

# New Techniques Update: Coblation for the Treatment of Plantar Fasciosis



Lowell Scott Weil, Sr., DPM, FACFAS 

**Date: February, 2008**

*Correspondence:* On November 6, 2006, *The Foot Blog*® reported on a NIH study head by Dr. Scott Weil, DPM on the treatment of plantar fasciosis using the Arthrocare Topaz™ Microdebrider™. The report was entitled "[Coblation Technique in the Treatment of Plantar Fasciosis](#)". This is a phase IV study beginning in August 2005 and ending in February 2007. The study is funded and sponsored by the ArthroCare Corporation. They are the makers of the ArthroCare TOPAZ™ MicroDebrider™.

**It's been a year since the completion of this study, so we contacted Dr. Weil recently on the results of the study:**

Q: Dr. Weil, what principal findings did your group conclude from the coblation study?

A: The Weil Foot & Ankle Institute Research Foundation has previously performed clinical research on the results of Percutaneous Plantar Fasciotomy (PPF), Extracorporeal Shock Wave Treatment (ESWT), and most recently:

Phase 1 of a Randomized, Double Blind, Placebo Controlled study that compared an "open" plantar fasciotomy to an "open" Micro fasciotomy using the Topaz MicroDebrider. The results supported the hypotheses that "A Plantar Fasciotomy sparing procedure, the TOPAZ Microfasciotomy, is as effective as "open" plantar fasciotomy in the treatment of chronic plantar fasciitis". All subjects had treated, chronic plantar fasciitis for more than 6 months and pain scales of 6/10 upon first steps in the morning.

Phase 2 is ongoing with the hypotheses "Percutaneous K-Wire Puncture followed by multiple RF TOPAZ COBLATION (Arthrocare) was as effective as Percutaneous Plantar Fasciotomy and Resulted in Less Pain and Disability". The results of this study should be completed in the next three months.

Q: Will your group be presenting the results to any journals in the near future?

A: Yes, of course. The procedure is very much technique dependent and we hope to present the results as well as the advised technique in the near future. A video has been produced but we will not release it until the completion of the study and validation of the data.

Q: Do you consider this technique viable with advantages over the endoscopic plantar fascial release or autologous blood injection?

A: Basically, the results of PPF, instep fasciotomy (IF), and endoscopic plantar fasciotomy (EPF) are virtually the same. Our Phase one results were comparable to these other procedures with the one caveat that The TOPAZ procedure did not section the plantar fascia as compared to the other procedures mentioned. As part of the study, computerized footprint analysis was also performed to evaluate the change in foot function after sectioning of a portion of the plantar fascia (EPF, PPF, and IF) as well as the change after the TOPAZ micro fasciotomy. There is no question that the TOPAZ procedure is viable but the final data comparing return to activities of daily living (ADL) between the procedures, will be very important to surgeons vying for good results while having a rapid recovery with few complications.

Autologous blood injections are still undergoing double blind, clinical studies for chronic plantar fasciitis. The reader must carefully look at the design of the various studies to determine the validity of the results.

Q: Do you see any promising new treatment modalities in the future in the area of treating plantar fasciitis and fasciosis?

A: Yes. As with any procedure, there are failures that must be continually treated. Within a month, we will begin Randomized and Single Blinded clinical trials on the use of the Podiatherm (Neurotherm) for the treatment of FAILED plantar fascia surgery or ESWT. This should be quite interesting and hopefully complete the circuit of available modalities for the treatment of unresponsive, chronic, plantar fasciitis. We still believe that 84% of the patients may be successfully treated with standard podiatric medical and mechanical means for the resolution of plantar fasciitis.

Thank you, Dr. Weil, for your time.