

INFORMATION FOR PATIENTS WITH PLANTAR FASCIITIS

#### What is Plantar Fasciitis?

Plantar fasciitis is a common condition that causes pain under the heel or the arch of the foot. The pain is often worse after periods of rest, such as first thing in the morning. It usually occurs without any obvious injury to the foot and is caused by chronic inflammation of the plantar fascia. The plantar fascia supports the arch and helps with foot propulsion during walking.

For some people the pain can cause them to limp. This can be a real problem as they may then experience pain in other structures such as; the Achilles tendon, both the inside and outside of the ankle. Some people can get nerve entrapment pain with plantar fasciitis (this is called tarsal tunnel syndrome).

## Why has this happened?

There are many risk factors for developing plantar fasciitis such as:

- Flat foot posture
- Occupations involving prolonged standing
- Tight calf muscles
- Medical conditions, e.g. Diabetes, Rheumatoid arthritis
- Age (usually over 40)
- · Sporting activities, e.g. Running
- Obesity

# What is a heel spur?

Many people have heard of or been diagnosed with a heel spur. This is a small bony growth that occurs at the site of the origin of the plantar fascia on the underside of the heel. The spur is nearly always painless and is a sign of the condition rather than the cause of the pain. Many people without plantar fasciitis also have a bony spur at this site.

### How is Plantar Fasciitis treated?

Plantar fasciitis is usually a mechanical problem so the most effective forms of treatment is to try to address this cause of the condition. This usually involves:

- Orthotics (heel cushions, insoles, splints)
- Stretching exercises (see next page)
- Footwear advice
- · Weight loss (when needed)
- Activity modification

Footwear advice usually involves wearing a supportive lace-up shoe with a cushioned sole. Some people find wearing a shoe with a small heel (below 1 inch) helpful as this can reduce strain of the plantar fascia. Many patients find Sketchers or Fit-flop footwear helpful. Avoid walking bear foot.

### Shock wave therapy

Extracorpeal shock wave therapy (ECSWT) is a relatively new technique for Plantar fasciitis and results are generally good with approximately a 65-70% cure rate. This treatment involves three sessions of treatment 1-2 weeks apart and is performed without anaesthetic. You can drive to and from the appointments and do not need to take time off work after each treatment.

## Other treatment options

Other forms of treatment include trying to reduce the inflammation through applying a cold compress, anti-inflammatory gels or tablets. Cortisone injections can also be very helpful in reducing acute pain but will often not cure the problem completely.

### Can it be cured?

Evidence suggests that plantar fasciitis will resolve in 90% of cases within 12-18 months. For some patients the pain may resolve for a period but then return again or affect the other foot. It is often important to continue with the mechanical treatment even after the pain has resolved.

# Will I need surgery?

As the condition usually resolves with time surgery is usually not indicated. An operation can be performed but only if the pain doesn't respond to conservative treatments. The surgery involves cutting and thereby lengthening the inflamed part of the plantar fascia. This is usually a day case procedure and the success rates are generally high with 80-90% success rate. Mr Yates will advise you about the operation if needed.

### **Exercises**

These should be performed three times per day. Stretching first thing in the morning can help reduce the pain at this time of the day. Hold each stretch for ten seconds and repeat ten times.

#### Exercise 1

Place the affected foot over the other leg as shown in the picture. Pull the toes and foot upwards towards the shin. You should feel tightness in the arch (plantar fascia) with your fingers







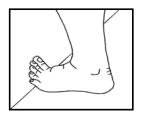
### Exercise 2

Stretch the calf muscle of the affected leg by leaning against the wall as shown. The affected leg should be the back leg. You should point your toes inwards towards the other foot and keep your heel firmly on the ground. This stretch should produce discomfort but not pain in the calf muscle.



#### Exercise 3

Place your toes against the wall as shown. Flex your toes upwards as far as they will. Bend your knee and take weight through your front foot.



The Shalbourne Suite The Great Western Hospital Marlborough Road Wiltshire SN3 6BB

BMI The Ridgeway Hospital Moormead Road Wroughton Wiltshire SN4 9DD

Private Secretary Tel & Fax: 01793 421142

email:admin@ocpm.org.uk
www.wiltshirefoot.com