

“A study on How plantar Fasciitis Affects Daily Activities and Participants of Traffic Police in Sangli City Using the ICF Framework”

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ABSTRACT

Background with need: Plantar Fasciitis is defined as a localized inflammation and degeneration of the proximal aponeurosis. It Is the Most Common Condition Which Is Seen in Police Workers due to there Immense Work and Dedication to There Field as a Government Employee. The most common cause of chronic pain under the heel in adults is plantar fasciitis (PF), which accounts for 11-15% of adults foot symptoms that require professional care. Heel pain is the most common presenting complaint in the foot and ankle which develops gradually due to prolonged standing in uncomfortable postures or wearing poorly - fitted shoes, which affects their personal and professional work due to which, rates of absentees are increasing. The plantar fascia helps to maintain the longitudinal arch and creates a windless effect on foot's sole. Heel spurs have frequently been linked to an Increased risk of plantar fasciitis. Plantar fasciitis is a significant occupational health issue among traffic police due to prolonged standing, poor footwear, and demanding work conditions. It leads to chronic heel pain, reduced functional ability, absenteeism, and decreased quality of life. Using the WHO ICF framework, this study aims to understand its physical and psychosocial impact, identify risk factors, and guide preventive and targeted physiotherapy interventions for police personnel.

Objective: To investigate the percentage of study and pattern of activity limitations and participation restrictions among long-standing traffic police personnel with plantar fasciitis in sangli city, using the international classification of functioning (ICF) Framework.

Methodology: An observational study was conducted to determine the prevalence of plantar fasciitis among traffic police personnel in Sangli city. The study included 144 participants who met the predefined inclusion and exclusion criteria. The Foot Function Index (FFI) was used to assess the prevalence and severity of plantar fasciitis, while the ICF Documentation Form was used to evaluate functional limitations associated with the condition. All questionnaires were self-administered under supervision, and clarifications were provided whenever necessary.

Result: The study shows that the mean age of traffic police was 39.53 ± 3.07 years, with average working hours of 8.54 ± 1.14 per day and 8.13 ± 1.4 years of experience. Most participants (47.92%) had no comorbidities, while diabetes (19.44%) and hypertension (18%) were common. A majority experienced moderate pain (37.5%) and moderate disability (34.72%), with some reporting extreme levels. Despite this, 89.58% reported no overall activity limitation. Moderate difficulty was common in walking and mobility tasks, especially over longer distances. Severe difficulty was mainly seen in maintaining body position (38.89%) and participation in sports (51.39%).

Conclusion: This study identified a high prevalence of moderate to extreme pain and disability among traffic police, with significant functional limitations in mobility, posture maintenance, sports, and recreational activities. Early physiotherapy and proper footwear help reduce severity.

Keywords:- Plantar Fasciitis, Traffic police, activity limitations, Participation restrictions, Foot Function Index, ICF Documentation Form, Physiotherapy.

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INTRODUCTION

A Plantar Fasciitis Is the Most Common Condition Which Is Seen in Police Workers due to There Immense Work and Dedication to There Field as a Government Employee[1,15]. The most common cause of chronic pain under the heel in adults is plantar fasciitis (PF), which accounts for 11-15% of adults foot symptoms that require professional care[2,16]. Heel pain is the most

common presenting complaint in the foot and ankle which develops gradually due to prolonged standing in uncomfortable postures or wearing poorly - fitted shoes, which affects their personal and professional work due to which, rates of absentees are increasing[3,17].

The plantar fascia helps to maintain the longitudinal arch and creates a windless effect on foot's sole[4,20]. Heel spurs have frequently been linked to an Increased risk of

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plantar fasciitis[3,18]. Plantar fasciitis is a condition that causes inflammation of the plantar fascia, a band of tissue that runs along the bottom of the foot from the heel to the toes, which further leads to absenteeism[5,17]. This pain could be severe enough to change day-by-day activities.[1] The prevalence of plantar fasciitis is about 10.5% in traffic police in police department and extended periods of standing during certain operational work or tasks have been linked to discomfort in lower extremities and further leads to heel pain, tight achilles tendon and stiffness[6,18]. A lower pain pressure threshold throughout the workdays and alterations in ergonomics[9,19]. Lower limb pain has been linked with different types of physical factors like obesity, heel pad atrophy, ageing, tendon rupture, flattened arch is seen in police workers[1,21]. People with jobs that require standing for durations were suggested to commonly condition that causes plantar heel pain - occupational and psychological stress was found to be more common among police workers due to long working hours and very less numbers of holidays which effects there work leading to a decrease in quality of life[1,22]. Most people goes through severe burning pain mainly in posteromedial region of the calcaneus and spreads to medial side of the foot[1,23]. The international classification of functioning, disability, health (ICF) is a framework developed by world health organisation (WHO) to describe and measure health and disability in individuals[1,20]. It helps emphasizes a holistic approach to understanding an individual's health status, incorporating not only the medical aspects but also how a person's environment and personal factors interact with their health [5,11]. This study was intended to know the impact of long- standing on activity limitations and participatory restriction in police workers[1,11]. This view point is reflected in the generally acknowledged idea of condition-specific health status metrics[8,18].

NEED OF STUDY-

Plantar fasciitis is a major occupational health concern among police workers, particularly those in traffic duties, due to prolonged standing, poor footwear, and physically demanding work conditions. The condition not only causes chronic heel pain but also leads to reduced functional capacity, absenteeism, and diminished quality of life. Despite its prevalence, there is limited research assessing how long- standing duties specifically affect activity limitations and participation restrictions in this occupational group. Using the WHO's International Classification of Functioning (ICF) framework allows for a comprehensive understanding of both the physical and psychosocial impact of plantar fasciitis. This study is essential to identify risk factors, guide preventive strategies, and develop targeted physiotherapy interventions for police personnel.

AIM-

To investigate the percentage of study and pattern of activity limitations and participation restrictions among long-standing traffic police personnel with plantar

fasciitis in sangli city, using the international classification of functioning (ICF) Framework..

OBJECTIVES-

1. To Determine the pain experienced by the traffic police personnel, who work in prolonged standing using the foot function index (FFI) to measure the foot pathology on functional in terms of pain and activity restrictions.
2. To explore the impact of activity limitations and participation restrictions on the quality of life of traffic police workers using ICF codes.

REVIEW OF LITERATURE

1. Wacławski E et al. (2015):

Conducted a systematic review on plantar fasciitis and occupational risk factors and reported that prolonged standing and repetitive weight-bearing activities are strongly associated with the development of plantar fasciitis. Their findings are comparable to the present study conducted among traffic police in Sangli, where participants had an average of 8.54 working hours per day, indicating prolonged standing as a major contributing factor. Similar to their findings, the present study also demonstrated moderate pain and disability among participants.

2. Hamstra-Wright K et al. (2021):

Studied risk factors associated with plantar fasciitis and found that repetitive mechanical loading, prolonged standing, and body weight are important factors affecting plantar fascia health. These findings align with the present study, where traffic police are exposed to repetitive loading due to occupational demands. The moderate difficulties observed in walking and mobility tasks in the present study support their conclusions regarding functional limitations.

3. Ahmad N et al. (2019):

Investigated the prevalence of plantar fasciitis among traffic wardens and reported a high occurrence due to prolonged standing and poor footwear conditions. This closely resembles the present study population, as traffic police in Sangli city also spend prolonged hours standing during duty. Both studies indicate that occupational exposure significantly contributes to plantar fasciitis and related functional limitations.

4. Pires R et al. (2020):

Examined the effect of chronic plantar fasciitis on occupational performance and reported that heel pain negatively affects productivity and functional activities. In comparison, the present study found moderate disability and difficulties in mobility- related tasks, showing that plantar fasciitis impacts occupational performance even when overall activity limitation is reported as absent in most participants.

