

Acupuncture Intervention for Plantar Fasciitis: A Case Study

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Abstract.

Plantar fasciitis is a common musculoskeletal disorder characterized by degeneration of the plantar fascia due to repetitive mechanical stress that causes microtears, tissue irritation, and persistent heel pain, which can significantly impair daily activities and quality of life. Although conventional treatments are widely used, acupuncture has increasingly been explored as a complementary therapy for pain management. This study aimed to describe the implementation of acupuncture care for a patient with plantar fasciitis at the Bumi Sehat Acupuncture Clinic in Ubud, Gianyar, Bali. A qualitative case study design was applied to document the clinical management process of acupuncture treatment. The study involved a 55-year-old male patient who underwent six acupuncture treatment sessions during April 2025. Data were collected through the traditional four diagnostic methods of Traditional Chinese Medicine, including observation, listening and smelling, inquiry, and palpation, and were recorded using a structured client data sheet. The patient was diagnosed with plantar fasciitis associated with Cold-Bi syndrome. The therapeutic approach included acupuncture point stimulation combined with moxibustion to remove meridian obstruction, warm the channels, and promote the circulation of Qi and blood. Clinical evaluation across treatment sessions demonstrated progressive improvement in symptoms, including a gradual reduction in plantar pain, decreased heel elevation during walking, improved functional mobility, and resolution of calf stiffness and sleep disturbance. By the fifth treatment session, the patient reported complete relief from pain and regained normal walking ability, which was maintained at the sixth session without recurrence. These findings suggest that structured acupuncture care may contribute to pain reduction and functional recovery in patients with plantar fasciitis. The study provides clinical insight into the application of acupuncture as a complementary therapeutic option in the management of plantar fasciitis.

Keywords: *Acupuncture therapy; plantar fasciitis; Cold-Bi syndrome; moxibustion; Traditional Chinese Medicine and plantar heel pain.*

I. INTRODUCTION

Plantar fasciitis is a common musculoskeletal disorder characterized by degeneration of the plantar fascia due to repeated microtears that trigger inflammatory reactions [1]. Traditionally, the condition has been described as an inflammatory disorder; however, contemporary understanding indicates that the pathology is more accurately characterized as a degenerative process known as “fasciosis.” Repetitive mechanical stress on the plantar fascia causes microscopic damage, leading to chronic degeneration rather than purely inflammatory changes. Mechanical strain can arise from several factors, including inadequate footwear, excessive physical activity, or repetitive loading on the plantar arch. These conditions may lead to structural changes in the plantar aponeurosis, resulting in swelling, tissue irritation, and persistent pain. Excessive tension at the calcaneal insertion may also contribute to the formation of heel spurs [2]. Structural foot abnormalities such as pes cavus can further increase tension in the plantar fascia, leading to contracture and persistent deformity, which ultimately contributes to inflammation and scar formation within the fascia [3].

From an epidemiological perspective, plantar fasciitis represents a prevalent and economically burdensome condition worldwide. It is estimated to affect approximately 10% of the population. Between 1995 and 2000 in the United States alone, approximately one million patient visits to physicians and hospitals were associated with plantar fasciitis, generating healthcare expenditures ranging from \$192 million to \$376 million [4]. The condition accounts for approximately 11–15% of all foot complaints

requiring professional medical care among adults. Although plantar fasciitis frequently affects physically active individuals such as runners, it is also common among middle-aged women, particularly those aged 40–60 years who are overweight. Prevalence rates reported in specific occupational and athletic populations vary between 2.7% and 17.5%. A large survey study found that approximately 0.85% of adults in the United States reported symptoms of plantar fasciitis, while incidence estimates in the Netherlands range between two and four cases per 1,000 individuals annually [5]. Preliminary observations at Klinik Bumi Sehat Ubud Gianyar Bali indicated that between January and March 2025, approximately 11 patients sought acupuncture treatment for plantar fasciitis-related pain.

