Asia-Pacific Chiropractic Journal

ABCA Advanced Bio-Structural Correction Australasia

Improvement in bi-lateral plantar pain, posture and movement in 53-year-old female: A case report

Victoria Te Rito, Ruth Postlethwaite and Clare McIvor

Background: A 53-year-old female presented for Chiropractic care with a primary complaint of bi-lateral plantar pain, contributing to compensatory changes to her gait, and low back pain.

Intervention: The patient underwent a course of Chiropractic care during which she was managed using the Advanced Biostructural Correction Technique.

Outcomes: Significant improvements in posture occurred alongside improved range of motion and decrease plantar pain, allowing the patient to normalise her gait and resume walking normally and without pain.

Conclusion: Further research into the impact of posture on plantar fascia, and Chiropractic's role in managing plantar pain is warranted.

Indexing Terms: Chiropractic; Subluxation; Advanced Biostructural Correction Technique; ABC; plantar fasciitis; gait; low back pain; Quality of Life.

Introduction

Quality of Life is a broad concept that reflects an individual's overall well-being, encompassing physical health, emotional balance, and cognitive function. Increasingly, Chiropractic research is exploring the ways in which Chiropractic impacts on broad aspects of Quality of Life beyond musculoskeletal pain alone. (1)

> *... an aspect of the success in this case is that of empathetic care and a positive therapeutic alliance. The patient remarked that being listened to and taken seriously was a contributing factor to the way she engaged with care ... '*

While addressing sensorimotor integration and restoring optimal neurophysiological function by adjusting the subluxation is one aspect of this, we are learning that Chiropractic can also affect mood, depression, anxiety, and the default mode network. (2, 3)

This line of investigation is noteworthy as it establishes the brain-effects of Chiropractic in terms of mood and mental health. Existing research shows us the connection between chronic musculoskeletal conditions not only on mobility but also mood and mental clarity, leading to fatigue, frustration, and decreased life satisfaction. (4)

Evidence suggests that Chiropractic care may contribute to improved Quality of Life beyond symptom relief. Studies have documented changes in balance, muscle coordination, and even aspects of cognitive processing following Chiropractic adjustments. (5) Pairing this with research on mood, these improvements may translate into greater mental clarity, focus, and resilience. When pain diminishes and movement becomes easier, individuals often report feeling clearer, calmer, and more engaged in their daily lives. This reflects a shift not only in physical health but in the broader dimensions of well-being that define Quality of Life.

Chiropractic care seeks to support health from the inside out, by checking and adjusting subluxations which can disrupt the body's ability to self-regulate and adapt. While the subluxation is a function of both neurology and biomechanics, adjusting anterior to posterior, where the spine has no muscles positioned behind the vertebrae to self-correct, is important.

This case report explores the role of Chiropractic care in supporting both physical recovery and mental clarity in a patient with plantar fasciitis. Though bi-lateral plantar fasciitis was the presenting symptom and primary concern, the notable differences in the patient's health were broader than this symptom alone. Thus, the impact of subluxation-based Chiropractic care on mood and energy should be considered as significant as symptomatic relief alone.

Case details

A 53-year-old female school principal presented to the clinic in May 2024 with a primary complaint of chronic bilateral foot pain, localised mainly to the heels and the head of the right fifth metatarsal. The onset of pain was in January 2024 and symptoms had progressively worsened over several months. The patient described the pain as interfering with both her professional responsibilities and her ability to participate in physical activities she enjoyed.

Prior to seeking Chiropractic care she consulted a podiatrist in April 2024, and was prescribed orthotics which she trialled for three to four weeks without improvement in pain or mobility. Dissatisfied with the lack of progress, she discontinued their use. At the time of presentation, she reported significant limitations in activities including attending F45 exercise classes, where she was frequently modifying or avoiding movements, and she had stopped running and cardio workouts entirely. She was also unable to walk her family's greyhound. Professionally, she reduced her usual daily presence at the school gate, greeting students and parents only twice per week due to pain associated with walking.

Her secondary complaint was chronic low-grade low back pain. While not debilitating, she described it as slowing her down and making her feel '*older than she was*'.

Her last Chiropractic adjustment had been in July 2022, making her irregular under care but not novice. She reactivated care after a colleague, also a patient at the clinic, noticed her limping and reminded her of the clinic and prompting her re-engagement.

Her past medical history was significant for preeclampsia during both pregnancies, leading to long-term use of blood pressure medication. She underwent a hysterectomy in July 2021 due to fibroids and reported a full recovery. She denied regular use of pain relief, noting that taking medication for musculoskeletal pain '*doesn't enter her mind*'. She had no other significant medical history.

The patient described herself as having always been active, with a current exercise routine that included group F45 classes. She acknowledged recent weight gain over the past few years but maintained a positive outlook on herself and her health.