5. Riddle DL et al. (2003):

Reported that plantar fasciitis commonly causes pain during the first steps in the morning and affects walking

endurance. Similar findings were observed in the present study, where moderate difficulty was noted in walking and moving over long distances, indicating reduced endurance and mobility.

6. Irving DB et al. (2006):

Identified occupational standing as a major predictor for plantar heel pain. Their results are consistent with the present study, as traffic police personnel spend long durations on their feet, leading to moderate pain and activity-related limitations.

7. Martin RL et al. (2014):

Studied functional limitations in plantar fasciitis and found altered gait and reduced walking tolerance. This is comparable to the present study where moderate difficulty in walking and mobility tasks was observed, suggesting that plantar fasciitis affects gait efficiency and functional independence.

8. Landorf KB et al. (2018):

Reported that plantar fasciitis significantly affects physical function and quality of life, especially in occupations requiring prolonged standing. This supports the findings of the present study, where participants reported moderate disability and severe difficulty in maintaining body position.

9. DiGiovanni BF et al. (2006):

Emphasized that plantar fascia tightness and repeated stress result in pain and functional restrictions. In the present study, the observed mobility limitations and body position difficulties are in agreement with their findings.

10. Wearing SC et al. (2007):

Suggested that repetitive microtrauma causes degeneration of plantar fascia tissue, leading to chronic pain. The present study also indicates occupational repetitive stress as a major factor contributing to plantar fasciitis among traffic police.

11. Cotchett MP et al. (2014):

Found that plantar fasciitis affects physical activity participation and causes difficulty in prolonged standing and walking. Similarly, the present study showed severe difficulty in sports participation and maintaining body position.

12. Goff JD and Crawford R (2011):

Reported that plantar fasciitis has a significant impact on quality of life and occupational function. This finding is supported by the present study, where moderate pain and disability affected participants' daily functioning.

13. Sullivan J et al. (2015):

Observed that plantar heel pain affects standing balance and postural control. This is directly comparable to the present study, where severe difficulty in maintaining body position was noted in 38.89% of participants.

14. Rathleff MS et al. (2015):

Reported that plantar fasciitis reduces physical participation and limits high-demand activities. This matches the present study findings where more than half of the participants had severe difficulty in sports participation.

15. Schuitema C et al. (2019):

Highlighted that plantar fasciitis causes substantial functional impairment but may not completely restrict routine activities. This is comparable to the present study where 89.58% of participants reported no overall activity limitation despite having moderate pain and disability, indicating adaptation to occupational demands.

MATERIALS AND METHODS

Material used:

1. Consent form- a signed consent form from the Traffic Police Personnel.
2. Foot Function Index and ICF Documentation Form.

Data collection tools and process- Foot Function Index and ICF Documentation Form.

Methodology:

An observational study was conducted to determine the prevalence of plantar fasciitis among traffic police personnel in Sangli city. The study included 144 participants who met the predefined inclusion and exclusion criteria. The Foot Function Index (FFI) was used to assess the prevalence and severity of plantar fasciitis, while the ICF Documentation Form was used to evaluate functional limitations associated with the condition. All questionnaires were self-administered under supervision, and clarifications were provided whenever necessary.

Study design-

Cross-sectional

Study type-

Observational study

Study setting-

This study was conducted on Traffic police personnel from Sangli city. Data was collected from police stations in Sangli city.

Targeted population-

35 to 45 years aged Traffic police personnel.

Duration of study-

6 months

Sampling techniques-

Convenient Sampling Technique

Eligibility criteria:

Inclusion criteria-

Inclusion criteria are as follows:

1. Police Personnel who are diagnosed with Plantar Fasciitis.
2. Aged between 35- 45 years working for 9-10 hours daily, since 6 years.
3. Without or With Comorbidities (DM, HTN).

Exclusion criteria-

1. Traffic police workers with any fracture and ulceration of foot and ankle.
2. Women who are lactating and pregnant.
3. People who are unwilling to participate in study.

PROCEDURE

The study was commenced following the approval from the scientific committee and the institutional research ethics committee. Participants aged between 35-45 years were recruited. Eligibility was assessed using specific inclusion and exclusion criteria, and providing detailed information about the study's purpose, procedures, risks, and benefits. A comprehensive baseline assessment was done, and the outcome measure was assessed. Findings were reported and documented. Confidentiality about the study subjects' data was maintained throughout the study. A standardized assessment tool; The ICF Documentation form was used for collection of data. Ethical approval was obtained from the institution after reviewing the proposal. The motive behind conducting this study

was explained to study participants and written consent was obtained from them for the same. Data collection was based on Foot Function Index and ICF Documentation Form, respective police stations of Sangli city. The investigator underwent training from the subject expert for data collection purposes. The ICF Documentation form consists of questions to assess the prevalence of pain, to assess health changes and physical functioning. Each question has been assigned scores for analysis purposes and participation restrictions were assessed using ICF codes.

OBSERVATIONS AND RESULTS WITH GRAPHICAL REPRESENTATIONS

The data obtained was entered in a Microsoft Excel spreadsheet and was analysed in a SPSS software version 25. Mean and standard deviations were calculated for the data set and appropriate statistical tests were employed depending on the type of data obtained. The level of significance was fixed at 5% ($p < 0.05$).

Graph 1: Distribution of the patients by their age in years.

