including completing home exercises, using night splints, and making modifications to her daily activities to avoid aggravating her symptoms.

Initial Assessment / Current Level of Function & Underlying Impairments

Factors Supporting Medical Necessity

- **Referral:** Referred by primary care physician for plantar fasciitis with sharp heel pain.
- Medical History: No significant comorbidities; overall good health.
- Complexities: Persistent heel pain with morning stiffness and pain after prolonged sitting.
- **Prior Treatment:** Self-managed with rest and over-the-counter medications; no prior formal physical therapy.
- Prior Living Situation: Active lifestyle, enjoys walking, yoga, and light jogging.
- **Discharge Plan:** Return to full-function without pain, including the ability to walk and run without restrictions.
- **Prior Level of Function (PLOF):** Able to walk for 30-45 minutes per day and jog lightly for 20-30 minutes.

Background Assessment

• **Precautions:** Avoid excessive weight-bearing exercises or high-impact activities that could exacerbate heel pain until significant progress is made.

Joint ROM / Goniometric Measurements

• **Right Ankle Dorsiflexion:** 10° (Limited)

• **Right Ankle Plantarflexion:** 45° (Normal)

• **Left Ankle Dorsiflexion:** 15° (Normal)

• Left Ankle Plantarflexion: 50° (Normal)

Strength / Manual Muscle Testing

• Right Foot Intrinsic Muscles (Flexors/Extensors): 3+/5 (Weak)

• **Right Ankle Dorsiflexors:** 3/5 (Weak)

• Left Foot Intrinsic Muscles: 4/5 (Normal)

• Left Ankle Dorsiflexors: 5/5 (Normal)

Balance

Sitting Balance: NormalStanding Balance: Normal

• Functional Balance: Able to stand for 5-10 minutes, but pain increases with prolonged

standing.

Additional Abilities / Underlying Impairments

• Cardiopulmonary Function: Normal

- Tone and Posture: No abnormal tone; posture is within normal limits.
- **Pain and Edema:** Moderate pain (5/10) upon first steps in the morning and after prolonged sitting. Mild swelling in the right heel at the end of the day.
- Coordination: Normal
- Sensory Test Findings: No sensory deficits.

Visual Assessment

• **History and Analysis:** No visual impairments noted.

Functional Assessment

• Bed Mobility: Independent

• Transfers: Independent

• Gait: Painful gait, limps with first steps in the morning.

• Functional Tasks: Difficulty walking or standing for extended periods.

Objective Tests / Measures & Additional Analysis

- Assessments:
 - o Foot Function Index (FFI): 35% disability level due to heel pain.
 - Pain Scale: 6/10 in the morning and after prolonged sitting.
- Other: Home Exercise Program (HEP) established for calf stretching, plantar fascia stretching, strengthening exercises for foot intrinsics.

Clinical Impressions

Jessica has plantar fasciitis with acute symptoms that limit her ability to walk comfortably. With consistent rehabilitation, including stretching, strengthening, and supportive footwear, she should improve her mobility and reduce heel pain.

Test/Measures and Outcomes

- **Strength Testing:** Target to improve right ankle dorsiflexion strength to 4/5 and foot intrinsic strength to 4/5 by the end of treatment.
- Pain Reduction: Target to reduce pain to <3/10 during walking and standing tasks.
- **Functional Testing:** Target for Jessica to walk without pain during functional activities, such as walking and standing for 30 minutes.
- Exercise Readiness: Target return to light jogging and running within 6-8 weeks, with no pain and proper technique.