# Why Dr. Jeri Gruenes Hasn't Performed a Plantar Fascia Release in Five Years

*How MLS Laser Therapy became a central cash-based part of her practice.*

**By Nathan Sengilo**


Jeri Gruenes, DPM

For most of her 20 years in podiatry and surgical practice, Dr. Jeri M. Gruenes, DPM, treated chronic foot and ankle pain the way she was trained to: conservative care first, surgery when conservative care failed. Today, that equation looks different. It's been more than five years since she last performed a plantar fascia release, a shift that began when COVID changed how her practice approaches surgery. The reason is MLS® Laser Therapy, and the story of how it became central to her practice starts with a healthy dose of skepticism…

Dr. Gruenes was skeptical when she first heard about MLS Laser Therapy at a conference roughly a decade ago.

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Years later, when COVID halted elective surgeries and she needed an alternative treatment options to keep her practice running, she gave it a second look.

She began offering MLS to her existing patients as an alternative treatment, with no formal marketing, just a conversation in the exam room. She started with musculoskeletal pain and plantar fasciitis, and the results were strong enough that she stopped performing routine plantar fascia releases altogether.

Dr. Gruenes frequently pairs two devices in a single treatment plan: the robotic M7 Therapy Laser to treat a broad area, followed by the M-Hi Therapy Laser to pinpoint specific pain areas with its higher peak power. Her typical plantar fasciitis protocol runs a package of 10 treatments, commonly five sessions on the calf and five on the plantar fascia with the M7, followed by the M-Hi for targeted work on areas like the medial calcaneal tubercle.

She frequently combines MLS with other traditional modalities, including night splints, stretching, physical therapy, orthotics, and taping or strapping for conditions like peroneal tendonitis, describing a "synergistic effect" between treatments. MLS has also become her go-to alternative to cortisone injections: many patients in her area are hesitant about injectable medications, making laser therapy the first option she offers for high level pain cases. Most patients notice meaningful improvement by the third treatment.

Plantar fasciitis remains the condition Dr. Gruenes treats most often with MLS, and the reason she's stepped away from plantar fascia release surgery for more than five years. Calf treatment is frequently paired with it as part of a combined protocol. MLS has become useful for far more than plantar fasciitis in her practice. She's found it particularly effective for posterior tibial tendon dysfunction in elderly patients who aren't good surgical candidates, and for peroneal tendonitis, where she pairs laser therapy with taping or strapping for added support.

One of her most surprising results has come with plantar fibromas: several patients have seen a visible reduction in size and tenderness by the third treatment, in some cases avoiding surgery entirely, with an occasional follow-up cortisone injection to help guard against recurrence. She's also seen strong results treating neuromas, including recalcitrant and post-surgical stump neuroma pain, where MLS reduces nerve-related pain and inflammation and offers an alternative to sclerosing or dehydrated alcohol injections. In elderly patients with adequate circulation and small, non-infected wounds, she has used MLS cautiously but with positive results, observing notably faster healing.

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For podiatrists still on the fence, Dr. Gruenes doesn't hesitate. "It's a great alternative modality that is completely safe, with no side effects, and no contraindications for most of her patients," she says. She sees MLS fitting squarely into a broader shift toward regenerative medicine, one that has coincided with a decline in patient demand for elective-type surgical correction compared to 20 years ago.

For her practice, the appeal comes down to simplicity: short, roughly eight-minute treatments on a preprogrammed robotic machine, delivering results patients can feel before they even leave the office.

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