

Plantar fasciitis

Patient information leaflet



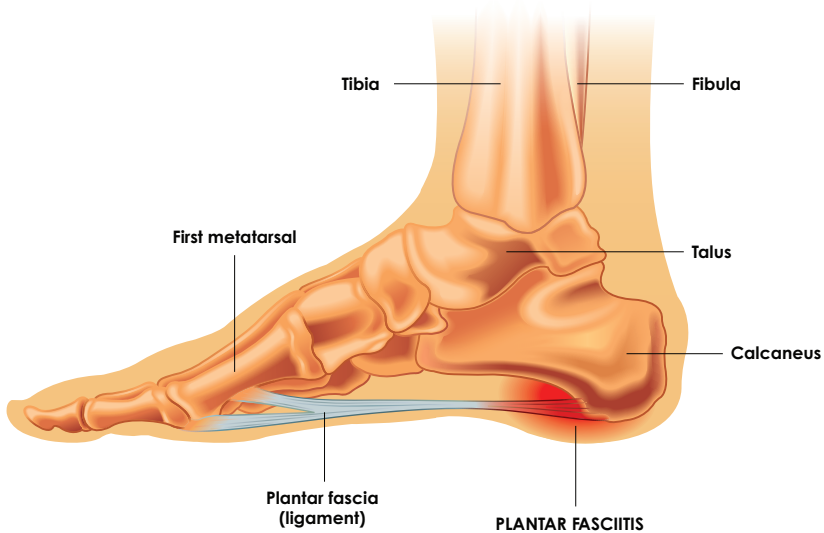
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What is Plantar Fasciitis?

It is a painful condition caused by repetitive strain to the plantar fascia. The plantar fascia is a fibrous band of soft tissue connecting the heel bone to your toes. It helps to support the arch of your foot and acts as a shock absorbing “bow string” with the arch of the foot. Naturally, when the tension becomes too much, irritation and inflammation can occur which can lead to pain along the fascia and at the insertion points.



How common is Plantar Fasciitis?

It is a common condition affecting roughly 1 in 10 adults. It tends to be common in people who stand for long periods of time on hard surfaces, and is not limited to athletes.

What are the risk factors for Plantar Fasciitis?

AGE:

More common in adults between the ages of 40 and 60

GENDER:

Women are more at risk

WEIGHT:

Increased weight increases the tension on the plantar fascia

DIABETES

FLEXIBILITY:

Reduced flexibility at the ankle can increase risk

GROWTH SPURTS:

Children, especially boys, may experience symptoms during quick growth spurts

FOOT TYPE:

People with very high or low (flat) arches are at higher risk

FOOTWEAR:

Old/poor quality footwear can increase the risk

ACTIVITY:

Sudden increase in activity

Symptoms

The most common symptoms are pain around the heel bone and pain along the sole of the foot. Pain is usually worse first thing in the morning or after periods of rest. Pain often subsides after a few minutes of walking but will usually worsen again by the end of the day.

The pain usually eases on its own, but this could take up to 18 months for some.

Diagnosis

In general, no imaging is needed to make a diagnosis. Examination of the foot and patient history is usually sufficient.

If symptoms persist, an x-ray, ultrasound or MRI scan may be done to rule out other causes.

Treatments

The aim is to rest the plantar fascia. The below treatments are not instant cures, as it can take a few weeks before any effects are seen.

ICE:

Applying ice in a damp towel to the painful area can help to reduce pain. This can be done for a maximum of 20 minutes, 4 times a day or after exercise. This should not be done for too long and not directly onto the skin to avoid ice burns.

Do not use ice if you have numbness, decreased sensation or poor circulation.

PAINKILLERS:

A short course of paracetamol/anti-inflammatories can be taken as per the instruction leaflet.

Home exercises and stretching: Ensuring that you stretch before and after exercise. Please see the diagrams at the end of this leaflet for useful stretches and exercises.

FOOTWEAR:

Footwear should be supportive with a stiff sole and shock absorbing insole. The majority of chemists or online retailers sell soft heel pads and insoles, which can be added to most footwear to provide relief (see following page for examples).

Avoid walking barefoot, in flat shoes or flip-flops, high heels or in any shoes that increase your pain and discomfort. Trainers are ideal! Footwear should be kept in good condition and replaced once the soles start to show examples of excessive wear.

MANAGING YOUR WEIGHT:

If you are overweight, speak to your GP about ways to reduce weight. This will help reduce the load through the plantar fascia, reduce the chances of plantar fasciitis reoccurring, and therefore will be beneficial to your overall health and well-being.

PHYSIOTHERAPY:

Physiotherapists can provide additional stretching and exercises. They may also suggest taping which can help with flare-ups. Taping should not be used if you have poor skin sensation or a poor skin condition.

SUPPORTING THE FOOT:

Apart from wearing sensible footwear, soft heel pads and insoles can be beneficial. If your doctor feels that the plantar fasciitis is due to biomechanical issues, you might be referred to the orthotic service for further assessment.

NIGHT RESTING SPLINTS:

These splints work under the same principles as stretching. They work by applying a constant stretch to the plantar fascia tendon. They are usually worn over night or multiple times a day for at least 30 minutes at a time, with the affected leg fully extended. The splints need to be used regularly and for several weeks to be effective. These splints can also be purchased online.