Personal history included being adopted at birth alongside her twin, with whom she shares a close bond. She described their family environment as supportive. She described herself as happily married to her husband of 31 years, describing him as her life partner, with whom she shares two adult children. She enjoys her professional role as principal of a busy intermediate

school and values both the leadership responsibilities and her connection to the school community.

Overall, the patient's medical history appeared devoid of significant stressors, with the exception of bilateral plantar fascia pain.

Clinical findings

Examination revealed a forward structural shift originating from the thoracolumbar region, with an associated increase in lumbar lordosis. The patient demonstrated a slow, heavy gait, giving the impression of someone older than her years, and reported general fatigue. Thoracic motion was restricted throughout, and pain was elicited on motion palpation at the lumbar spine (L3–L5). Reduced mobility was also noted at the left sacroiliac joint.

Significant tenderness was present along the plantar fascia bilaterally, more pronounced on the right, accompanied by calcaneal pain on both sides. Bilateral *gastrocnemius* tightness was also observed.

Subluxation analysis identified restricted motion between T4 - T8, with additional restrictions at the thoracolumbar junction (T10/L1), lumbar segments L3 - L5, and the left sacroiliac joint. Reduced motion was also noted bilaterally at the occiput.

Management

The patient was managed using the Advanced Biostructural Correction (ABC) Adjusting Protocol, incorporating the full ABC protocol, meningeal stretches, anterior adjusting, and specific adjustments to the feet, ankles, and fibular head. Care was delivered with a focus on correcting whole-body structural patterns from head to toe, without local rubbing or mobilisation of the painful regions. The majority of adjustments were directed toward the mid to lower thoracic spine.

Additional recommendations addressed potential external contributors to the patient's plantar pain. Advice was given regarding footwear, highlighting how rigid or moulded shoes may exacerbate dysfunction by limiting normal foot motion. Education emphasised the importance of allowing the feet to move and function naturally rather than being overly contained.

The initial care plan outlined a schedule of two visits per week, with a progress review on the eighth visit. Given her work commitments as a school principal and the clinic's availability, the patient attended weekly visits, primarily on Saturdays. By the eighth week of care, coinciding with the school holidays, she had demonstrated meaningful improvement in her pain and mobility.

The primary aims of care were relief-focused: to reduce foot pain, improve spinal structure, posture, and flexibility, and enhance overall quality of movement, as the patient presented with a 'stuck' structural pattern. Reviews were performed in line with the care schedule, and the patient reported functional improvements consistent with these goals.

Following a period of consistent care, the patient paused treatment after achieving her desired outcomes but subsequently scheduled a follow-up appointment two weeks later. She expressed a long-term goal of maintaining her care on a fortnightly basis, recognising that her body moves and functions better when receiving regular adjustments

Outcomes

Over the course of care the patient demonstrated notable improvements in both objective findings and subjective experience. Her gait gradually became more comfortable and efficient, with her posture appearing more upright and less strained. By the third week of care, she reported that her foot pain had shifted from the sensation of '*walking on broken glass*' to feeling

more like a bruise, which she described as a significant and encouraging change. By the fourth week, she was able to walk around the school comfortably while escorting representatives from the Ministry of Education, expressing her delight at '*mostly forgetting*' about the plantar fascia pain because she no longer noticed it during daily activities.

Spinal motion also improved, with reduced sensitivity and fewer painful areas on palpation. The patient described an overall ease in her spine, improved movement, and a notable increase in energy levels.

Outcome measures included pre- and post-adjustment checks focusing on spinal structure in both front and side views. Observations during simple breathing movements ('breathe in, breathe out') allowed assessment of spinal motion, guarding patterns, shoulder positioning, and cervical mobility. Lumbar range of motion was occasionally incorporated, though structural observation was prioritised. Gait analysis was also employed, with attention given to whole-spine integration, stride quality, and compensatory loading patterns, such as rolling to the outside of the feet to avoid heel pain.

Subjective feedback from the patient was gathered consistently pre- and post-adjustment, with her reports aligning closely with the objective improvements observed in posture, gait, and spinal function.

The patient remarked that:

> 'From the start of the Chiropractic care which centred around my adjustment period, I knew my body structure felt skewed, with lower back tension and aching feet (especially in the heels). The initial difference I felt was a taller posture, clear head, but little difference in my feet. After 4 consecutive adjustments over 4 weeks, I continued to feel more alignment in my posture, but the aching in my feet slowly subsided to a point I could walk freely without agony'.

Discussion

This case demonstrates the role of Chiropractic care specifically through Advanced Biostructural Correction (ABC), in addressing plantar fasciitis by focusing on the detection and correction of subluxations.

Plantar fasciitis is a common condition that causes heel pain and functional limitations, often managed with conventional strategies such as stretching, massage, non-steroidal anti-inflammatory drugs (NSAIDs), ice therapy, and activity modification. (6) While these approaches may provide temporary relief, they primarily target symptoms rather than addressing the underlying causes that may perpetuate tissue stress and irritation.