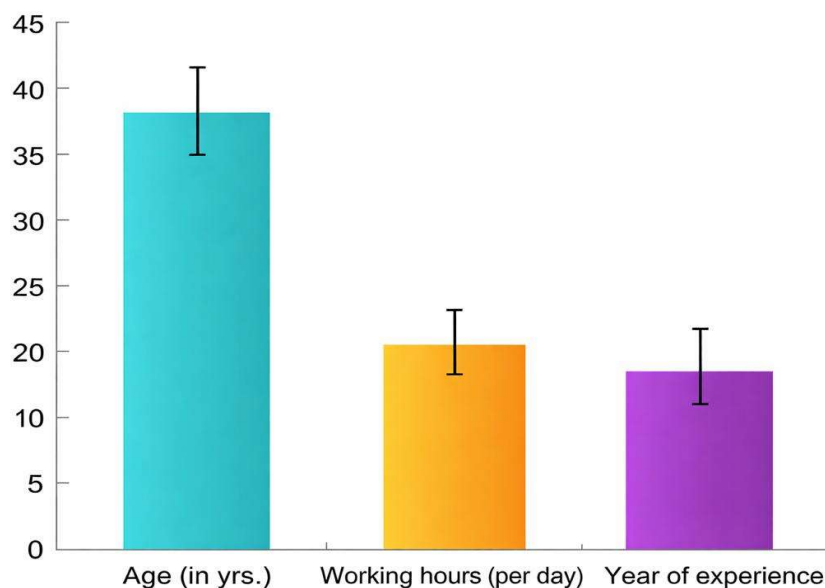


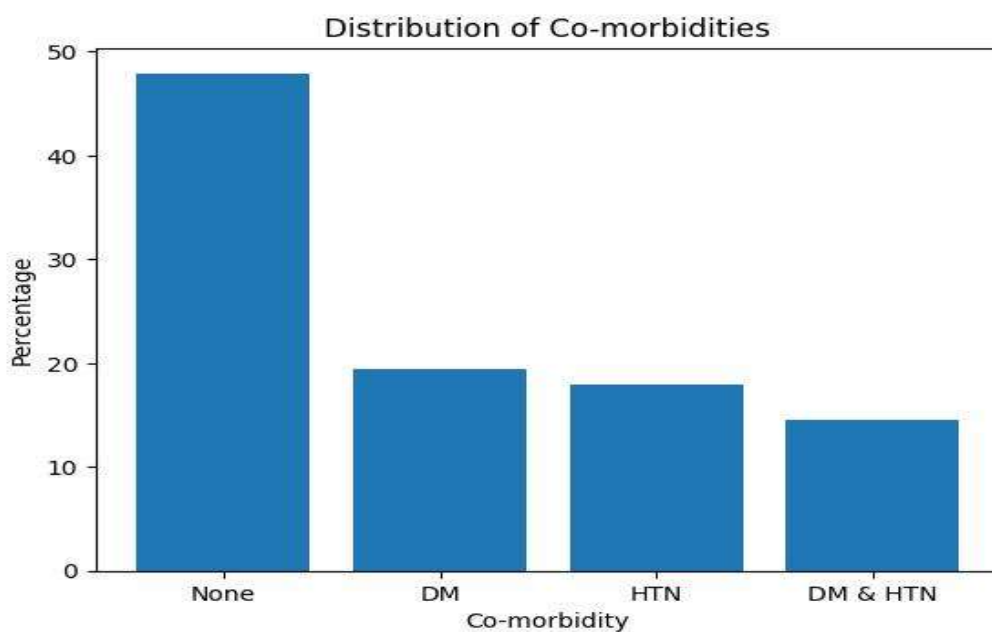
Table 1: Distribution of Age, Working hours and Years of Experience.

	Mean	S.D.
Age (in yrs.)	39.53	3.07
Working hours (per day)	8.54	1.14
Year of experience)	8.13	1.4

Result: Average age of traffic police it was **39.53** (S.D. = **3.07**)
Average working hours of traffic police it was **8.54** (S.D. = **1.14**)
Average year of experience of traffic police it was **8.13** (S.D. = **1.4**)

Table 2: Frequency and Percentage distribution of Co-morbidities.

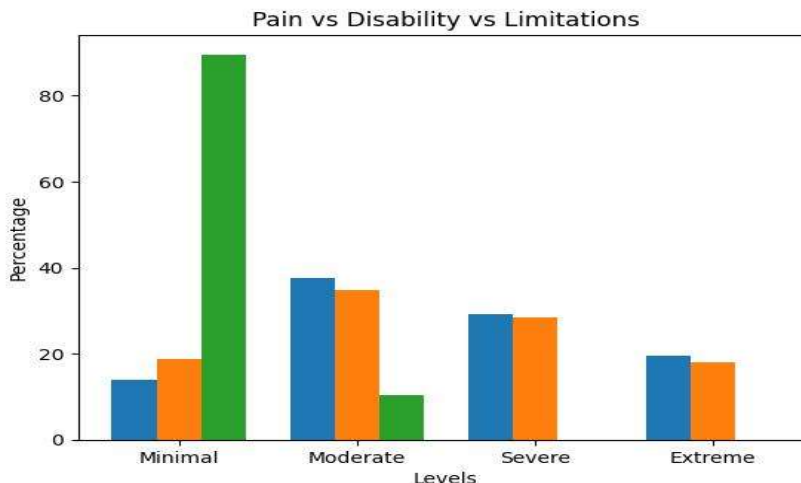
Co- morbidity	f	%
None	69	47.92
DM	28	19.44
HTN	26	18
DM & HTN	21	14.58



Result: In this study, the distribution of co- morbidity conditions was analyzed across traffic police. Out of traffic 144 police, majority of **69 (47.92%)** had no co- morbidity condition, **28 (19.44%)** had diabetic millets co- morbidity, **26 (18%)** had hypertension and **21 (14.58%)** had hypertension with DM and co- morbidity.

Table 3: Frequency and Percentage distribution of foot function index.

Level	Pain		Disability		Limitations	
	f	%	f	%	f	%
(0% – 25%) Minimal	20	13.89	27	18.75	129	89.58
(26% - 50%) Moderate	54	37.5	50	34.72	15	10.42
(51% - 75%) Severe	42	29.17	41	28.47	0	0
(76% - 100%) Extreme	28	19.44	26	18.06	0	0



Result: Out of total population most of **37.5% police experiences moderate level of pain**, while **19.44% experiences extreme pain**. **34.72% has experienced moderate disability**, while **18.06% has experienced extreme level of disability** And most of traffic police **89.58% police experienced no limitation of activity**.

Interpretation: These findings suggest that foot related discomfort were prevalent with large portion of the population experiencing moderate impact on daily living.

Table 3: Frequency and percentage distribution of ICF Qualifiers.

ICF qualifiers	No difficulty		Mild difficulty		Moderate difficulty		Severe difficulty		Complete difficulty	
	f	%	f	%	f	%	f	%	f	%
b28015	23	15.97	37	25.69	47	32.64	37	25.69	0	0
b2804	18	12.5	37	25.69	47	32.64	42	29.17	0	0
d4500	26	18.06	37	25.69	46	31.94	35	24.3	0	0
d4501	5	3.47	51	35.42	66	45.83	22	15.28	0	0
d4154	0	0	3	2.08	49	34.03	56	38.89	36	25
d4552	0	0	12	8.33	51	35.42	50	34.72	31	21.53
d4553	1	0.7	25	17.36	46	31.94	40	27.78	32	22.22
d9201	0	0	2	1.4	36	25	74	51.39	32	22.22
d640	26	18.06	28	19.44	43	29.86	29	20.14	18	12.5
d740	77	53.47	40	27.78	27	18.75	0	0	0	0
d850	28	19.44	28	19.44	47	32.64	34	23.61	7	4.9
d920	19	13.19	34	23.61	59	40.97	32	22.22	0	0

Result:

Out of total population, majority of **32.64%** traffic police experienced **moderate level of difficulty of pain**. Majority of **31.94%** police experienced **moderate level of difficulty with walking and moving for less than a kilometer**. Majority of **45.83%** police experienced **moderate level of difficulty with walking and moving for more than a kilometer**. Most of **38.89%** traffic police faces **severe difficulty with changing and maintaining body position**. Most of **35.42%** police suffered **moderate difficulty**

with walking and moving with quick steps.

Majority of **31.94 %** police faces **moderate difficulty with walking and moving up off the ground** by bending and extending the legs. E.g. jumping, hopping, and skipping.

Most of **51.39%** traffic police faces **severe difficulty in engaging sports**.

Most of **29.86%** participants suffered **moderate difficulty doing housework**.

Majority of **53.47%** traffic police has **no difficulty with formal relationship**.

Most of **32.64%** traffic police faces **moderate difficulty**

with remunerative employment.

Majority of **40.97%** traffic police faces **severe level of difficulty with recreation and leisure such as engaging in any form of play, informal and play and sports, programs of physical fitness and diversion on road.**

DISCUSSION

This study examined the prevalence, severity, and patterns of pain, disability, and functional limitations among traffic police officers, alongside specific activity domains and social participation variables. A considerable proportion of participants reported experiencing moderate pain (37.5%) and moderate disability (34.72%), with a notable subgroup suffering from extreme pain (19.44%) and extreme disability (18.06%). While the majority (89.58%) reported no overall limitation in activity, task-specific assessments revealed significant functional impairments, particularly in physically demanding activities. Pain-related difficulty was most frequently reported at a moderate level (32.64%), and mobility challenges were common—31.94% experienced moderate difficulty walking less than 1 km, while 45.83% reported moderate difficulty walking more than 1 km. Severe difficulty in changing and maintaining body position was reported by 38.89%, indicating limitations in postural control. Quick walking posed moderate difficulty for 35.42%, and activities involving leg flexion and extension (e.g., jumping, hopping) were moderately challenging for 31.94%. Sports participation appeared to be the most affected recreational domain, with 51.39% reporting severe difficulty. Household activities were moderately difficult for 29.86% of participants, while over half (53.47%) experienced no difficulty in

maintaining formal relationships. Moderate difficulty in remunerative employment was reported by 32.64%, and severe difficulty in recreation and leisure activities (40.97%) underscored the broader impact of occupational demands on non-work activities. Demographic variables were not assessed for direct association with these functional outcomes; however, the pattern of results suggests that occupational factors—such as prolonged standing, repetitive movements, and exposure to adverse environmental conditions—likely contribute more significantly than intrinsic personal characteristics. The combination of preserved social functioning with marked physical limitations points towards the need for targeted ergonomic interventions, periodic physical fitness assessment, and structured recovery opportunities to mitigate the long-term health impact on traffic police officers.

