

# Media Report 19 AUG 2022

This weeks media reports will cover and answer great questions veterans are still asking and local Media Articles and An illness or injury can have an impact on your ability to adjust to life after service. We all need healthcare services. The Treatment benefits program provides coverage for a variety of benefits and services to help you get—and stay healthy.

## Plantar Fasciitis

•

### Definition

Plantar Fasciitis is a painful condition of the subcalcaneal aspect of the foot resulting from inflammation or contracture of the deep fascia of the sole (plantar fascia) with or without calcaneal spur. Plantar Fasciitis has been used synonymously with the following terms:

- painful heel syndrome
- subcalcaneal bursitis
- subcalcaneal pain
- medial arch sprain
- stone bruise
- calcaneal periostitis
- neuritis
- subcalcaneal spurs
- calcaneodynia
- policemen's heel
- heel pain syndrome
- runner's heel

Please note: Entitlement should be granted for a chronic condition only. For VAC purposes, "chronic" means that the condition has existed for at least 6 months. Signs and symptoms are generally expected to persist despite medical attention, although they may wax and wane over the 6 month period and thereafter.

### Diagnostic Standard

Diagnosis by a qualified medical practitioner is required. (Certain conditions, such as fat pad atrophy, may be misdiagnosed as Plantar fasciitis.)

Evidence of duration of a disability for at least 6 months should be provided.

## **Anatomy and Physiology**

The plantar "aponeurosis", or bands of fibrous tissue radiating towards the bases of the toes from the medial process of the heel area, is composed of medial, central and lateral portions. The central portion is the thickest and is generally the structure referred to as the plantar fascia. It originates from the calcaneus (medial calcaneal tuberosity), where the structure is thickest and most narrow. It fans out from there, becoming wider and thinner, dividing into five bands, each of which contributes a superficial and a deep layer to each toe.

The functions of the fascia include maintaining the longitudinal arch of the foot by tethering the calcaneal bone to the metatarsal heads, providing static support for the longitudinal arch. Shortly after heel strike, at the beginning of the stance phase of the gait cycle, the tibia rotates internally and the foot pronates, stretching the plantar fascia as the foot flattens. The fascia has no elastic properties. Thus, repetitive stretching results in microtears at the heel.

## **Clinical Features**

Plantar Fasciitis is characterized by pain occurring under the heel on weight-bearing, and localized tenderness. The disability may initially present as a minor complaint for which medical attention may not have been sought. Pain is typically of gradual onset, with no associated single acute traumatic episode. Morning stiffness is common, with an improvement after taking a few steps, followed by worsening of pain through the day. The pain is often severe and interferes with walking as pain is felt when the heel hits the ground. Although pain may decrease as activity progresses, usually returning after resting and then resuming with activity, the most severe cases demonstrate pain with any weight-bearing. While pain generally occurs in the heel, it can radiate throughout the bottom of the foot toward the toes. The pain may be dull, similar to that of a toothache. There should be no tenderness with medial to lateral heel compression.

Aggravation (permanent worsening) may manifest as a greater degree of inflammation and/or contracture of the plantar fascia causing increased pain and discomfort.

Bone spurs are a finding in some persons with Plantar Fasciitis, but are not a cause, and may exist independently, of Plantar Fasciitis.

Plantar Fasciitis is common in sports requiring running and jumping, where there is repetitive, maximal plantar flexion of the ankle and dorsiflexion of the MTP joints. There may be a history of recent weight gain or a sudden change in exercise pattern (e.g. longer distance, harder surface, change in shoe).

There is some evidence that individuals who are overweight may be at increased risk of Plantar Fasciitis. However, due to number of confounding variables, including reduced activity of those who are overweight and the body's adaption to gradual weight gain, the evidence supporting obesity as a cause of the condition is not strong.

## Pension Considerations

On this page

- [A. Causes And / Or Aggravation](#)
- [B. Medical Conditions Which Are To Be Included In Entitlement / Assessment](#)
- [C. Common Medical Conditions Which May Result In Whole Or In Part From Plantar Fasciitis And / Or Its Treatment](#)

### 1. Causes And / Or Aggravation

The Timelines cited below are not binding. Each case should be adjudicated on the evidence provided and its own merits.