Checking and adjusting the subluxation according to the ABC protocol was a vital part of this patient's recovery trajectory. The impact of the adjustment, and her ability to adhere to at-home recommendations and the recommended care frequency, likely contributed greatly to correcting gait mechanics. In the context of plantar fasciitis, uncorrected subluxations in the spine, pelvis, and lower extremities may increase abnormal loading forces on the plantar fascia, contributing to persistent pain and inflammation.

In this patient Chiropractic adjustments focused on reducing subluxations to allow the body to function more efficiently. Over a period of 7 to 8 weeks, the patient experienced full resolution of foot pain and associated symptoms, such as end-of-day throbbing and muscle twitching. These

changes were accompanied by significant functional improvements, including walking on sand without discomfort, moving freely in occupational settings, and resuming regular exercise.

A second aspect of this success is that of empathetic care and a positive therapeutic alliance. The patient remarked that being listened to and taken seriously was a contributing factor to the way she engaged with care.

Conclusion

While the results in this case were positive, it is important to note that this is a single patient experience. Further research, including controlled studies, is needed to better understand the relationship between subluxation correction and plantar fasciitis outcomes.

Nevertheless, this case contributes to the growing body of evidence supporting Chiropractic care as a viable component of comprehensive plantar fasciitis management.

Ruth Postlethwaite
BBiomedSc
Writer, ASRF

Clare McIvor
BBus(Admin),
GD Comms(ProfWrit,Edit),
GD(Psych)(Cand)
Writer, ASRF

Victoria Te rito
BChiroprSc, MChirop
Private practice of Chiropractic
Orewa, Auckland
New Zealand
vic@familychiropractic.co.nz

Cite: Te Rito V, Postlethwaite R, McIvor C. Improvement in bi-lateral plantar pain, posture and movement in 53-year-old female: A case report. Asia-Pac Chiropr J. 2025;6.2. www.apcj.net/papers-issue-6-2/#TeRitoPlantarPain

References

1. Glucina, T. T., Krägeloh, C. U., & Farvid, P. (2019). Chiropractors' perspectives on the meaning and assessment of quality of life within their practice in New Zealand: An exploratory qualitative study. Journal of Manipulative and Physiological Therapeutics, 42(8), 480–491. https://doi.org/10.1016/j.jmpt.2019.02.010
2. Haavik, H., Niazi, I. K., Amjad, I., Kumari, N., Ghani, U., Ashfaque, M., Rashid, U., Navid, M. S., Kamavuako, E. N., Pujari, A. N., & Holt, K. (2024). Neuroplastic Responses to Chiropractic Care: Broad Impacts on Pain, Mood, Sleep, and Quality of Life. Brain Sciences, 14(11), Article 1124. https://doi.org/10.3390/brainsci14111124
3. Haavik, H., & Murphy, B. (2012). The role of spinal manipulation in addressing disordered sensorimotor integration and altered motor control. Journal of Electromyography and Kinesiology, 22(5), 768-776. https://doi.org/10.1016/j.jelekin.2012.01.005
4. Moriarty, O., McGuire, B. E., & Finn, D. P. (2011). The effect of pain on cognitive function: A review of clinical and preclinical research. Progress in Neurobiology, 93(3), 385-404. https://doi.org/10.1016/j.pneurobio.2011.01.002
5. Holt, K., Haavik, H., Niazi, I. K., & Murphy, B. (2019). Effects of chiropractic care on strength, balance, and endurance in active duty U.S. military personnel: A randomized controlled trial. Journal of Manipulative and Physiological Therapeutics, 42(3), 152-161. https://doi.org/10.1016/j.jmpt.2018.12.001
6. Luffy, L., Grosel, J., Thomas, R., & So, E. (2018). Plantar fasciitis: A review. Cleveland Clinic Journal of Medicine, 85(5), 385-393.

About the Chiropractor

Dr Victoria Te Rito began as a Chiropractic Assistant in her twenties, before falling in love with the art, science and philosophy of chiropractic so much so that she enrolled in Chiropractic school gaining her Masters at Macquarie University. She later founded Orewa Family Chiropractic in New Zealand. Dr Victoria is passionate about the importance of having a healthy structure, spine, brain and nervous system as an essential part of living a more healthy, connected life. She has a special interest in posture and how it affects the many functions of the body such as breathing, mood, brain activity, tone, pain and overall health expression from the newborn to the more experienced member 's of our community.

Outside of practice Dr Victoria is working on becoming a certified Advanced BioStructural Correction (ABC) instructor. She has served on the ABCA board for 5 years. She enjoy spending time with siblings and friends, and currently challenging myself with the art of Brazilian Jiu Jitsu, and has two adult children with her partner, Nick.