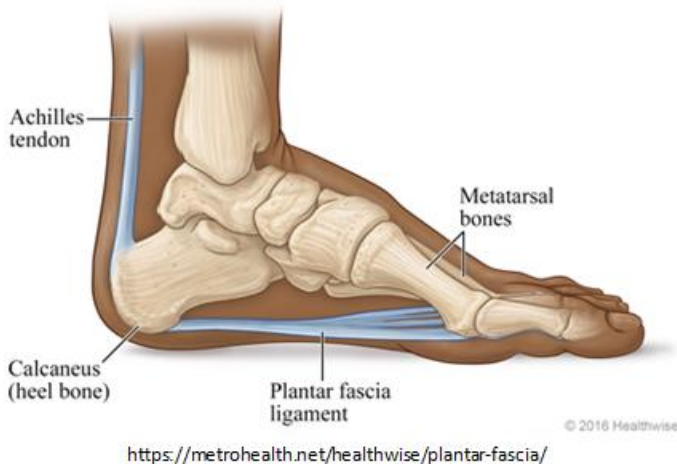


Plantar Fasciitis – Advice & Management

What is Plantar Fasciitis?

Plantar fasciitis is a painful condition of the foot caused by repetitive strain to the plantar fascia. This is a fibrous band of soft tissue connecting your heel bone to your toes. It helps to reinforce the arch of your foot and acts like a 'bow string' to stiffen your foot when you walk.



What are the symptoms of Plantar Fasciitis?

Symptoms may vary between patients. Pain is felt around the heel bone, usually on the sole of your foot. People often complain of 'first step' pain, when they first get up. You may find this pain settles during the day and with exercise, but worsens by the end of the day or after a lot of activity. Some people experience severe pain from their plantar fascia, which stops them doing their sport and may cause a limp. Most people will make a full recovery in one year.



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How common is Plantar Fasciitis?

Plantar fasciitis is a relatively common condition that affects approximately one in every 10 adults. Both athletes and non-athletes can suffer with this condition. It tends to be more common in people whose occupations involve standing on hard surfaces for long periods, and those who carry out sporting activities, such as long distance running.

What are the risk factors for developing Plantar Fasciitis?

Many things affect the load being put through your plantar fascia. Plantar fasciitis is not simply the result of exercising or standing or walking too much. General risks include:

- Age: it is more common between the age of 40 and 60 years
- Gender: it is more common in women than men
- Weight: you have a higher risk if you are overweight
- Diabetes: people with diabetes are more likely to get Plantar Fasciitis
- Flexibility: reduced ankle movement can increase the risk
- Foot Type: it is more common in people with high arched feet
- Footwear: old or poor quality footwear can also increase the risk

X-rays and Scans

It is not necessary to carry out imaging (x-rays or scans) to be able to diagnose plantar fasciitis; it can be confirmed by your doctor or physiotherapist using medical history and examination.

Treatment Options:

Rest:

Rest the foot by avoiding standing or walking for long periods of time. You can help to maintain your fitness using different forms of exercise



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which do not significantly aggravate your symptoms, such as swimming, cycling and aqua jogging (running in water).

Footwear:

- Wear footwear that has good arch support and cushioning for your heel
- Avoid walking in bare feet
- Consider purchasing insoles and heel pads to insert in shoes with the aim of correcting foot pronation
- Maintain your shoes in good condition and renew your trainers every 300 to 500 miles
- Consider having two pairs of trainers 'on the go' at the same time if you are a runner

Managing your Weight:

If you are overweight, see your GP to discuss strategies to help you lose weight. This can make a big difference to your plantar fasciitis and general health.

Pain Relief:

A short course of Paracetamol and anti-inflammatories (such as Ibuprofen) for a few days can be helpful.

Ice:

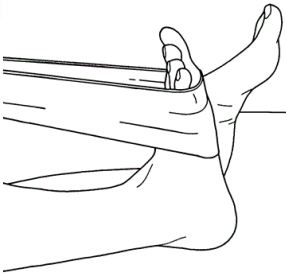
Applying ice wrapped in a damp tea towel to the affected area helps reduce pain. Apply for 15 to 20 minutes, four times a day, or after exercise. Please take care not to apply ice for too long or directly to the skin, as this can cause ice burns. Do not apply ice/ice packs to an area where you have numbness, decreased sensation or poor circulation.

Stretches:

Regular stretching of the plantar fascia is a very important part of treatment. Carry out these stretches with your affected foot at least twice every day.



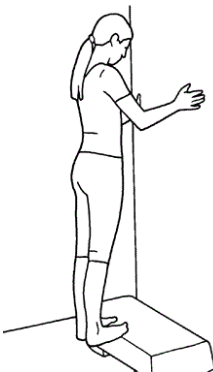
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Before you get out of bed, loop a towel round your foot and hold onto each end. Pull the towel until your knee is straight. Hold for 30 seconds and repeat three times.



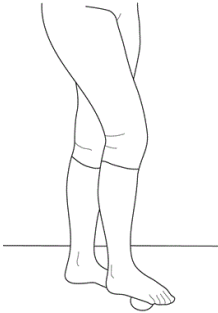
Using a wall or a chair for support, plant your feet flat on the floor with the painful foot in front of the other. Bend your front knee and lean forwards reducing the angle between your foot and your shin until you feel the stretch in the back of your calf muscle of the front leg. Do not let your heel come off the floor. Hold for 30 seconds and repeat four times.



Stand on a step with your heels over the edge and hold on to a support. Keep your toes on the step and gently let your heels drop down. You should feel the stretch in your calves. Hold for 20 to 60 seconds and repeat six times.



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Place the arch of your foot over an object such as a rolling pin, water bottle or tennis ball. Allow the foot and ankle to move in all directions as it rolls over the object. Continue for two minutes or until there is slight discomfort. Repeat at least two times a day.

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Other Treatments:

Evidence suggests that a corticosteroid injection can give short term relief (one month). However the injections are very painful and can cause rupturing (tearing) of the plantar fascia and wasting of the fat pad cushion under your heel.

If initial treatments do not improve your symptoms, your physiotherapist or doctor will discuss other options with you. These may include:

- Podiatry referral
- Orthopaedic or podiatric surgeon referral



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For further advice or information you can telephone your local Minor Injury Unit (MIU):

Chippenham Community Hospital

Rowden Hill

Chippenham

SN15 2AJ

Tel: 01249 456 403/4

Open: 07:00 to 23:00; seven days a week

Trowbridge Community Hospital

Adcroft Street

Trowbridge

BA14 8PH

Tel: 01225 711 329

Open: 07:00 to 23:00; seven days a week

From 1st January 2019 smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds.

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net.

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