

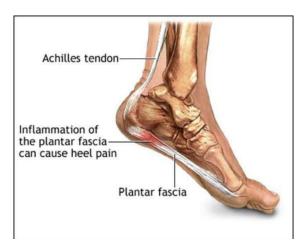


# **Plantar Fascia Pain**

This leaflet provides information about plantarfasciopathy (plantar fascia pain). If you have any further questions or concerns, please speak to a clinician.

# What is plantarfasciopathy?

The plantar fascia is a strong connective tissue that runs from the heel to the toes and supports the arch of the foot. In some people the attachment of this tissue to the heel bone can become painful. Often there is tenderness beneath the heel which can radiate into the arch of the foot, typically with stiffness and discomfort when rising in the morning or after rest / inactivity.



# What are the signs and symptoms?

- · Heel pain.
- Pain on walking, especially when barefoot.
- Pain is usually worse on first steps in the morning or after a period of rest.

# What causes plantarfasciopathy?

Common causes may include:

- Recent change or increase in activity level.
- Biomechanical factors for example reduced arch or high arch feet.
- Prolonged use of flat or unsupportive footwear.
- Tight calf muscles.
- Obesity or recent weight gain.
- Recent injury.
- Standing for long periods on hard surfaces.
- Sometimes it can be associated with inflammatory conditions like rheumatoid arthritis.

# Do I need any tests to confirm the diagnosis?

There are no specific tests needed to diagnose plantarfasciopathy. A healthcare professional can help confirm the diagnosis by taking a thorough history of symptoms and completing an assessment.

## What treatments are available?

**Exercise** has been shown to be the most effective treatment for this condition. Some useful exercises are shown below. However, additional treatments you may have heard of include:

### **Taping**

Taping can be an effective temporary treatment for plantarfasciopathy and can help indicate if orthotics could be suitable.

### Cortisone (corticosteroid) injection

Corticosteroid injections are not recommended for plantarfasciopathy. They can have significant side-effects and there is some evidence that they can contribute to ligament rupture.

### **Extracorporeal Shockwave Therapy**

Extracorporeal Shockwave Therapy involves directing energy pulses at the affected body part. It is not fully understood how this works, although it is thought that it may help to stimulate the body's natural tissue repair process. There is limited evidence for its use but some people find it beneficial if they have tried a course of physiotherapy and conservative treatments first. Shockwave therapy should be used as an adjunct alongside exercise treatment and not used in isolation.

# Is there anything I can do to help myself?

Often the symptoms of plantarfasciopathy resolve without intervention. Alternatively, you can try:

### **Activity modification**

The initial treatment should be to reduce the load on the heel. You can do this by pacing your activity levels or reducing your walking mileage. You should also try to avoid barefoot walking or standing on very hard surfaces. If this is unavoidable then wear trainers or well cushioned shoes - a cushioned heel lift can also help to reduce your symptoms.

### **Cold Therapy**

To help with pain you can apply cold therapy to the sore area for 10 minutes up to three or four times a day. Try a bag of frozen peas wrapped in a tea towel. Another approach is to keep a tin (e.g. a baked beans tin) in your fridge. Place your foot on the can and roll it forwards and backwards.

#### **Shoes**

Appropriate footwear should be supportive and cushioned. This means a substantial sole that is not too flexible or bendy. Activewear trainers or walking shoes are recommended.

#### **Orthotics**

Orthotics are often used to support the foot and relieve or reduce these forces.

### Stretching and exercise

Exercise is very important in the treatment of plantarfasciopathy and to help to reduce the likelihood of reoccurrence. Try these simple exercises that you can do at home. If they don't work, a physiotherapist will be able to guide your rehabilitation further.

*Try these exercises below to help with your symptoms:* 



1.

Place the toes of your affected leg up against a wall. Keeping your heel on the floor and your knee slightly bent, push your knee toward the wall. You should feel a stretch across the sole of your foot and underneath your toes.

Hold the stretch for **15 seconds** and repeat **four times**, **twice a day**. Complete this **every day**.



Sit with your affected leg out in front of you. Loop a strap (e.g. belt or rolled up towel) around the ball of your foot. Holding the ends of the strap in each hand, pull your toes towards you.

Hold the stretch for **15 seconds** and repeat **four times**, **twice a day**. Complete this **every day**.



Roll up a towel and place it on a step, then place your toes on the towel so that they are extended with your heels over the edge of the step. Slowly raise your heels as high as possible. Lower your heels down in a slow and controlled manner to the level of the step, then repeat.

If this is too challenging, try completing on a flat surface. If you find this easy, try completing on one leg.

Complete this **every other day**. Start with **10 repetitions**, **twice a day**, building up to fifteen repetitions five times a day.



# **Useful sources of information**

The Chartered Society of Physiotherapy
Foot pain | The Chartered Society of Physiotherapy

### Contact us

If you have any questions or concerns about this, please contact the MSK physiotherapy team on mskphysioenquiries@stgeorges.nhs.uk.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

# Was this information helpful? Yes / No

Please let us know, contact <u>patient.information@stgeorges.nhs.uk</u> and include the leaflet title.

Thank you.

# **Additional services**

### **Patient Advice and Liaison Service (PALS)**

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm Friday between 10am and 2pm.

The Walk-in and Advisory telephone services are closed on Wednesdays. Please contact PALS in advance to check if there are any changes to opening times.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

Tel: 020 8725 2453 Email: pals@stgeorges.nhs.uk

#### **NHS UK**

The NHS provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. Web: www.nhs.uk

#### **NHS 111**

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones. **Tel:** 111

### **AccessAble**

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



Reference: CSW\_PLA\_03 Published: May 2025 Review date: May 2027