TO THE EDITOR

LETTER RE: WINTER 2008 EDITORIAL, "PLANTAR FASCIITIS: WHAT'S AN EVIDENCE-INFORMED CONSUMER TO DO?"

July 2, 2008

Dear Susan,

I have been reading your editorial in the Winter 2008 issue of *Physiotherapy Canada*¹ and I would like to respond to it. I remember your previous editorial about evidenced-based practice in 2005² and had responded to it as well. I do use Google and have many favourite sites that I use for information on a variety of resources, as well as diagnosis-specific sites.

There is a lot of good information in your recent editorial,¹ but I would like to make a point that, I believe, reflects a larger issue with "evidence." I am referring to your mention of one study that indicated that pre-fabricated orthoses were as effective as custom orthoses and another study that indicated that pre-fabricated orthoses were more effective than custom orthoses when combined with stretching. My point to you is that custom orthoses are developed in a variety of ways. They can be done by computer design by walking across a pad, by pressing into a foam mold in weight-bearing, or by plaster cast when non-weight-bearing, to name a few. Orthoses can be prescribed, designed, and fitted by a physiotherapist, a kinesiologist, a chiropractor, an orthotist, or a ski-boot salesperson.

Evidence in health care is never a certainty, and it probably never will be, because you cannot categorize "custom orthoses" for the same reason you cannot categorize ultrasound. Both can be performed in many different ways.

It has been said that allergy treatment will help 80% of people 80% of the time for 80% of their symptoms. That effectiveness will probably vary from clinician to clinician, but the main point is that it will not help everyone, all the time, for all of their problems. So the evidence should guide you, but there will always be a place for clinical experience, which is why your colleagues "recommended shoe inserts/orthoses to correct 'over-pronation.'"¹ The orthoses supplied need to meet what we assume to be the patient's need, because, if they do not do that, they are less likely to help.

Thank you for your article and for the fine job you always do.

With regard and admiration,

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RESPONSE FROM EDITOR-IN-CHIEF

My sincere gratitude is extended to Eric Ferguson for further educating me (and our readers) about custom orthoses and the variety of ways in which they can be designed and developed. One of the perks of being an editor is having the opportunity to continue to learn from the journal's readers and authors.

The authors of the 2008 clinical practice guidelines on plantar fasciitis¹ concluded that there was strong evidence in the research literature that both pre-fabricated and custom foot orthoses provide short-term (3 months) pain reduction and improved function, with no difference between the two types of intervention. However, there was no evidence to support long-term (1 year) use of either. The authors' conclusions were based on five randomized controlled trials comparing various types of orthoses, including "customized, prefabricated, felt arch pads, and heel cups or pads."¹

Although I have not yet accessed or reviewed those five trials to read about the descriptions of the design and development of the custom orthoses, I would encourage Mr. Ferguson to do so. And, not surprisingly, I would also encourage him to conduct and publish some case reports on the use and effectiveness of the different types of custom orthoses for the children in his rehabilitation programme!²

Susan R. Harris
Past Editor-in-Chief
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2. McEwen I, editor. Writing case reports: a how-to manual for clinicians. 2nd ed. Alexandria (VA): American Physical Therapy Association; 2001.

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