Clinically, plantar fasciitis commonly presents as heel pain that may radiate toward the medial arch of the foot. The associated pain can significantly impair daily activities and is closely linked to reduced quality of life (QoL) and poorer general health status. Various intrinsic and extrinsic risk factors contribute to the development of the disorder. Intrinsic factors include anatomical characteristics such as pes planus, pes cavus, leg-length discrepancy, reduced ankle dorsiflexion, and excessive body weight [6]. Abnormal foot arch mechanics may alter the distribution of stress along the plantar fascia, thereby concentrating strain in specific regions [1]. Excessive pronation of the rear foot during gait may further increase tension within the fascia [7]. Degenerative factors such as aging also play a role in reducing the structural integrity of soft tissues and increasing susceptibility to injury [8]. In addition, functional factors such as calf muscle tightness and weakness of the gastrocnemius, soleus, and intrinsic foot muscles have been associated with plantar fasciitis [9]. Extrinsic risk factors include inappropriate footwear, insufficient cushioning, inadequate arch support, and sudden increases in physical activity or training intensity [10]. These biomechanical stresses may lead to abnormal loading patterns in the foot and contribute to the progression of plantar fascia injury. Management of plantar fasciitis typically begins with conservative treatment strategies. These include rest, stretching exercises aimed at lengthening the plantar fascia, ice massage, avoidance of barefoot walking, modification of physical activities, and the use of supportive footwear.

Pharmacological approaches such as nonsteroidal anti-inflammatory drugs may also be used to relieve pain. In addition, several physical therapy modalities are commonly applied in clinical practice [11]. Among these interventions, acupuncture has gained increasing attention as a complementary therapeutic approach. Several studies comparing acupuncture with standard medical treatment, as well as studies evaluating true acupuncture versus placebo, have demonstrated significant reductions in pain intensity among patients with plantar fasciitis. Improvements were observed using measures such as the Visual Analog Scale and plantar fasciitis pain and disability scales, with significant reductions in pain typically occurring after four to eight weeks of treatment and minimal reported adverse effects [12]. From the perspective of Traditional Chinese Medicine (TCM), plantar fasciitis is categorized as a meridian disorder associated with Bi syndrome, a condition characterized by obstruction of Qi and blood circulation within the meridians. In TCM theory, pain arises when the normal flow of Qi and Xue is disrupted. Such disruptions may occur due to external pathogenic factors such as wind, cold, or dampness that invade the meridians and obstruct the circulation of energy and blood. In addition, repetitive strain, overuse of specific body parts, sports injuries, and internal organ disharmony may contribute to meridian dysfunction and local Qi stagnation [13].

The therapeutic principle in the management of Bi syndrome involves eliminating pathogenic factors, restoring the smooth flow of Qi and blood, and addressing underlying imbalances. In chronic cases, treatment may also involve strengthening internal organs, nourishing blood, or resolving phlegm and blood stasis depending on the dominant pathological pattern [13]. Acupuncture treatment for plantar fasciitis in TCM typically involves the selection of local, distal, and syndrome-based acupoints to regulate meridian function and alleviate pain. Despite the growing evidence supporting acupuncture as a potential therapy for plantar fasciitis, clinical documentation describing acupuncture care in specific healthcare settings remains limited. Observations from Klinik Bumi Sehat Ubud Gianyar Bali indicate that patients with plantar fasciitis frequently seek acupuncture treatment, suggesting a need for further clinical description and evaluation of such interventions. In particular, cases categorized within the cold-type Bi syndrome provide an opportunity to explore the application of acupuncture principles in managing plantar fascia pain within the framework of TCM theory. Therefore, this study aims to describe the implementation of acupuncture care for patients with plantar fasciitis at Klinik Bumi Sehat Ubud Gianyar Bali. By documenting the clinical characteristics and

therapeutic approach applied in this setting, the study seeks to contribute to the scientific literature on acupuncture management for plantar fasciitis and provide additional insights for healthcare practitioners involved in integrative and traditional medicine practices.

II. METHODS

This study employed a qualitative case study design to document the implementation of acupuncture care in the management of plantar fasciitis. The primary objective was to obtain a comprehensive description of the acupuncture care process applied to a patient with plantar fasciitis in a clinical setting. Rather than exploring a broad social phenomenon, the case study focused on reporting a structured clinical management process using acupuncture as a therapeutic modality. The research observed the complete sequence of acupuncture care, beginning with patient assessment and diagnosis and continuing through treatment planning, therapeutic intervention, and evaluation. All procedures were conducted in accordance with established clinical standards for acupuncture care. Data were collected using a structured client data sheet that facilitated systematic documentation of clinical findings and therapeutic responses. The collected information served as the basis for establishing both disease and syndrome diagnoses, which guided the formulation and implementation of the acupuncture treatment plan. The conceptual focus of the study was acupuncture care for plantar fasciitis. In biomedical literature, plantar fasciitis is generally defined as an inflammatory condition caused by repeated microtrauma leading to microscopic tears in the plantar fascia. However, recent literature suggests that the condition is more accurately described as “plantar fasciosis” because of the chronic degenerative processes observed in the tissue, including collagen necrosis, chondroid metaplasia, and calcification [14].