CONCLUSION

This study found a high prevalence of moderate pain (37.5%) and moderate disability (34.72%) among traffic police, with a notable proportion experiencing extreme pain (19.44%) and extreme disability (18.06%). While the majority (89.58%) reported no overall limitation of activity, task-specific assessments revealed considerable functional difficulties, including mobility challenges for

distances less and greater than one kilometer, severe difficulty in changing and maintaining body position (38.89%), and significant limitations in sports participation (51.39%).

- Recreational and leisure activities were also severely impacted for 40.97% of participants. Daily activities such as housework and remunerative employment showed moderate difficulty in a substantial subset, though formal relationships remained largely unaffected (53.47% with no difficulty).

- These findings underscore the need for targeted ergonomic interventions, physical conditioning programs, and structured recovery periods to reduce pain, prevent disability progression, and promote long-term occupational health and quality of life among traffic police.

RECOMMENDATIONS:

CLINICAL IMPLICATION:

- This study reveals a high prevalence of plantar fasciitis among traffic police in Sangli, mainly due to prolonged standing, poor footwear, and hard surfaces.

- Using the ICF framework, it highlights pain, reduced functional ability, and participation restrictions affecting work and quality of life.

- Early screening, ergonomic measures, and structured physiotherapy are recommended to reduce incidence and improve musculoskeletal health.

Future Scope of Study:

- Future investigations should adopt a multi-centre, large-scale design to enhance the external validity and generalisability of the findings, while exploring occupational, environmental, and lifestyle variations influencing plantar fasciitis prevalence.

- The incorporation of advanced diagnostic modalities, such as gait analysis, plantar pressure mapping, and high-resolution imaging, may facilitate earlier detection and more precise monitoring of disease progression.

- Furthermore, empirical evaluation of ergonomic interventions and workplace modifications—such as optimised footwear, cushioned standing platforms, and structured rest intervals—warrants prioritisation.

- Prospective studies examining the role of genetic predisposition, biomechanical anomalies, and metabolic comorbidities in plantar fasciitis susceptibility will be valuable in establishing targeted risk stratification models.

- Ultimately, the formulation of standardised, evidence-based prevention and rehabilitation protocols, applicable not only to traffic police but also to military personnel, industrial workers, and other occupations with prolonged standing demands, should be pursued.

- Longitudinal follow-up studies are essential to ascertain the long-term efficacy of these interventions in reducing pain, restoring function, and maintaining occupational performance.

LIMITATIONS:

Among the traffic police officers assessed in this study, several limitations should be acknowledged. Due to the sample's restriction to a single occupation category within a specific geographic region, the findings may not be generalised to other law enforcement units or populations with different work demands and environmental exposures.

- The convenient design limits the ability to establish causal relationships or track changes in pain, disability, and functional limitations over time.
- Most outcomes were based on self-reported measures, which may introduce subjectivity and response bias. Additionally, the absence of objective diagnostic tools (e.g., imaging or biomechanical assessment) restricts the ability to distinguish between pain and disability caused by musculoskeletal strains versus other medical conditions.
- Variations in daily work routines, ergonomic conditions, environmental factors, and personal fitness levels among participants could also have influenced results.

SUMMARY

The study focused on understanding how plantar fasciitis affects activity and participation among traffic police personnel in Sangli. It commonly causes chronic heel pain and difficulty during walking, standing, and other functional activities. Traffic police are particularly vulnerable to this condition because their occupation involves prolonged standing, walking on hard surfaces, repetitive movements, long duty hours, poor footwear, and stressful working environments.

The researchers highlighted that plantar fasciitis accounts for approximately 11–15% of adult foot complaints requiring medical attention. In traffic police, continuous standing for several hours leads to heel pain, stiffness, tightness of the Achilles tendon, discomfort in the lower limbs, absenteeism from work, and reduced quality of life. The study therefore aimed to assess the extent of functional limitations and participation restrictions caused by plantar fasciitis using the World Health Organization ICF (International Classification of Functioning, Disability and Health) framework. The ICF framework evaluates not only physical impairments but also their effect on daily activities, work performance, and social participation.

An observational cross-sectional study design was used because no treatment or intervention was provided and the researchers intended to assess the existing condition of the participants at a single point in time. The study was conducted among traffic police personnel working at different police stations in Sangli city. A total of 144 participants were included after screening according to predefined inclusion and exclusion criteria. Participants were aged between 35–45 years, worked approximately 9–10 hours daily, had at least six years of work experience, and were diagnosed with plantar fasciitis. Participants with fractures, ulceration of the foot or ankle, pregnancy, lactation, or unwillingness to participate were excluded from the study.

For data collection, demographic details such as age,

gender, work experience, and working hours were obtained. The researchers used two major assessment tools: the Foot Function Index (FFI) to determine pain, disability, and activity limitation, and the ICF Documentation Form to assess the impact on body functions, mobility, daily activities, work, recreation, and social participation. The questionnaires were self-administered under supervision to ensure completeness and accuracy. Ethical approval was obtained from the institutional ethics committee, and informed consent was taken from all participants before participation. Statistical analysis was performed using SPSS version 25, and significance was set at $p < 0.05$.

The findings of the study revealed that the average age of traffic police personnel was 39.53 ± 3.07 years. Their average working hours were 8.54 ± 1.14 hours per day, and the mean work experience was 8.13 ± 1.4 years. Nearly half of the participants (47.92%) had no comorbid conditions, while diabetes mellitus was present in 19.44%, hypertension in 18%, and both diabetes and hypertension in 14.58% of participants.

The Foot Function Index results showed that most participants experienced moderate pain (37.5%) and moderate disability (34.72%). Severe pain was reported by 29.17%, and extreme pain by 19.44% of traffic police personnel. Similarly, extreme disability was present in 18.06% of participants. However, despite the pain and disability, 89.58% of participants reported no overall activity limitation on the general assessment scale. These findings suggest that although many traffic police continued performing their duties, they still experienced significant discomfort and functional strain.

The ICF analysis provided a more detailed understanding of specific functional difficulties. Many participants experienced moderate difficulty in walking and moving for both short and long distances. About 45.83% had moderate difficulty walking more than one kilometer. Severe difficulty was particularly seen in changing and maintaining body positions, affecting 38.89% of participants. Activities involving quick walking, bending, hopping, jumping, and moving the legs were also moderately affected. Sports participation was one of the most severely affected domains, with 51.39% reporting severe difficulty. Recreational and leisure activities were also greatly impacted, with 40.97% experiencing severe limitations. Moderate difficulty in remunerative employment and household work was also observed in many participants. Interestingly, social relationships remained relatively unaffected, as more than half of the participants reported no difficulty maintaining formal relationships.

The discussion section emphasized that occupational demands such as prolonged standing, repetitive movements, poor ergonomics, and adverse environmental conditions are likely major contributors to musculoskeletal strain and plantar fasciitis among traffic police. Even though participants continued their routine work, detailed assessment demonstrated considerable impairment in mobility, posture maintenance, recreational activities, and physical participation. The preserved social functioning despite physical limitations indicates that

traffic police adapt socially but continue to experience substantial physical burden during occupational and leisure activities.