#### 1. A foot and/or ankle condition prior to clinical onset or aggravation

Foot and ankle conditions include, but are not limited to, the following:

- pes planus
- pes cavus
- chronic foot pronation
- tight Achilles tendon resulting in inadequate dorsiflexion
- weakness of the plantar flexor musculature
- osteopenia of the calcaneus
- subcalcaneal bursitis

#### 2. An arthropathy prior to clinical onset or aggravation

Arthropathies include, but are not limited to, the following:

- arthritis associated with inflammatory bowel disease (Enteropathic Arthritis)
- Psoriatic Arthritis
- Reiter's syndrome
- Ankylosing Spondylitis

#### 3. Trauma to the plantar aspect of the affected foot prior to clinical onset or aggravation

For trauma to cause or aggravate Plantar Fasciitis, the following should be evident:

- Within 24 hours of the injury, development of tenderness, pain, swelling, discoloration, or altered mobility, or any other pertinent sign or symptom, should occur in the sole of the foot, and
- Signs/symptoms should recur, either continuously or intermittently, from the time of the specific trauma to the time of diagnosis.

Trauma means specific or repetitive injuries to the sole of the foot caused by an extraneous physical or mechanical force. It may involve a fracture of the calcaneus.

Running is an example of a repetitive injury. Factors to be considered are:

- duration and frequency of running
- excessive pronation resulting in an unstable foot and stretching of the plantar fascia
- footwear problems, e.g. ill-fitting footwear
- training errors, e.g. rapid increases in distance running or training intensity

4.Inability to obtain appropriate clinical management

2.Medical Conditions Which Are To Be Included In Entitlement / Assessment

1.Calcaneal spurs

3.Common Medical Conditions Which May Result In Whole Or In Part From Plantar Fasciitis And / Or Its Treatment

## **References for Plantar Fasciitis**

1.Australia. Department of Veterans Affairs: medical research in relation to the Statement of Principles concerning Plantar Fasciitis, which cites the following as references:

- 1.Apley AG and Solomon L (1993) The ankle and foot in Apley's system of orthopaedics and fractures 7<sup>th</sup> Edition. Apley and Solomon (Eds) Butterworth Heinemann Oxford. pp.486-498.
- 2.Bordelon RL (1993) Heel pain in Surgery of the foot and ankle. 6<sup>th</sup> Edition Mann RA and Coughlin MJ (Eds) Mosby St Louis pp.837-857.
- 3.Crystal RG (1993) in Sarcoidosis, Harrison's Principles of Internal Medicine 13<sup>th</sup> Edition. Isselbacher KJ, Braunwald E, Wilson JD, Martin JB, Fauci AS, & Kasper DL (Eds) McGraw-Hill New York pp.1679-1684.
- 4.Dailey JM (1991) Differential diagnosis and treatment of heel pain. Clinics in Podiatric Medicine and surgery. Vol.8 No.1 pp.153-166.
- 5.DeMaio M, Paine R, Mangine R and Drez D (1993) Plantar fasciitis. I. Vol.16 No.10 pp.1153-1162.
- 6.Dorland's Illustrated Medical Dictionary (1994) 18<sup>th</sup> Edition. W B Saunders Philadelphia. p.1563.
- 7.Furey JG (1972) Plantar fasciitis. J Bone Joint Surgery. Vol.57-A No.5 pp.672-673.

