

# Effectiveness of radial shock wave treatment or tissue-specific plantar fascia-stretching in patients with chronic plantar heel pain

<b>Submission date</b> 25/10/2009	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 17/11/2009	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 09/10/2015	<b>Condition category</b> Musculoskeletal Diseases	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

## Study information

**Scientific Title**  
Effectiveness of radial shock wave treatment or tissue-specific plantar fascia-stretching in patients with chronic plantar heel pain: a randomised controlled observer-blinded trial

**Study objectives**  
Null hypothesis:  
Radial shock wave treatment or tissue specific stretching or radial shock wave treatment in combination with tissue specific stretching provide comparable outcomes at 4 months follow-up.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Institutional Review Board of the "Orthopädie im Centrum", Alzey, Germany, approved on the 3rd July 2005

**Primary study design**

Interventional

**Study design**

Randomised controlled observer-blinded trial

**Study type(s)**

Treatment

**Health condition(s) or problem(s) studied**

Plantar fasciopathy

**Interventions**

Patients are randomly allocated to three sessions of radial shock wave treatment or to plantar fascia stretching:

Group I: plantar fascia-specific stretching (PFSS), 3 x per day, for eight weeks

Group II: Radial shock wave therapy (RSWT), performed 3 x in weekly intervals

Group III: PFSS + RSWT

Follow-up: at 2 months, four months, and 15 months from baseline. Main follow-up is 4 months.

**Intervention Type**

Other

**Phase**

Not Applicable

**Primary outcome(s)**

Overall heel pain reduction measured by the percentage change of the VAS composite score 4 months after beginning of treatment compared with baseline, with last value carried forward (LVCF) replacement of missing values with the last recorded value.

**Key secondary outcome(s)**

1. 6-point Likert scale (fully recovered or significantly improved as success criteria) at 0, 4 and 12 months from baseline
2. Plantar fascia thickness measured before and 4 months and 15 months from baseline
3. Roles and Maudsley Score measured before and 4 months and 15 months from baseline
4. Number of patients achieving 80 points at at month 4, and at month 15 from baseline in the patient's function assessed using the validated 100-point AOFAS (American Orthopaedic Foot and Ankle Society) Ankle-Hindfoot-Score

**Completion date**

01/01/2010

# Eligibility

## Key inclusion criteria

1. History of plantar fasciitis for more than 6 months
2. Numeric Rating Scale (NRS) score persistingly (at least 5 points for pain during the first few steps of walking in the morning)
3. Localised pain on palpation of the proximal plantar fascia
4. Be willing to abstain from any other treatments or medications during the treatment and follow-up period

## Participant type(s)

Patient

## Healthy volunteers allowed

No

## Age group

Adult

## Sex

All

## Key exclusion criteria

1. Less than 18 years of age
2. Receiving local injections less than 3 months prior to the randomisation visit
3. Receiving physical therapy less than 3 months prior to the randomisation visit
4. Receiving non-steroidal anti-inflammatory drugs (NSAIDs) for any chronic conditions whether or not related to plantar fasciitis prior to the randomisation visit
5. Receiving systemic therapeutic anticoagulants
6. Bilateral plantar fasciitis
7. History and/or physical findings of lower extremity dysfunction, local arthritis, generalised poly-arthritis, rheumatoid arthritis, ankylosing spondylitis, local arthrosis
8. Neurologic abnormality (changes of deep tendon reflexes, motor or sensory deficit)
9. Arthrosis of the foot or ankle, as confirmed by x-ray diagnosis (AP, lateral views)
10. Previous surgery of the foot
11. Participation in a Workman's Compensation Program or plans to apply for the Program
12. Thrombopathy, infection, tumour, diabetes mellitus, systemic lupus, severe cardiac disease or other severe systemic diseases
13. Pregnancy

## Date of first enrolment

01/07/2007

## Date of final enrolment

01/01/2010

# Locations

## Countries of recruitment

Germany

**Study participating centre**  
**OrthoTrauma Evalaution Center**  
Mainz  
Germany  
D-55130

## **Sponsor information**

**Organisation**  
OrthoTrauma Evaluation Center (Germany)

## **Funder(s)**

**Funder type**  
Research organisation

**Funder Name**  
OrthoTrauma Evaluation Center (Germany)

## **Results and Publications**

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**  
Not provided at time of registration