

DORSAL NIGHT SPLINTS VS ANTERIOR NIGHT SPLINTS IN THE TREATMENT OF PLANTAR FASCIITIS: A RETROSPECTIVE STUDY

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ABSTRACT

Background: Plantar fasciitis is the most common cause of heel pain. Conservative treatment with night splints have been shown to be effective in reducing the pain from plantar fasciitis. In this study we evaluated the effectiveness and results of applying a traditional dorsal night splint versus the dorsal night splint in treating patients with plantar fasciitis.

Methods: The study included 171 patients with plantar fasciitis who were treated with either a traditional night splint (n = 51 patients) or dorsal night splint (n=120 patients). We retrospectively reviewed the patients' records to determine time of therapy and time for resolution of symptoms. AOFAS scores were also obtained pre- and post treatment. 25 patients were excluded due to the presence of a concomitant calcaneus stress fracture.

Results: The average increase in AOFAS score from initial treatment to post treatment was 12.5 when using a traditional splint, and 17.1 when using a dorsal night splint. This difference was not found to be significantly different ($p = .1065$, two-sample t-test, equal variances). The median time to resolution using a traditional splint was 84 days (average 118.6 days). The median time to resolution using a dorsal night splint was 49 days (average 108.3 days). The differences between the two groups were not found to be statistically significant ($p = .2226$, Wilcoxon two-sample test).

Conclusion: Both the traditional night splint and dorsal night splint were found to be effective in treating plantar fasciitis. Although not statistically different, there is a trend toward a quicker recovery with the dorsal night splint.

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