

Jeff Westerfield, MD
Sports Medicine
Non-operative Orthopaedics
Regenerative Stem Cell Therapy
Concussion Management



Plantar Fasciitis & PRP Therapy: Q & A with Dr. Westerfield

Dr. Westerfield is a Sports Medicine physician who treats non-operative orthopedic patients at Florida Orthopaedic Institute's new Citrus Park location in Tampa, Florida. He is a member of both the Sports Medicine Team and the Regenerative Medicine Team who brings the most up to date techniques and research on Stem Cell and PRP Therapy to the Tampa Bay area.

Q: What is plantar fasciitis?

A: This is a painful inflammation of the thick band of tissue along the arch of your foot connecting your heel to your toes. Patients often tell me of stabbing pain in their heel with their first few steps in the morning. Pain decreases as you stretch out the plantar fascia tissue, but it often returns with prolonged periods of standing or walking.

Q: How do you typically treat plantar fasciitis?

A: We have a pretty sophisticated patient population that has usually tried several treatments before I see them. This is a fairly miserable condition for patients to deal with, so I am pretty quick to jump to prescription based therapy. I am generally OK with a home based physical therapy program, but I strongly feel patients get better faster when working directly with a therapist. Combining this with a short course of anti-inflammatory (NSAIDs) medications, wearing night splints, prescription strength topical compounding creams and corticosteroid ("cortisone shot") injection into the plantar fascia is my typical first approach. If appropriate, I will prescribe custom orthotics to address ankle or arch issues. Custom orthotics are often very expensive and seem to only provide relief to about 1 in 5 of my patients.

Q: What if I've done all of this before and it didn't work?

A: I certainly hear this said to me every day in clinic. Even with aggressive treatment and repeated corticosteroid shots, I still have a fair amount of treatment failures. For patients with significantly flat feet (pes planus), obesity, or those who have failed reasonably aggressive treatment, I have started using Platelet Rich Plasma Therapy.

Q: What is Platelet Rich Plasma (PRP) Therapy?

A: PRP therapy is a clinic based, non-surgical procedure that involves taking a patient's blood and using a centrifuge to isolate and concentrate a platelet rich solution. This concentrated PRP is rich in a patient's own natural healing and growth factors. It is then injected back into chronically inflamed plantar fascia to help accelerate healing, reduce pain and increase functionality.

Q: Why is PRP the best treatment for plantar fasciitis?

A: While it may be the best treatment, I certainly don't recommend this on the first office visit. There is excellent and compelling data comparing PRP to steroid injections that shows significantly improved pain relief and for longer periods of time. For those patients with severe and chronic plantar fasciitis, surgery has often been the last resort. I feel that PRP therapy is finally offering a reasonable alternative that has solid research supporting patient relief.

Q: Can you tell me more about the procedure?

A: I do this procedure under ultrasound guidance in the clinic with the use of local anesthesia. Ultrasound does not expose the patient to any radiation and allows me to spare patients the risks associated with general anesthesia. A typical office visit for PRP therapy will take less than 1-hour. A nurse will draw blood from your arm and then process it in a centrifuge for 15-minutes to isolate a concentrated platelet solution. I will then use an ultrasound machine to identify the damaged tendon or arthritic joint and inject the PRP solution into the target tissue. Depending on the severity of the initial tissue injury, additional PRP injections are sometimes required.

Q: What Can I expect after the office visit?

A: There may be some mild soreness after the procedure, so a prescription for pain medications is usually provided after the procedure. Patients with right ankle plantar fasciitis treatments are often placed in a boot for 1-2 weeks and will require somebody to drive them home. Patients are told not to take anti-inflammatory medications 1-week before the procedure and for 6-weeks after the last injection. Patients may restart their physical therapy program 7-days after their PRP injection.

Q: Who is not a good candidate for PRP therapy?

A: Patients with active infections, pregnancy, Parkinson, Cerebral Palsy, blood borne cancers (lymphoma or leukemia) or high dose Coumadin (warfarin).

Q: Any last thoughts?

A: While Platelet Rich Plasma is certainly a cutting edge therapy that helps the body naturally heal itself without surgery, it is not covered by insurance plans. I encourage all my patients to exhaust all reasonable attempts at conservative treatment before moving on to Platelet Rich Plasma therapy. This procedure should be only one of the many tools in the "physician tool box" to help you achieve your goals.