

# Plantar Fasciitis



Painful inflamed plantar fascia responsible for pain in the heel

*Plantar fasciitis is very common and is an injury with/without inflammation of the plantar fascia causing pain in the heel. The plantar fascia is a thick fibrous band of tissue in the sole of the foot. It is attached to the heel bone (calcaneus) and fans out as it passes towards the toes (attaching to the base of the toes).*

It helps support the main arch of the foot (behaving like a bowstring). Plantar fasciitis/fasciosis may follow a period of prolonged walking or running, often when the individual is unaccustomed to such activity. Sometimes it is provoked by poor or inappropriate footwear. The pain is frequently dull and intermittent to begin with and the individual frequently tries to ignore the symptoms initially and may continue with normal activities. This can aggravate the situation and as time goes on the pain can become sharper and more persistent. The pain is typically worst first thing in the morning and when standing from sitting for a while. Treatment depends upon first confirming the diagnosis and establishing the cause. We will undertake a thorough examination and exclude other causes of heel pain before recommending a treatment regimen tailored to the individual. The problem occurs when part of the inflexible fascia is repeatedly placed under tension, such as during running. It can also occur as a result of unaccustomed exercise. Repetitive impact causes an overload that produces microscopic tears and inflammation at the point where the fascia is attached to the heel bone. Conservative treatment is successful in approximately 95 per cent of affected people, but may take up to 12 to 18 months. However, it is difficult to predict how long the condition will last for each individual. The diagnosis can be confirmed with MRI or ultrasound scanning.

## Non-surgical treatments:

There are many different treatment options, but sometimes there is no actual cure.

Westside Foot and Ankle Specialists offers an integrated approach to treatment with a multi-disciplinary team of physicians and physical therapy. Treatment or combination of treatments best suited to each individual patient.

*We discuss a full range of treatments for plantar fasciitis including:*

- 1. Physical Therapy:** This is a very important part of treatment for this condition with techniques to reduce inflammation, stretch the calf musculature, and work out the scar tissue within the ligament.
- 2. Anti-inflammatory medication (eg Ibuprofen / Alleve):** Non-steroidal anti-inflammatory medication can be helpful in treating the pain but are not in themselves curative. Daily "icing" of the painful area can be helpful. This is sometimes easiest performed by rolling a chilled can of drink (from the fridge not freezer) under the affected foot.
- 3. Orthotics:** Whether custom or over the counter, supporting the ligament and improving the function of the foot are very important.
- 4. Cortisone injections:** These injections are a valuable tool if the pain is severe enough. They provide relief of symptoms and in some cases, may help resolve the problem. Your doctor may prefer to do this with ultrasound guidance. If simple measures are not helpful then ultrasound-guided injections of corticosteroid (potent anti-inflammatory effect) can be arranged. The duration of relief can be variable but is certainly long term relief for some patients. If the pain recurs then further injections can be given but no more than 3 injections should be given.
- 5. Activity modification (rest from sport and standing for long periods):** Rest and avoidance of sport is very important in trying to tip the scales in favor of repair rather than further injury. Pain should guide and limit the level of activity.
- 6. Footwear advice (absorbent soled shoes, MBT shoes):** A well built supportive running shoe is often most comfortable but another consideration is the 'MBT' shoe available on the high street. Flat, thin-soled shoes should be avoided.
- 7. Calf stretches (to stretch the gastrocnemius/soleus muscles):** A stretching brochure will be provided. This is often supplemented with formal physical therapy.
- 8. Surgical treatment:** In a very small number of cases, surgery is considered for patients who have more than 6-12 months of persistent pain. If another source of pain is found (Baxter's nerve entrapment), then surgery may be undertaken sooner.
- 9. Other measures:** Weight-loss