8. Gerster JC (1980) Plantar fasciitis and Achilles tendonitis among 150 cases of seronegative spondylarthritis *Rheumatol Rehab* Vol.19 pp.218-222.
9. Gerster JC, Vischer TL, Bennani A and Fallet GH (1977) The painful heel: Comparative study in rheumatoid arthritis, ankylosing spondylitis, Reiter's syndrome and generalised osteoarthritis. *Annals of the Rheumatic Diseases*. Vol.36 pp.343-348.
10. Hahn BH (1993) Systemic lupus erythematosus in *Harrison's Principles of Internal Medicine* 13<sup>th</sup> Edition. Isselbacher KJ, Braunwald E, Wilson JD, Martin JB, Fauci AS, & Kasper DL (Eds). McGraw-Hill New York pp.1643-1648.
11. Hill JJ and Cutting PJ (1989) Heel pain and body weight. *Foot and Ankle*. Vol.9 No.5 pp.254-255.
12. Karr S (1994) Subcalcaneal heel pain. *Ortho Clin North Am*. Vol.25(1) pp.161-175.
13. Klenerman L and Nissen K (1991) Common causes of pain in The foot and its disorders 3<sup>rd</sup> Edition. Klenerman L (Ed) Blackwell Scientific Publications: Oxford London. pp.100-101
14. Lipsky PE (1993) Rheumatoid arthritis in *Harrison's Principles of Internal Medicine* 13<sup>th</sup> Edition. Isselbacher KJ, Braunwald E, Wilson JD, Martin JB, Fauci AS, & Kasper DL (Eds) McGraw-Hill:New York pp.1648-1655.
15. McBryde AM (1984) Plantar Fasciitis. *Instr Course Lect*. Vol.33. pp.278-282.
16. Mann RA (1994) The adult ankle and foot in *Turek's orthopaedics: Principles and their application* 5<sup>th</sup> Edition. Weinstein SL and Buckwalter JA (Eds) J B Lippincott Company:Philadelphia pp.655-685.
17. Schepsis A, Leach R and Gorzyca J (1991) Plantar fasciitis: Aetiology, treatment, surgical results and review of the literature. *Clinical Orthopaedics and Related Research*. No.266 pp.185-196.
18. Schur PH (1993) Psoriatic arthritis and arthritis associated with gastrointestinal disease in *Harrison's Principles of Internal Medicine* 13<sup>th</sup> Edition. Isselbacher KJ, Braunwald E, Wilson JD, Martin JB, Fauci AS, & Kasper DL (Eds) McGraw-Hill New York pp.1701-1705.
19. Taurog JD and Lipsky PE (1994) Ankylosing spondylitis, reactive arthritis, and undifferentiated spondyloarthropathy in *Harrison's Principles of Internal Medicine* 13<sup>th</sup> Edition. Isselbacher KJ, Braunwald E, Wilson JD, Martin JB, Fauci AS, & Kasper DL (Eds) McGraw-Hill:New York. pp.1664-1669.
20. Warren BI (1990) Plantar Fasciitis in runners: treatment and prevention. *Sports Medicine*. Vol.10 No.5 pp.338-345.

21. Wortmann RL (1993) Gout and other disorders of purine metabolism in Harrison's Principles of Internal Medicine 13<sup>th</sup> Edition. Isselbacher KJ, Braunwald E, Wilson JD, Martin JB, Fauci AS, & Kasper DL (Eds) McGraw-Hill New York pp.2079-2088.
2. Kibler, Ben W., et al, eds. Functional Rehabilitation of Sports and Musculoskeletal Injuries. Maryland: Aspen Publications, 1998.
3. [Plantar Fasciitis \[www.emedicine.com/emerg/topic429.htm\]](http://www.emedicine.com/emerg/topic429.htm), authored by Leslie Milne, M.D., which cites the following references:
  1. Singh D, Angel J, Bentley G. Fortnightly review. Plantar Fasciitis. BMJ 1997 Jul 19; 315 (7101): 172-5.
  2. The American Orthopaedic Society for Sports Medicine: American Orthopaedic Society for Sports Medicine and National Athletic Trainers Association: Sports Tips - Plantar Fasciitis. 1997.
  3. Wapner, K.L., Sharkey, P.F. The use of night splints for treatment of recalcitrant plantar fasciitis. Foot ankle 1991 Dec; 12(3): 135-7.

## **Current benefits and payment history**

- **What is the Current benefits and payment history section?**

The Current benefits and payment history section displays the values of the current benefits you are receiving (or are scheduled to receive) organized by program, as well as a history of payments issued over the last 24 months.

You can print a copy by right clicking on the Current benefits or Payment history pages, select print preview and then print. If you would prefer an official copy by mail please send a request via Secure Messaging.

- **Can I access information regarding benefits that I've received in the past?**

You can view information for payments for benefits within the past 24 months in the programs Payment History tab. However, only information for the benefits you are currently receiving are displayed in the Current Benefits tab.