The study concluded that plantar fasciitis significantly affects the physical functioning and quality of life of traffic police personnel. Moderate to severe pain and disability were common, especially in activities involving prolonged walking, standing, posture maintenance, sports, and recreation. The researchers recommended ergonomic modifications in the workplace, proper footwear, structured recovery periods, regular physical conditioning, periodic physiotherapy assessment, and preventive physiotherapy programs to reduce pain, prevent progression of disability, and improve long-term occupational health and quality of life among traffic police personnel.

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“A study on How plantar Fasciitis Affects Daily Activities and Participants of Traffic Police in Sangli City Using the ICF Framework”

ANNEXURE-I

INSTITUTIONAL ETHICS COMMITTEE APPROVAL LETTER

BV (DU)MC&H/Sangli /IEC/ ^{Phy - 20} /25 Date: - 08/08 / 2025

From
The Chairman, Institutional Ethics Committee
Bharati Vidyapeeth (Deemed to be University)
Medical College & Hospital, Sangli

To,
More Diksha Jaywant
IVth year BPTh Student, Dept. of Community Physiotherapy
Bharati Vidyapeeth (Deemed to be University) School of Physiotherapy, Sangli

Approved Title of the Topic:-
A STUDY ON HOW PLANTAR FASCIITIS AFFECTS DAILY ACTIVITIES AND PARTICIPANTS OF TRAFFIC POLICE IN SANGLI CITY USING THE ICF FRAMEWORK

Sub.: - IEC approval of the topic for research proposal

Dear Sir/ Madam,

I am hereby informing you that Institutional Ethics Committee (IEC) meeting was held on 08 / 08 / 2025 in Bharati Vidyapeeth (Deemed to be University) Medical College & Hospital, Sangli. In this meeting, your research proposal with title (as mentioned above) was discussed.

Following documents submitted by you were examined & discussed.
1. Application 2. Research proposal

In light of the discussion related to documents submitted, I hereby inform you that; an unanimous decision has been reached and your research proposal has been **Approved**.

You will comply by:
1) Submission of 6 monthly Progress Report
2) All Ethical Guidelines communicated to you (ICMR 2006, ICMR 2017, DCG(I) Guidelines, Schedule Y) and all future guidelines which will be communicated during the study period.

I also hope that you will submit all relevant documents time to time College and IEC.

Wishing you best of luck.

Yours


Research Co-ordinator
IEC
Institutional Ethics Committee
Bharati Vidyapeeth (Deemed to be University)
Medical College & Hospital, Sangli 416416


Chairman
Institutional Ethics Committee
Bharati Vidyapeeth (Deemed to be University)
Medical College & Hospital, Sangli 416416

ANNEXURE-II

CONSENTFORMS

I Mr. /Mrs. -----age-----

----- Years. -----

-----hereby give my informed consent to participate in the

----- project.

1. There is no compulsion on me to participate in the project and i am giving my free consent for it
2. I am ready and willing to undergo all tests and treatments in present projects.
3. I have read and I have been explained the general information and purpose of the present project.
4. I have been informed / I have read the probable complications while participating in the present project.
5. I know that I can withdraw from the present project at any time.
6. Any data or analysis of this project will be purely used for scientific purpose and my name will be kept confidential except when required for any legal purpose.
7. I can read English and I can understand data readout to me in English.

Signature of patient:

Signature of parent/guardian in case of minor person.:

Name & signature of witnesses:

1.

2.

Signature of Principal investigator

B. INFORMED CONSENT FORM (Hindi)

स्वीकृति प्रपत्र मैं डॉ _____ हूँ। हम आपसे निवेदन करते हैं की आप इस अध्ययन में भाग ले।

इस अध्ययन में शामिल लोगों के अलावा आपकी सभी जानकारी गोपनीय रखी जाएगी।

इस अध्ययन में आपको किसी भी मूल्यांकन और उपचार प्रक्रिया के दौरान कोई नुकसान नहीं होगा।

आपको यह पता होना चाहिए:

- अगर आप नहीं चाहते हो तो आपको इस संशोधन में शामिल नहीं होना चाहिए।
- आप किसी भी समय इस अध्ययन में होने से रुक सकते हैं।
- अगर आपको बाद में कोई सवाल पूछना है, तो आप मुझे इस नंबर पर संपर्क कर सकते हैं। (संपर्क

नंबर : _____)

इस फॉर्म पे हस्ताक्षर करें :

- अगर आप समझ गए हो के आपको इस अध्ययन के लिए क्या करना होगा।
- अगर आपको आपके सभी सवालों के जवाब मिल गए हैं।
- अगर आप इस अध्ययन में सहभागी होने के लिए अपनी सहमति देते हो।

तारीख :

नाम : हस्ताक्षर:

शोधकर्ता का नाम:

- ❖ Please note these are sample consent forms please customize according to your proposal also prepare customised patient information sheet

सूचितसंमतीपत्र

1. मीश्री/श्रीमती -----वय-----

----- वर्षे. -----

----- याद्वारेमाझीसूचितसंमतीद्वामध्येसहभागीहोण्यासाठी

----- प्रकल्प.

२. प्रकल्पातसहभागीहोण्यासाठीमाझ्यावरकोणतीहीसक्तीनाहीआणित्यासाठीमीमाझीविनामूल्यसंमतीदेत आहे

3. मीसध्याच्याप्रकल्पांमध्येसर्वचाचण्याआणिउपचारांसाठीतयारआहेआणितयारआहे.

4. मीवाचलेआहेआणिमलासध्याच्याप्रकल्पाचीसामान्यमाहितीआणिउद्देशस्पष्टकरण्यातआलाआहे.

5. मलामाहितीदेण्यातआलीआहे / मीवर्तमानातभागघेतअसतानासंभाव्यगुंतागुंतवाचल्याआहेतप्रकल्प

6. मलामाहितआहेकीमीसध्याच्याप्रकल्पातूनकधीहीमाघारघेऊशकतो.

7. याप्रकल्पाचाकोणताहीडेटाकिंवाविश्लेषणपूर्णपणेवैज्ञानिकहेतूसाठीवापरलाजाईलआणिमाझेनावअसेल कोणत्याहीकायदेशीरकारणासाठीआवश्यकअसल्याशिवायगोपनीयठेवलेजाते.

8.

मीइंग्रजीवाचूशकतोआणिमलाईंग्रजीमध्येडेटारीडआउटसमजूशकतो.रुग्णाचीस्वाक्षरी:अल्पवयीनव्यक्तीच्याबाबतीतपालक/पालकांची स्वाक्षरी. नाव

ANNEXURE-III SAMPLE SIZE CALCULATION

The study of percentage of plantar fasciitis in traffic police from previous study is 10.5% i.e.

$P=10.5\%$ & $d=89.5\%$ at 95% confidence interval.