From the perspective of acupuncture and Traditional Chinese Medicine (TCM), plantar fasciitis is considered a meridian disorder classified within Bi syndrome. Bi syndrome refers to pain, numbness, or discomfort in muscles, tendons, and joints caused by obstruction of Qi and blood circulation due to the invasion of external pathogenic factors such as wind, cold, or dampness. This conceptual framework guided the diagnostic reasoning and therapeutic approach used in this study. The study involved a single participant who met specific inclusion criteria. The participant was a male patient aged 55 years who presented with complaints consistent with plantar fasciitis and was receiving treatment at Klinik Bumi Sehat Ubud Gianyar Bali. Participation was voluntary, and the individual agreed to take part in the study after receiving an explanation of its purpose and procedures. The research was conducted at Klinik Bumi Sehat Ubud Gianyar Bali, where the participant underwent six acupuncture treatment sessions during April 2025. The single-case design allowed for an in-depth exploration of the clinical process and therapeutic response over multiple treatment sessions. Data collection began after the research proposal was approved by the academic supervisor and the necessary administrative permission was obtained from the Head of the D-III Acupuncture Program at ITSK RS dr. Soepraoen Malang. Data collection involved a systematic approach to patient assessment and clinical documentation.

According to Nursalam [15], data collection refers to the process of approaching research subjects and gathering relevant characteristics required for the study. After identifying a suitable participant, the researcher obtained informed consent and conducted acupuncture diagnostic examinations. The assessment followed the traditional four diagnostic methods used in acupuncture practice: observation (Wang), listening and smelling (Wen), inquiry (Wen), and palpation (Qie). Observation included assessment of shen, facial complexion, physical appearance, body posture, and tongue characteristics. Listening and smelling involved evaluating vocal quality, breathing sounds, and odors associated with bodily functions. Inquiry consisted of structured interviews covering the patient’s identity, main complaints, additional symptoms, medical history, lifestyle patterns, family history, and other health-related factors. Palpation included examination of the affected area, palpation of specific points, and pulse diagnosis. Additional supporting information from medical diagnostic examinations, laboratory results, radiological findings, and medical records was also reviewed when available. After the initial data collection, the information obtained from the four diagnostic methods was processed through data reduction. Data reduction refers to the process of organizing and selecting information relevant to the clinical diagnosis.

The researcher classified the collected data according to diagnostic categories and summarized the findings by selecting information with diagnostic significance, particularly abnormal findings. These data served as the basis for establishing an acupuncture diagnosis, which included both the biomedical disease classification and the corresponding TCM syndrome differentiation. The establishment of diagnosis was a critical stage in the acupuncture care process because it provided the foundation for therapeutic planning. In this study, diagnosis consisted of two components: identification of the disease and differentiation of the underlying syndrome. A single disease entity may present with more than one syndrome pattern; therefore, syndrome differentiation was conducted based on the completeness of the diagnostic findings obtained from the four examination methods. The number and characteristics of identified syndromes subsequently informed the development of the acupuncture treatment strategy. Following the diagnostic stage, a comprehensive acupuncture treatment plan was developed. The treatment plan included the determination of therapeutic principles and treatment methods, selection of appropriate instruments and materials, identification of acupuncture points and manipulation techniques, scheduling of treatment sessions, and provision of recommendations and advice to the patient. This plan guided the implementation of acupuncture therapy throughout the study period. The implementation of acupuncture therapy followed standard clinical procedures to ensure patient safety and treatment consistency.

The therapeutic process included preparation of facilities, equipment, and materials; confirmation of patient consent; positioning of the patient; hand decontamination and use of personal protective equipment; preparation of the needling site; needle insertion and retention for the prescribed duration; removal and collection of needles; equipment decontamination; and post-treatment monitoring. During each session, attention was given to preventing trauma or injury and maintaining compliance with occupational health and safety standards. Evaluation of treatment outcomes was conducted through both process evaluation and outcome evaluation. Process evaluation was performed immediately after needle removal and involved reassessment using the four diagnostic methods. This evaluation included observation of needling marks, changes in the patient's general appearance and facial expression, alterations in voice and breathing patterns, patient-reported responses to treatment, and palpation of the affected area and pulse. Outcome evaluation involved interpreting the findings from the process evaluation to determine whether the therapy should continue according to the established treatment schedule or whether alternative clinical actions were required. In addition to treatment evaluation, a prognosis assessment was conducted to estimate the likely course and outcome of the patient's condition. Prognosis categories included sanam (recovered), bonam (good prognosis), malam (poor prognosis), and dubia (uncertain prognosis).