- **When a decision is made regarding my application for a VAC service or benefit, how long does it take before the information is reflected on the Current benefits and Payment history pages in My VAC Account?**

As soon as any change is made to the value of your benefits in our system, it is displayed in My VAC Account. If, for some reason, there is any difference between the information displayed in My VAC Account and the information maintained internally by VAC, the latter is considered the official record.

- **I notice that a payment I received in the past 24 months for the disability program is not listed. Why?**

Occasionally, if a specific arrangement (such as a wire transfer) has been made for a disability program payment, it may not appear on this page.

- **What are the amounts being displayed under my Veterans Independence Program (VIP) grant/reimbursement(s) in My VAC Account?**

If you are receiving a grant or reimbursement through the Veterans Independence Program (VIP) benefit, you will see the total annual amount to which you are entitled. This is known as a benefit arrangement.

- **Why is the Veterans Independence Program (VIP) amount different from the one I was provided in my letter from VAC?**

It is possible that there may be a difference between what is displayed in My VAC Account and what has been sent to you in writing. The amount displayed through My VAC Account may not include any one-time or limited-time adjustments.

- **What disability benefit information can be viewed in My VAC Account?**

If you receive a disability benefit, you will see the details of your current monthly benefit in My VAC Account. If you receive periodic payments for a lump sum disability award, you will see the amount and date of your next payment.

To see all of the disability benefit payments made during the last 24-months, click the Payment history tab.

- **In the disability benefits section, what does "redirection" mean?**

A "redirection" means part or all of a benefit is paid to another person or organization.

Please note: if you would like part of your benefit to go to another person or organization, we can pay them directly. This is referred to as a "redirection" in your account.

- **In the disability benefits section, what does "withhold" refer to?**

A "withhold" means part or all of a benefit amount is held back, such as a deduction or overpayment.

Example (hypothetical): you receive an additional pension while your child studies at university. Your child graduates, but you continue to be paid the additional amount. We will withhold the amount you were overpaid and take it off your next pension payment.

- **When can I expect to receive the payment for the "current benefit" amount?**

Generally speaking, you can expect to receive the payment(s) displayed in current benefits in either the current month or the upcoming month, depending on the date you are viewing the information.

For information regarding periodic payments you receive as the result of a disability benefit, select the Learn more about this page at the top of the page.

- **IN THE MEDIA**

[He Lived Where You Live — Postcard campaign](#)

[Canada to join British-led mission to train Ukrainian recruits](#)

[Des Canadiens en Angleterre pour former des Ukrainiens](#)

[Canadian province declares emergency amid worst wildfires in over 50 years](#)

[Monument for fallen soldiers installed at Greenwood Cemetery, dedication ceremony being held in September](#)

[Ottawa va verser 200 millions \\$ par année en cannabis pour les anciens combattants](#)

[COVID-19 vaccine mandate for Canadian military will be 'tweaked,' says defence chief](#)

[Canadian frigates missing from NATO naval forces for first time since 2014](#)

[Clearing the Way' Combat Engineers in Kandahar — The Road to High Readiness: Part 1](#)

### **STAY IN TOUCH WITH THESE CF NEWSPAPERS**

#### **Base/Wing — Newspaper**

14 Wing Greenwood — [The Aurora](#)

22 Wing North Bay — [The Shield](#)

4 Wing Cold Lake — [The Courier](#)

CFB Esquimalt — [The Lookout](#)

CFSU Ottawa — [The Guard](#)

CFB Shilo — [The Shilo Stag](#)

19 Wing Comox — [The Totem Times](#)

8 Wing Trenton — [The Contact](#)

CFB Petawawa — [The Petawawa Post](#)

Base Gagetown — [Gagetown Gazette](#)

17 Wing Winnipeg — [The Voxair](#)

CFB Halifax — [The Trident](#)

CFB Edmonton — [The Western Sentinel](#)

CFB Valcartier — [The Adsum](#)

CFB Kingston — [Garrison News](#)

CFB St Jean — [The Servir](#)

3 Wing Bagotville — [The Vortex](#)

CFB Borden — [The Citizen](#)