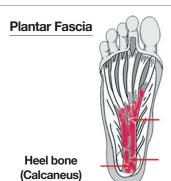








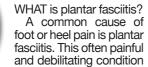
Physiotherapy update - Do you have to put up with foot pain?



Fibrous band

Area of pain from **Plantar Fasciitis**

Robert Vander Kraats, Sports and Exercise Physiotherapist



affects many people ev-

ery year worldwide. Most

people who develop

Plantar Fascia

neath the foot, is repeatedly overloaded or overstretched. This additional force changes the biomechanics of the foot, often leading to pain.

this condition are active

adults between 45 and

when the plantar fascia,

a band of tissue under-

Plantar fasciitis occurs

65 years old.

Common symptoms of plantar fasciitis

Symptoms can vary from case to case. Sometimes they arise gradually over time and in other cases develop suddenly after intense physical activity. The severity and duration can vary from case to case.

These are some common symptoms:

· Pain near the heel people often describe this as a dull ache or a

sharp localised throb. The arch region may also be described as having an ache or burn.

- Stiffness and severe heel or foot pain in the particularly morning, when getting out of bed, after extended periods of rest, or prolonged periods of sitting.
- The pain often worsens with physical activity.
- · There is often significant tenderness when the heel region is palpated.

Risk factors of plantar fasciitis

- · A high arch.
- Flat feet.
- Excess weight.
- A tight calf and Achilles tendon.
- Old shoes.
- · Shoes that do not provide adequate arch sup-
- · An increase in activity

levels and distance. How is plantar fasciitis

diagnosed?

Plantar fasciitis is diagnosed by a medical professional or sports physiotherapist. First by followed questioning, by a thorough clinical assessment, including considering the foot mechanics (both at rest unloaded, and during walking), palpation of the plantar fascia and the heel, strength around the hip joint (as muscles near the hip can change the positioning of the foot), and any tightness of the calf and the Achilles tendon.

In some cases, an x-ray or ultrasound may assist in the physical examination. However, a diagnosis can often be made in the absence of imaging. In rare cases, an MRI, or a blood test is needed, often when plantar fasciitis is not suspected.

Treatment for plantar fasciitis

Common treatments include:

- · A period of relative rest - stopping the previous activities that were aggravating the symptoms and replacing them with activities that put less force through the foot, such as cycling or swimming.
- Contrast therapy alternating rolling your foot on a bottle filled with cold water and one filled with warm water. · A heel insert with the
- middle part removed if indicated. Either a rolling or a
- stretching program. · A strengthening pro-

gram (based on individual needs).

- · In some cases, a night
- splint. Supportive shoes.
- · Sometimes the need for orthotics.
- · Physiotherapy.
- In some cases, to break the cycle taking a course of non-steroid anti-inflammatories (NSAID) or an injection of corticosteroid.

Most cases given non-surgical treatment improve within nine to 12 months.

Robert Vander Kraats is a sports physiotherapist with 18 years of experience, book in with him at Greenwood on 9203 7771 or online on www.ngp.net.au for your comprehensive assessment, and learn about any contributing factors.

Booklets launched to help navigate the challenges of a life-limiting illness



PALLIATIVE Care WA, in association with an expert panel of palliative care professionals, has launched a revision to the popular Palliative Caring booklet and a new companion booklet called My Palliative Care.

These WA-specific resources have been developed by Palliative Care WA through sector consultation and in recognition of the need for two tailored, consumer-centric booklets.

The booklets provide information to support families and carers as they negotiate the often-uncharted waters of caring for a loved one with a life-limiting illness and for individuals on the palliative care journey themselves.

The booklets are free and have been made possible through funding via the Greater Choices for at Home Palliative Care, an Australian Government initiative implemented by WA Primary Health Alliance in WA (WAPHA).

Palliative Care WA CEO, Lenka Psar-McCabe, said: "We are very grateful to WAPHA for their very generous funding of these two resources for the WA community.

"Palliative Care WA first produced Palliative Caring, a comprehensive and cross-sector publication, in 2018. The project created a catalyst to work more closely with service providers, clinicians and community.

"Over the years the booklet has undergone multiple revisions, always with the goal of improving the resource for those caring for loved ones receiving palliative care.

"I believe that this latest version with its new chapters and revisions, and the new My Palliative Care, has captured well what was intended at the outset of the rewriting project.

"I thank the expert panel of palliative care professionals who reviewed, edited and re-wrote sections, including Tish Morrison from WAPHA, Andrew Allsop from Silver Chain, Jenny Monson from Busselton Hospice, Bernadette Nowak from Metropolitan Palliative Care Consultancy Service, Sonje Allegretta from Palliative Care WA, and former PCWA CEO Lana Glogowski.

"I would like to thank members of the WAPHA CaLD and LGBTQIA+ consumer reference groups who reviewed and endorsed the booklets.

"We at Palliative Care WA feel incredibly privileged to be the custodians of this information and bring to life the shared knowledge of the sector partners," she said.

Sections of the Palliative Caring booklet cover a variety of topics to support and guide families and carers through the palliative caring journey. These include hoping for the best and planning for the rest, the role of a carer, what is palliative care, planning and decision-making, caring at home, rural and remote considerations, last days of life and death and bereavement.

My Palliative Care includes similar topics but with an emphasis on helping people make informed decisions that reflect their personal needs and circumstances as they approach this part of their lives. It presents options to consider and references a range of services and supports that might be

To obtain copies of these helpful booklets, please contact Palliative Care WA via info@palliativecarewa. asn.au or on 1300 551 704. To download a copy of each booklet, visit pa lliativecarewa.asn.au/about-us/news/.

Comfort Keepers gives quality and caring ongoing support at home

WITH community at its heart, Comfort Keepers is widely recognised as a leading provider of quality in-home care for all West Australians, who need help and extra support at home.

Whether it's just for a few hours, or an ongoing private or government service, Comfort Keepers provides a range of tailored in-home care packages, designed to keep West Australians happy, healthy and independent in the luxury and comfort of their own homes - and connected to family, friends and the wider community.

Comfort Keepers provide specialist services in aged care,

post hospital nursing, disabilities support (NDIS), dementia and palliative care.

They are committed to providing immediate, tailored and personalised services, bringing peace of mind, without any waiting times, or red-tape.?

No job is too big, or too small for the professional team at Comfort Keepers.

They provide a variety of private or government funded programs and packages designed to give you and your loved ones the traditional care needed. They believe that their clients deserve the very best service, as if caring for members of their own family.

Comfort Keepers dedicated support workers are carefully selected, screened and highly trained to provide personalised, compassionate and genuine care.

With more than 200 support workers across north and south of the river and key regional areas, including Mandurah. Comfort Keepers has the health and well-being of the WA community, at the core of everything they do.

See advertisement on page 46 and 47.