OTHER TREATMENTS

IMMOBILISATION:

If the pain persists, immobilisation may be needed.

STEROID INJECTION:

This can create dramatic relief but is often short lived and has associated risks, which can lead to long-term problems.

SURGERY:

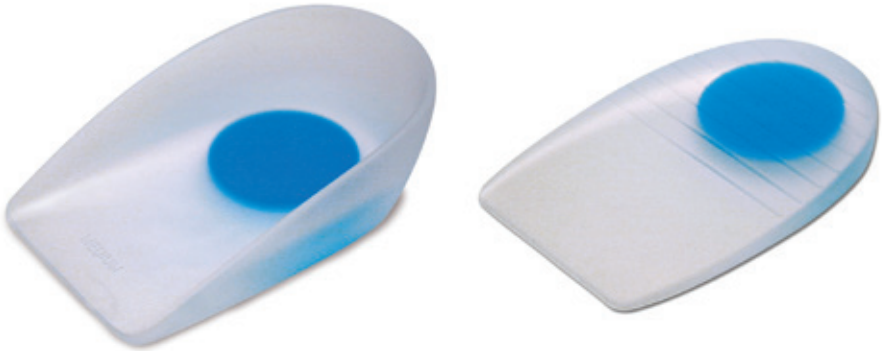
This is rarely required, and results are not very predictable.

Devices to support the foot

The following devices are commonly used to aid in pain relief for Plantar Fasciitis and are found via online retailers and larger chemist stores.

HEEL PADS:

Soft silicone heel cups and heel wedges heel while walking



INSOLES:

They reduce load through the plantar fascia during walking



PLANTAR FASCIITIS SOCKS:

They reduce the symptoms through a comfortable and gentle stretch on the soft tissues surrounding the foot and ankle when sleeping.



PLANTAR FASCIITIS AFOS:

Adjustable flexion straps keep a stretch on the plantar fascia when at rest.

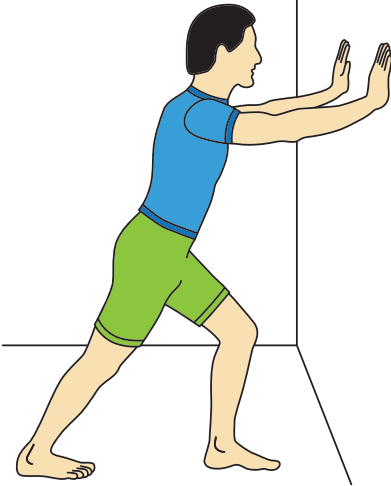


Home excercises and stretches

The below exercises and stretches should be done at least twice a day, every day.

CALF STRETCH:

Use a wall to support yourself, place the affected foot flat on the floor behind you and the other in front.



With the back leg straight, lean forward until you feel a stretch in the back of your calf muscle.

Make sure your heel stays down and hold for 30 seconds to 1 minute.

BENT-KNEE CALF STRETCH:

This is done the same in the same way as the calf stretch but the back knee remains bent. You should feel a stretch in the lower calf.



Make sure your heel stays down and hold for 30 seconds to 1 minute.

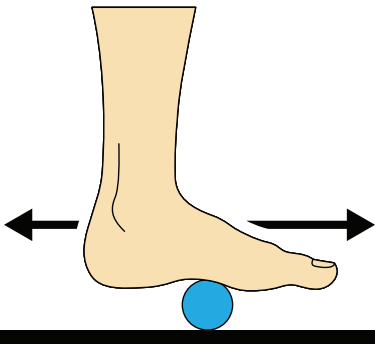
TOWEL STRETCH:

Sit with your legs straight ahead of you. Wrap a towel around the affected foot (forefoot) and grab both ends of the towel. Gently pull your foot towards you. You should feel a stretch in your calf and in your Achilles tendon.

Hold for 30 seconds to 1 minute and release.



Plantar fascia soft tissue release:



This exercise can be done with a golf ball, or another of similar size.

With a bare foot, roll the ball backwards and forwards along the arch of your foot for 1 minute. This helps reduce the tightness of the plantar fascia.

Do this between 2-4 times a day.

NOTE: This can also be done with a bottle of frozen water, rolling, as above, for about 5 minutes at a time. Repeat this 2-4 times a day.

We request that patients explore all the readily available over-the-counter solutions before being referred to the Orthotic department.

If you have tried all the above options and are still experiencing pain, please return to your referrer for further advice.

References:

The following booklet has been collated with information from the following NHS Trusts:

The Royal Berkshire NHS Foundation Trust

Burden, D and Mahadevan. D (2018) Advice and exercises for patients with plantar fasciitis

<https://www.royalberkshire.nhs.uk/patient-information-leaflets/physiotherapy%20foot%20plantar%20fasciitis%20advice-and-exercises>

Oxford University Hospitals NHS Foundation Trust

Reid. H and Wood. S (2019) Plantar Fasciitis; Advice and Management

<https://www.ouh.nhs.uk/patient-guide/leaflets/files/49007Pfasciitis.pdf>

Your notes:

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