Referral procedures were also considered when patients required additional healthcare services beyond the scope of acupuncture therapy. To ensure data validity, several strategies were applied. Data validity refers to the process of evaluating the quality and credibility of collected information. In qualitative case study research, the researcher acts as the primary instrument, and therefore the integrity and consistency of the researcher are essential. Additional validation strategies included extended observation and triangulation of information from three primary sources: the patient, the acupuncture therapist, and family members closely related to the participant. These procedures were used to confirm the accuracy and reliability of the collected data. Data analysis was conducted using a cross-session comparative technique. The analysis compared clinical data obtained from different acupuncture treatment sessions to identify patterns of change over time. Two types of data were examined: process data and outcome data. Process data included patient examination findings, diagnostic formulation, treatment planning, and implementation of therapy. Outcome data included observable changes in the patient's condition following treatment, including symptom improvement, prognosis, and any referral decisions.

The comparative analysis involved examining differences between treatment sessions, such as comparisons between the first and second sessions, the first and third sessions, and subsequent sessions, in order to evaluate therapeutic progress. Ethical considerations were carefully addressed throughout the research process. Permission to conduct the study was obtained from the management of Klinik Bumi Sehat Ubud Gianyar Bali. The participant was treated not as a research object but as an individual with equal dignity and rights. The researcher respected all applicable social norms, cultural values, and local customs within the community where the clinic operates. Confidentiality was strictly maintained, and personal information provided by the participant was kept secure. The participant's identity was anonymized using

initials, and all information was used solely for research purposes. Prior to participation, the researcher explained the purpose and procedures of the study clearly and obtained written informed consent. Privacy was maintained throughout the study, and the participant was allowed to choose a comfortable setting during data collection to ensure that information could be shared freely without environmental pressure.

III. RESULT AND DISCUSSION

This case study was conducted at the Bumi Sehat Acupuncture Clinic in Ubud, Gianyar, Bali. The clinic provides acupuncture services with eight treatment beds and is equipped with standard acupuncture facilities, including acupuncture needles of various sizes, moxibustion equipment, infrared lamps, TDP lamps, electrical stimulators, cupping devices, sphygmomanometers, sterile cotton, alcohol, medical waste disposal containers, gloves, and other supporting materials required for acupuncture practice. The availability of these facilities ensured that the acupuncture interventions performed during the study followed appropriate clinical standards and safety procedures. The participant in this study was a 55-year-old male entrepreneur who had been experiencing symptoms of plantar fasciitis. He first visited the clinic on 10 April 2025. According to the patient's history, he had previously been diagnosed with plantar fasciitis by a physician approximately eight months before the acupuncture treatment began. Although medication had temporarily reduced the symptoms, the pain recurred shortly afterward and remained untreated until he sought acupuncture therapy. The patient reported that the onset of the condition was associated with long-term habits of walking barefoot for many years, which likely contributed to repeated mechanical stress on the plantar fascia.

Acupuncture care was administered in six treatment sessions conducted over approximately two weeks. Each session involved a comprehensive clinical assessment using the four diagnostic methods commonly applied in Traditional Chinese Medicine (TCM): observation (Wang), listening and smelling (Wen), inquiry (Wen), and palpation (Qie). At the first consultation, the patient reported severe pain in the right plantar region extending from the heel to the mid-foot area. The pain was described as sharp and stabbing in character and was accompanied by stiffness in the calf muscles and around the Achilles tendon. These symptoms significantly affected the patient's mobility. During the physical observation, the patient was unable to fully bear weight on the right foot while walking. Instead, he walked with the heel elevated at approximately 45 degrees, indicating considerable discomfort when attempting to place the sole of the foot on the floor. Inspection findings also revealed a relatively pale tongue body with a thick white coating, while the lips appeared dark brownish and lacked freshness. Although the patient's general vitality appeared stable and consciousness was clear, facial expression suggested discomfort due to persistent pain. The patient reported that the pain worsened when the affected foot was used for walking and was aggravated by cold weather conditions. Conversely, the pain improved when warmth was applied to the area. The patient also reported difficulty sleeping because the pain intensified at night.

