

## Patient Information leaflet

# Heel Pain (Plantar Fasciitis)

Heel pain has a variety of different causes but the most common cause is plantar fasciitis. Plantar fascia is a thick band of tissue that stretches between the heel bone and the toes. It has a vital role in supporting the arch of the foot and takes the strain when you stand, walk or run. Repetitive injury of plantar fascia beyond its normal extension results in inflammation, known as plantar fasciitis. There are many theories about the development of plantar fasciitis that include prolonged standing/walking, excessive body weight, tight calf muscles and altered biomechanics of the foot (e.g. flatfoot deformity).

### What are the symptoms?

Pain is typically felt under the foot towards the front of the heel. It is most painful while putting weight on the heel first thing in the morning and usually eases up with activity. It is common for it to start in one heel but can involve the opposite heel as well. It is often accompanied by tightness of the calf muscles and the Achilles tendon.

### What treatment options are available?

Treatment for plantar fasciitis is primarily non-surgical. Usual recommended measures include:

- Footwear: Avoid flat and unsupportive shoes – use well-fitting shoes with cushioned sole especially under the heel.
- Ice sponging: Apply ice to the heel for 5 to 10 minutes, 2 or 3 times a day.
- Stretching exercises: Studies have shown stretching of the Achilles tendon and calf muscles to be effective in the treatment of plantar fasciitis. Stretching should not be painful. You should feel a gentle stretch and then hold this for 30 seconds. Repeat this at least 3 to 5

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times, more than once a day. You will have to be patient and persistent with exercises as there may not be an immediate benefit.

- Insoles and orthotics (to correct flat foot) have good evidence to support their use.
- Anti-inflammatory medication (oral or local application)
- Shockwave treatment: Available in some centres and has good evidence to support in combination with stretching exercises (80% benefit).
- Injections of steroids and PRP (protein rich plasma): PRP injection involves taking your own blood, preparing in a special machine to extract platelets with growth factors and then injecting it in to your heel. Platelets and growth factors have the ability to help in healing and repair. Early results have shown encouraging results.

Plantar fasciitis is a self-limiting condition. The symptoms resolve in 18-24 months in most cases. You can use the above measures to control the symptoms and help in early resolution but have to be persistent with these measures for 2 to 3 months. Response to the above measures may be slow and requires some effort. Some patients may have persistent and prolonged symptoms despite of trying all the above modalities. Surgical option includes plantar fascia release however it is rarely done and is associated with high risk of chronic pain and flattening of the arch of the foot.