$n = \frac{z^2 \times P \times q}{e^2}$

$= \frac{(1.96)^2 \times 0.105 \times 0.895}{(0.05)^2}$

$= 144.40$

$= 144$

Where , n= sample size

Z= confidence interval 'z' table value at 5% level of significance

P= prevalence rate

d= 1-P

e= margin of error

ANNEXURE-IV

DATA RECORDING FORM

Date: / /

- Name :
- Age :
- Gender :
- Contact details :
- Comorbidities if any (DM/HTN):

ICF Documentation Form:

“A study on How plantar Fasciitis Affects Daily Activities and Participants of Traffic Police in Sangli City Using the ICF Framework”

ICF Category	Title	Description	ICF Qualifier	Score
b28015	Pain	Sensation of unpleasant feeling indicating potential or actual damage to some body structure felt in either one or both lower limb,including feet.	0 (No difficulty) 1 (mild difficulty) 2 (moderate difficulty) 3 (severe difficulty) 4 (complete difficulty) 8 (not specified) 9 (not applicable)	
b2804	Pain	Unpleasant sensation, indicating potential or actual damage to some body structures located in areas of skin in different body parts, not scored by the same nerve root.	0 (No difficulty) 1 (mild difficulty) 2 (moderate difficulty) 3 (severe difficulty) 4 (complete difficulty) 8 (not specified) 9 (not applicable)	
d4500	Walking and moving	Walking for less than a kilometres, such as walking around rooms or hallway, within a building or for the short distance outside.	0 (No difficulty) 1 (mild difficulty) 2 (moderate difficulty) 3 (severe difficulty) 4 (complete difficulty) 8 (not specified) 9 (not applicable)	
d4501	Walking and moving	Walking for more than a kilometer, such as across a village or town, between villages or across open areas	0 (No difficulty) 1 (mild difficulty) 2 (moderate difficulty) 3 (severe difficulty) 4 (complete difficulty) 8 (not specified) 9 (not applicable)	

d4154	Changing and maintaining body position	Staying in a standing position for some time as required, such as when standing in a queue.	0 (No difficulty) 1 (mild difficulty) 2 (moderate difficulty) 3 (severe difficulty) 4 (complete difficulty) 8 (not specified) 9 (not applicable)	
d4552	Walking and moving	Moving with quick steps so that both feet may be simultaneously off the ground.	0 (No difficulty) 1 (mild difficulty) 2 (moderate difficulty) 3 (severe difficulty) 4 (complete difficulty) 8 (not specified) 9 (not applicable)	
d4553	Walking and moving	Moving up off the ground by bending & extending the legs, such as jumping on one foot, hopping, skipping & jumping or diving into water.	0 (No difficulty) 1 (mild difficulty) 2 (moderate difficulty) 3 (severe difficulty) 4 (complete difficulty) 8 (not specified) 9 (not applicable)	
d9201	Sports	Engaging in competitive & informal or formally organised games or athletic events, performed alone or in a group, such as bowling, gymnastics, or soccer.	0 (No difficulty) 1 (mild difficulty) 2 (moderate difficulty) 3 (severe difficulty) 4 (complete difficulty) 8 (not specified) 9 (not applicable)	

d640	Doing housework	Managing a household by cleaning the house, washing clothes, using household appliances, storing food & disposing of garbage, such as by sweeping, mopping, washing counter, walls & other surfaces; collecting & disposing of household garbage; tidying rooms closets & drawers, collecting, washing, drying , folding & ironing clothes, cleaning footwears, using brooms, brushes & vacuum cleaners ; using washing machines, dryers & irons.	0 (No difficulty) 1 (mild difficulty) 2 (moderate difficulty) 3 (severe difficulty) 4 (complete difficulty) 8 (not specified) 9 (not applicable)	
d740	Formal relationships	Creating & maintaining specific relationships in formal settings, such as with teachers, employers, professionals or service providers.	0 (No difficulty) 1 (mild difficulty) 2 (moderate difficulty) 3 (severe difficulty) 4 (complete difficulty) 8 (not specified) 9 (not applicable)	

d850	Remunerative employment	Engaging in all aspects of work, as an occupation, trade, profession or other form of employment, for payment, as an employee, full or part time, or self - employed, such as seeking employment & getting a job, doing the required tasks of the job, attending work on time as required, supervising other workers or being supervised & performing required tasks alone or in groups	0 (No difficulty) 1 (mild difficulty) 2 (moderate difficulty) 3 (severe difficulty) 4 (complete difficulty) 8 (not specified) 9 (not applicable)	
d920	Recreation and leisure	Engaging in any form of play, recreational or leisure activity, such as informal or organised play & sports, programmes of physical fitness, relaxation, amusement or diversion, going to art galleries, museums, cinemas or theatres; engaging in crafts or hobbies, reading for enjoyment, playing musical instruments; sightseeings, tourism & travelling for pleasure.	0 (No difficulty) 1 (mild difficulty) 2 (moderate difficulty) 3 (severe difficulty) 4 (complete difficulty) 8 (not specified) 9 (not applicable)	

● **Foot Function Index:**

“A study on How plantar Fasciitis Affects Daily Activities and Participants of Traffic Police in Sangli City Using the ICF Framework”

Foot Function Index

Name: _____

Date: _____

This questionnaire has been designed to give your therapist information as to how your foot pain has affected your ability to manage in every day life. For the following questions, we would like you to score each question on a scale from 0 (no pain) to 10 (worst pain imaginable) that best describes your foot over the past WEEK. Please read each question and place a number from 0-10 in the corresponding box.

	No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Pain Imaginable
1. In the morning upon taking your first step?		0	1	2	3	4	5	6	7	8	9	10	
2. When walking?		0	1	2	3	4	5	6	7	8	9	10	
3. When standing?		0	1	2	3	4	5	6	7	8	9	10	
4. How is your pain at the end of the day?		0	1	2	3	4	5	6	7	8	9	10	
5. How severe is your pain at its worst?		0	1	2	3	4	5	6	7	8	9	10	

Answer all of the following questions related to your pain and activities over the past WEEK, how much difficulty did you have? No Difficulty 0 1 2 3 4 5 6 7 8 9 10 So Difficult unable to do

6. When walking in the house?	0	1	2	3	4	5	6	7	8	9	10
7. When walking outside?	0	1	2	3	4	5	6	7	8	9	10
8. When walking four blocks?	0	1	2	3	4	5	6	7	8	9	10
9. When climbing stairs?	0	1	2	3	4	5	6	7	8	9	10
10. When descending stairs?	0	1	2	3	4	5	6	7	8	9	10
11. When standing tip toe?	0	1	2	3	4	5	6	7	8	9	10
12. When getting up from a chair?	0	1	2	3	4	5	6	7	8	9	10
13. When climbing curbs?	0	1	2	3	4	5	6	7	8	9	10
14. When running or fast walking?	0	1	2	3	4	5	6	7	8	9	10

Answer all the following questions related to your pain and activities over the past WEEK. How much of the time did you: None of the time 0 1 2 3 4 5 6 7 8 9 10 All of the time

15. Use an assistive device (cane, walker, crutches, etc) indoors?	0	1	2	3	4	5	6	7	8	9	10
16. Use an assistive device (cane, walker, crutches, etc) outdoors?	0	1	2	3	4	5	6	7	8	9	10
17. Limit physical activities?	0	1	2	3	4	5	6	7	8	9	10

Score: (Total: ____/170)100 = ____%

**ANNEXURE-V
MASTERCHART**

“A study on How plantar Fasciitis Affects Daily Activities and Participants of Traffic Police in Sangli City Using the ICF Framework”