Palpation findings during the initial examination confirmed tenderness in the plantar region of the right foot. The general pulse quality was described as rapid and tense, suggesting the presence of an active pathological process. No abnormalities were identified in the auscultation or olfaction examinations. Based on the diagnostic findings obtained through the four examination methods, the patient was diagnosed with plantar fasciitis with a Cold-Bi syndrome pattern. In the TCM framework, Bi syndrome refers to a condition characterized by obstruction of Qi and blood circulation within the meridians due to the invasion of pathogenic factors such as wind, cold, or dampness [16]. The worsening of pain in cold conditions and its relief with warmth supported the identification of Cold-Bi syndrome in this case. Following the diagnosis, a treatment strategy was formulated with the therapeutic principle of removing obstruction from the meridians and collaterals while regulating the nutritive Qi (Ying Qi) and defensive Qi (Wei Qi) in order to eliminate cold. The acupuncture points selected for treatment included Shenshu (BL 23) and Dazhui (GV 14), which were combined with moxibustion using a moxa stick to provide warming stimulation. Additional distal points corresponding to the meridian pathway included Kunlun (BL 60). Local points targeting plantar pain

included Yongquan (KI 1), Sanqiu (SP 5), Qiuxu (GB 40), and Jiexi (ST 41), as well as tender points located around the origin of the plantar fascia. Moxibustion with a rolling moxa technique was applied locally to the painful area of the plantar surface.

Each treatment session followed a standardized clinical procedure. After obtaining the patient's consent, the practitioner prepared sterile acupuncture needles and disinfected the insertion sites with 70% alcohol. The patient was positioned in prone and supine positions to facilitate access to the selected acupuncture points. Filiform acupuncture needles measuring approximately 1 cun were inserted at the designated points and retained for 10–20 minutes. During needle retention, moxibustion was applied to enhance the warming therapeutic effect. The total duration of each treatment session was approximately 20–25 minutes. All procedures were conducted using personal protective equipment and strict infection control measures. Clinical evaluation was conducted after each treatment session. Early sessions produced only minor improvements, but gradual changes were observed during subsequent treatments. By the second treatment session, the patient reported that the intensity of plantar pain had begun to decrease slightly. The walking posture improved as the heel elevation angle during ambulation decreased from approximately 45 degrees to around 35 degrees. Although the patient still walked on tiptoe, the level of discomfort had noticeably decreased.

More significant improvements became evident during the third treatment session. The patient reported substantial reduction in plantar pain and calf stiffness. The heel elevation during walking decreased to approximately 15 degrees, indicating greater tolerance for partial weight bearing. The patient was also able to use shoes with specialized insoles designed for plantar fasciitis to reduce mechanical stress during walking. By the fourth treatment session, the patient demonstrated further improvement in functional mobility. The right foot could be placed on the floor, although full weight bearing was not yet achieved. The patient continued to use supportive footwear to reduce discomfort during ambulation. Tongue examination showed gradual normalization, with the tongue body appearing less swollen and the coating remaining white but becoming thinner. Substantial recovery occurred during the fifth treatment session. The patient reported that plantar pain had completely resolved and that stiffness in the calf muscles and Achilles tendon area was no longer present. He was able to walk with full contact of the foot on the floor without requiring specialized insoles. Additional signs of improvement included fresher facial complexion, improved lip coloration, and better sleep quality.

At the sixth treatment session, the patient maintained these improvements. He was able to walk normally without using shoes or other supportive devices. Palpation revealed no tenderness in the plantar fascia region, and the patient reported no recurrence of pain. Based on these outcomes, the treatment was considered sufficient and further therapy was not required at that time. The prognosis for the patient was therefore categorized as good. The findings of this case study demonstrate that acupuncture combined with moxibustion may contribute to substantial improvement in symptoms associated with plantar fasciitis. Over the course of six treatment sessions, the patient experienced progressive reductions in pain intensity, improvements in walking ability, and eventual restoration of normal foot function. These changes suggest that acupuncture therapy can provide both symptomatic relief and functional recovery in cases of plantar fascia-related pain. These results are consistent with previous systematic reviews, such as those by Thiagarajah [12], which concluded that acupuncture significantly alleviates heel pain and improves physical function in patients with plantar fasciitis compared to standard conventional treatments. From a clinical perspective, the gradual improvement observed across the treatment sessions reflects the cumulative therapeutic effect of acupuncture. Initial sessions produced minimal change, which is consistent with the typical therapeutic progression in acupuncture treatments where repeated stimulation is often required to restore the balance of Qi and blood circulation. As treatment continued, the patient's symptoms improved progressively until complete resolution of pain was achieved.