Sr no.	Age	Working hours	Years of work	Presence of any comorbidity	Foot function index			ICF Qualifiers													
					Pain	Disability	Limitations	b28015	b2804	d4500	d4501	d4154	d4552	d4553	d9201	d640	d740	d850	d920		
1	35	9h	8	None	18	16	5	0	0	1	1	2	1	0	1	0	1	0	1	0	1
2	36	10h	10	DM & HTN	45	60	30	0	0	0	1	3	1	1	2	2	0	0	0	2	2
3	35	7h	6	HTN	36	27	5	1	1	0	2	2	1	1	2	1	0	1	3	3	3
4	37	7h	7	None	40	50	15	1	1	2	1	3	1	2	3	0	0	0	1	1	1
5	38	10h	7	None	30	81	10	1	1	3	1	2	2	2	3	3	0	2	2	2	2
6	35	9h	8	DM	50	64	5	0	0	1	1	4	2	3	2	4	0	1	3	3	3
7	36	9h	8	DM & HTN	52	81	15	0	0	3	2	4	2	2	3	3	0	0	1	1	1
8	40	9h	9	HTN	64	63	5	0	0	2	2	4	2	3	2	3	0	2	2	2	2
9	44	7h	6	DM	45	82	5	1	1	3	1	3	3	2	2	2	1	3	0	0	0
10	42	8h	6	HTN	36	19	15	1	1	2	2	2	2	3	3	2	0	2	0	0	0
11	36	8h	9	None	18	27	10	1	1	1	1	3	2	1	2	2	2	3	0	0	0
12	37	8h	8	DM & HTN	45	34	20	2	2	0	1	2	3	2	2	2	1	2	1	1	1
13	40	7h	9	None	69	64	25	2	2	0	2	2	3	2	4	0	1	3	2	2	2
14	40	10h	7	None	36	42	15	1	1	1	2	1	4	3	2	0	0	1	2	2	2
15	41	9h	10	None	43	51	10	2	2	2	1	3	2	3	2	3	0	0	0	0	0
16	44	10h	14	DM	18	62	5	1	1	3	2	2	2	2	3	0	0	1	0	0	0
17	43	10h	8	HTN	40	82	30	1	1	2	1	3	3	3	3	2	0	4	0	0	0
18	41	9h	9	HTN	36	71	25	2	2	3	2	2	3	4	3	1	0	3	2	2	2
19	40	9h	9	DM & HTN	45	43	5	2	2	2	1	3	1	3	3	1	1	4	2	2	2
20	40	9h	8	DM	36	52	10	0	0	1	2	2	1	3	3	1	1	2	2	2	2
21	35	9h	7	None	44	43	15	0	0	0	1	4	3	2	3	2	1	1	3	3	3
22	35	8h	7	None	69	82	35	0	0	1	2	3	3	2	3	2	1	0	3	3	3
23	36	10h	8	DM	72	64	5	2	2	1	1	2	2	1	3	2	2	2	3	3	3
24	38	10h	9	DM	69	16	10	2	2	0	2	4	2	3	3	1	2	3	3	3	3
25	39	10h	6	HTN	18	68	5	2	2	1	1	4	2	2	3	1	0	2	1	1	1
26	35	9h	6	DM & HTN	36	81	10	1	1	0	2	4	3	4	4	1	0	4	1	1	1
27	36	9h	10	None	48	73	15	1	1	2	1	3	3	2	4	1	0	2	0	0	0
28	40	8h	9	None	50	19	15	1	1	3	1	2	4	3	3	3	0	3	0	0	0
29	41	8h	9	None	78	82	10	3	3	2	1	2	2	2	3	2	2	2	0	0	0
30	38	7h	8	DM & HTN	61	46	25	3	3	1	1	2	2	3	3	3	1	3	1	1	1
31	39	9h	7	HTN	54	28	25	1	1	3	1	3	3	2	4	2	0	2	2	2	2
32	40	8h	10	None	17	64	10	1	1	3	2	3	4	3	4	3	2	1	2	2	2
33	41	7h	9	None	36	19	5	2	2	2	2	3	3	4	3	2	1	0	3	3	3
34	44	7h	8	None	29	37	5	2	2	3	2	3	4	2	4	3	1	0	1	1	1
35	43	10h	7	HTN	75	18	10	3	3	1	2	1	2	3	3	0	1	1	2	2	2
36	45	10h	7	HTN	47	67	25	3	3	2	2	4	3	2	2	1	1	4	0	0	0
37	45	10h	8	DM & HTN	85	65	25	3	3	1	3	4	2	3	3	0	2	2	1	1	1
38	43	9h	9	DM	49	24	35	1	1	1	0	4	4	2	2	1	2	2	1	1	1
39	42	10h	9	None	17	90	25	2	2	2	1	1	2	3	3	0	0	2	2	2	2
40	41	8h	9	None	72	43	10	2	2	1	1	4	3	4	2	0	0	3	2	2	2
41	35	8h	10	None	28	61	10	3	3	1	2	4	3	2	2	0	0	3	2	2	2
42	36	7h	10	DM & HTN	45	82	5	2	2	2	2	4	3	3	3	4	0	3	1	1	1
43	36	7h	10	HTN	49	46	5	3	3	1	2	4	3	2	2	4	0	4	2	2	2
44	38	7h	10	HTN	48	82	5	2	2	2	2	2	2	3	3	4	0	1	1	1	1
45	37	8h	10	None	76	57	25	2	2	3	3	2	2	3	2	2	0	0	1	1	1
46	37	9h	9	None	27	35	25	3	3	2	3	2	4	1	3	3	1	2	1	1	1
47	40	10h	9	DM & HTN	36	42	35	1	1	3	1	2	3	2	1	1	1	1	1	1	1
48	40	10h	8	DM	76	90	10	1	1	2	2	3	2	4	4	2	1	4	1	1	1
49	40	9h	7	HTN	58	28	10	3	3	3	1	3	4	1	3	0	2	3	2	2	2
50	42	8h	7	None	46	75	25	0	0	2	1	3	4	2	2	3	2	2	2	2	2

“A study on How plantar Fasciitis Affects Daily Activities and Participants of Traffic Police in Sangli City Using the ICF Framework”

Sr no.	Age	Working hours	Years of work	Presence of any comorbidity	Foot function index			ICF Qualifiers											
51	43	7h	8	None	53	26	25	0	0	3	1	3	3	3	3	2	0	2	2
52	45	8h	8	None	84	15	35	2	2	1	1	4	2	4	3	1	0	2	0
53	44	7h	6	None	70	20	10	2	2	0	1	3	2	3	3	4	0	2	0
54	44	8h	6	None	68	40	25	3	3	0	1	2	2	4	2	2	0	2	2
55	36	9h	6	DM & HTN	84	45	35	1	1	2	2	2	3	1	3	2	0	1	2
56	37	10h	7	HTN	65	75	35	3	3	3	2	2	3	4	2	3	0	0	3
57	38	10h	8	HTN	65	61	10	2	2	1	2	2	3	2	3	1	0	0	3
58	39	10h	9	None	90	9	15	0	0	3	2	2	4	4	4	3	0	0	3
59	39	10h	10	None	46	51	5	0	0	2	2	3	4	1	4	0	0	0	2
60	43	10h	9	DM	81	34	5	2	2	2	2	3	4	4	3	2	0	1	2
61	45	9h	8	DM	42	51	10	3	3	3	1	3	4	4	3	0	1	1	3
62	44	8h	7	None	36	20	15	1	1	2	1	3	4	4	3	0	1	0	2
63	43	7h	7	None	48	48	10	3	3	1	1	4	3	4	2	1	1	0	1
64	41	7h	8	None	25	34	15	1	1	0	1	4	3	3	2	1	2	2	1
65	40	8h	9	DM	64	72	25	1	2	0	2	3	3	3	3	2	2	2	2
66	40	8h	9	DM	74	70	25	3	2	2	2	2	2	2	2	3	2	3	3
67	35	9h	8	None	83	45	35	3	3	3	2	2	2	2	3	2	2	3	2
68	36	6h	6	None	57	90	10	1	2	1	2	4	2	2	2	3	1	2	2
69	38	7h	6	None	28	45	5	2	3	0	0	3	2	1	3	1	1	2	3
70	37	8h	9	None	48	20	5	2	1	1	0	2	1	1	4	3	0	3	0
71	39	9h	6	HTN	46	15	5	3	1	2	2	3	2	1	4	2	0	2	2
72	41	9h	8	HTN	54	43	10	3	3	3	2	2	2	1	3	1	2	3	3
73	44	10h	7	DM	43	69	5	1	1	1	2	3	3	1	2	4	0	2	3
74	35	10h	10	DM	19	26	10	0	2	0	1	3	3	2	3	2	2	3	1
75	37	10h	10	DM & HTN	51	24	25	0	0	0	1	3	3	3	2	0	1	2	3
76	39	9h	9	None	40	18	35	0	0	2	1	2	3	3	2	0	1	3	2
77	40	8h	9	None	54	31	35	2	2	2	1	2	3	2	3	2	1	2	3
78	35	7h	8	None	67	84	25	2	2	3	1	2	2	2	3	0	0	3	0
79	37	8h	7	DM	85	24	10	3	3	1	1	2	3	3	3	3	0	1	2
80	37	9h	7	DM & HTN	63	15	10	3	3	3	1	2	2	3	4	1	0	0	1
81	39	7h	8	DM & HTN	56	84	10	1	1	1	2	2	3	2	4	1	0	2	0
82	40	8h	9	None	10	34	5	0	0	0	2	2	2	3	3	1	0	3	2
83	45	9h	6	None	78	79	5	3	3	2	2	4	3	1	4	2	0	1	3
84	44	7h	6	None	45	84	25	0	0	1	2	4	4	4	3	3	2	2	2
85	43	8h	10	DM	12	82	10	2	3	0	3	3	2	2	3	4	2	1	3
86	41	9h	10	HTN	89	19	35	2	3	3	3	3	4	4	4	0	0	0	3
87	40	7h	10	HTN	56	28	20	3	2	1	3	4	2	2	3	2	0	2	3
88	40	8h	9	None	23	64	20	2	1	2	2	3	4	4	2	4	0	1	2
89	35	9h	8	None	9	14	25	2	3	3	2	4	2	1	4	3	0	3	2
90	35	7h	8	None	67	37	35	2	2	0	3	3	4	4	4	2	0	2	2
91	37	8h	7	DM	64	82	20	2	1	0	2	4	2	4	4	1	2	1	2
92	37	8h	9	DM & HTN	31	28	25	1	3	2	3	3	4	4	3	4	2	0	1
93	35	10h	7	None	90	64	20	1	2	2	2	3	3	1	3	2	1	2	2
94	36	10h	8	None	19	38	10	1	1	2	3	3	4	2	4	0	2	3	2
95	39	10h	9	HTN	73	41	5	3	3	2	2	3	4	2	3	3	1	2	2
96	38	9h	7	DM	37	61	10	3	2	3	3	3	3	3	2	1	2	3	2
97	40	9h	7	HTN	64	28	5	3	2	2	2	4	4	2	3	4	1	2	2
98	41	10h	8	None	75	20	5	0	3	1	3	4	4	3	3	2	1	0	1
99	44	9h	7	None	42	60	5	0	3	3	1	3	3	4	3	3	2	3	0
100	42	7h	8	None	84	80	10	0	1	2	1	2	3	3	4	2	2	2	2

“A study on How plantar Fasciitis Affects Daily Activities and Participants of Traffic Police in Sangli City Using the ICF Framework”

Sr no.	Age	Working hours	Years of work	Presence of any comorbidity	Foot function index			ICF Qualifies											
101	43	7h	8	DM & HTN	69	48	5	2	0	3	1	2	3	3	3	3	2	1	2
102	45	8h	10	DM & HTN	86	34	25	2	1	3	1	2	2	2	2	2	1	2	1
103	44	7h	10	DM	75	71	35	2	2	2	2	3	2	2	3	1	0	0	0
104	43	10h	10	None	28	61	10	2	3	2	2	3	2	4	2	4	0	3	1
105	42	10h	9	None	39	82	5	2	2	2	1	4	3	2	3	2	0	3	1
106	42	9h	8	None	17	46	10	2	1	3	2	4	2	4	2	0	0	2	2
107	45	9h	7	HTN	79	64	5	3	3	3	2	4	3	1	3	0	0	0	2
108	35	9h	7	None	48	28	5	2	2	3	2	3	3	2	2	2	0	1	2
109	36	7h	8	None	84	39	5	3	3	3	3	2	4	3	3	2	0	1	3
110	39	8h	6	None	49	49	10	3	2	2	3	2	4	4	4	3	0	1	3
111	38	7h	6	DM	81	64	5	3	2	2	2	3	3	4	3	1	0	2	2
112	37	9h	6	HTN	76	84	5	1	3	2	2	4	3	3	4	1	0	2	2
113	40	9h	7	DM & HTN	24	9	5	1	1	2	2	4	4	2	3	2	0	3	1
114	41	7h	8	DM	82	52	5	0	0	1	3	3	2	1	2	4	1	3	2
115	40	7h	8	None	73	18	5	0	2	1	3	2	2	2	4	4	1	3	3
116	36	8h	9	None	72	48	5	3	3	3	3	2	3	4	3	2	1	3	2
117	39	6h	9	None	82	34	5	3	1	0	1	3	2	2	2	2	0	0	3
118	35	10h	10	HTN	70	67	10	1	3	0	3	3	4	4	3	2	0	1	2
119	38	10h	10	DM	54	34	25	1	2	1	0	2	3	1	3	2	0	1	3
120	37	7h	6	None	28	64	10	1	2	2	0	2	2	4	2	4	0	2	2
121	38	8h	6	DM & HTN	48	54	25	3	3	3	2	3	3	1	4	4	0	3	3
122	39	9h	9	None	24	15	35	3	3	3	2	4	2	1	3	4	1	2	2
123	40	10h	8	None	84	48	10	2	3	2	2	4	2	2	4	3	0	3	1
124	41	10h	9	None	45	25	15	2	2	2	1	2	4	2	3	3	1	0	0
125	41	7h	7	DM	81	18	5	2	1	2	2	2	2	3	4	3	0	1	1
126	42	8h	10	DM & HTN	82	84	5	2	2	1	2	2	1	3	3	3	1	0	1
127	42	9h	10	None	49	52	10	2	1	1	2	3	1	4	4	3	2	1	2
128	35	10h	6	None	16	54	15	3	2	0	2	3	2	3	3	2	0	2	2
129	35	10h	6	None	74	90	15	3	3	0	2	3	4	2	4	2	1	3	3
130	36	9h	9	DM	29	47	10	3	2	1	1	3	3	2	3	2	0	1	3
131	38	7h	8	HTN	59	14	5	2	3	2	1	2	2	3	3	0	2	0	2
132	39	8h	7	None	18	29	5	2	3	3	1	2	3	3	4	0	1	2	1
133	39	8h	9	None	91	37	5	2	2	1	2	2	3	1	2	0	0	0	3
134	38	8h	8	DM	68	81	5	2	2	2	3	3	2	1	3	0	1	2	2
135	37	7h	10	DM	76	52	10	1	3	1	3	3	4	4	4	4	0	3	2
136	36	9h	8	HTN	84	73	15	1	3	3	3	4	1	4	3	1	0	4	3
137	45	9h	9	DM & HTN	80	18	10	1	2	1	2	4	2	1	3	3	0	2	1
138	40	9h	9	DM	43	82	5	1	2	2	3	4	1	4	2	2	0	2	0
139	44	10h	7	None	27	51	5	1	2	0	2	4	3	1	3	2	0	3	2
140	41	10h	6	None	53	27	5	0	3	1	1	3	2	4	3	3	0	1	1
141	41	10h	6	None	15	28	5	2	3	0	1	3	4	2	4	1	2	0	3
142	42	9h	9	DM	24	27	5	2	1	0	3	3	1	3	3	0	1	1	2
143	44	8h	10	HTN	38	26	15	3	1	0	2	2	3	2	4	4	0	0	1
144	35	8h	10	None	38	26	15	1	1	0	2	3	2	3	4	4	0	0	1