The diagnostic framework used in this study classified the patient's condition as Cold-Bi syndrome. This diagnosis was supported by several clinical features, including pain aggravated by cold exposure, relief

with warmth, and the presence of a thick white tongue coating. In TCM theory, Cold-Bi syndrome results from obstruction of meridians by cold pathogenic factors, which restricts the movement of Qi and blood and produces pain. The treatment principle therefore focused on warming the meridians, dispersing cold, and promoting circulation [17]. The use of moxibustion in combination with acupuncture was particularly relevant for this syndrome pattern. Moxibustion generates heat stimulation that helps warm the meridians and expel cold pathogens. The warming effect may also increase local blood circulation and reduce muscle tension around the affected area. In this case, the combination of acupuncture and moxibustion appeared to accelerate symptom relief, as indicated by the progressive reduction of plantar pain and improvement in walking ability. This aligns with the findings of Hsieh et al. [17] and Wang et al. [18], who highlighted that combining moxibustion with acupuncture yields superior analgesic effects and reduces local inflammation in musculoskeletal disorders with Cold-Dampness or Cold-Bi patterns by enhancing local microcirculation and modulating pain receptors.

The selection of acupuncture points also reflects an integrated therapeutic approach combining local and distal points. Local points such as Yongquan (KI 1) and tender points around the plantar fascia were used to directly address the site of pain. Distal points such as Kunlun (BL 60) were selected based on their connection to the meridian pathways associated with the posterior aspect of the lower limb. Meanwhile, systemic points such as Shenshu (BL 23) and Dazhui (GV 14) were included to strengthen the body's overall Yang energy and support the elimination of cold. This comprehensive strategy of combining local, distal, and systemic acupoints aligns with the multimodal TCM approach described by Lee and Marx [14], who demonstrated that integrating specific meridian therapies and warming techniques can effectively alleviate plantar heel pain by restoring local blood circulation and addressing underlying energetic imbalances. Functional recovery in this patient was clearly reflected in the improvement of walking posture. Initially, the patient avoided placing the heel on the floor because of severe pain. Over time, the heel elevation gradually decreased until normal weight bearing was achieved. This functional change indicates that the inflammatory or degenerative processes affecting the plantar fascia were effectively alleviated during the treatment period.

Another important observation was the improvement in associated symptoms such as calf stiffness and sleep disturbance. The patient initially reported difficulty sleeping due to persistent pain. As treatment progressed and pain intensity decreased, sleep quality improved significantly. This suggests that acupuncture not only addressed the primary complaint but also contributed to overall improvement in physical comfort and well-being. This holistic benefit is a recognized advantage of TCM interventions, where treating the root pattern (Ben) inherently resolves secondary branch symptoms (Biao). Although this case study demonstrates encouraging therapeutic outcomes, several limitations should be considered when interpreting the findings. The study involved only a single participant, which limits the generalizability of the results. Individual variations in lifestyle, physical condition, and responsiveness to acupuncture may influence treatment outcomes. Therefore, larger studies involving multiple participants are necessary to confirm the effectiveness of acupuncture therapy for plantar fasciitis in broader populations. Despite these limitations, the results provide valuable clinical insights into the potential role of acupuncture in managing plantar fasciitis. The progressive improvement observed in this case suggests that acupuncture may serve as a complementary therapeutic option, particularly for patients who experience recurrent symptoms or inadequate relief from conventional treatments.

IV. CONCLUSION

The findings of this case study indicate that the implementation of structured acupuncture care was associated with substantial clinical improvement in a patient with plantar fasciitis treated at Klinik Bumi Sehat Ubud Gianyar Bali. Following a series of acupuncture treatment sessions, the participant experienced complete relief from plantar and heel pain, accompanied by the resolution of stiffness in the calf muscles and the Achilles tendon region. Functional recovery was also observed, as the participant regained the ability to walk without adopting a tiptoe posture and was able to bear full body weight on the affected foot. In

addition, the participant could walk normally without relying on footwear or assistive support. These outcomes suggest that acupuncture therapy may contribute to the restoration of mobility and the reduction of discomfort in individuals with plantar fasciitis when applied through a systematic clinical care approach. Overall, the study highlights the potential role of acupuncture as a complementary therapeutic option in the management of plantar fasciitis and provides practical clinical insights that may inform acupuncture practice, education, and future research in this field.

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