SHOCKWAVE THERAPY

Ultrasound guided shockwave therapy is a newer mode of treatment. Its effectiveness is still being investigated.

TIME

Plantar fasciitis will resolve in the majority of patients, somewhere between 6 months and 2 years from the onset of symptoms. The above mentioned treatments will improve the symptoms during this period of time.

SURGERY

For those patients in whom the non-surgical treatments fail, surgery is an option. This involves releasing the plantar fascia from its attachment to the calcaneus (heel bone). This lessens the stress on the plantar fascia.

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INTRODUCTION

Plantar fasciitis is the most common cause of pain in the heel. The plantar fascia is a strong band of tissue that attaches to the calcaneus (heel bone), and runs along the sole of the foot towards the toes. (see diagram below). It helps maintain the arch of the foot along with the muscles in the foot and the calf.

Plantar fasciitis is sometimes known “heel spurs”. This is inaccurate as the pain arises from where the plantar fascia meets the bone, not the often seen bone spur nearby.

Plantar fasciitis is a wear and tear condition that causes damage in the plantar fascia and ongoing chronic inflammation, which leads to pain in the heel. Patients most often complain of pain in the morning for the first few steps, or when standing up from prolonged sitting. The symptoms are usually improved when the patients wear good comfortable shoes rather than bare foot.

Other causes of heel pain can be stress fractures or nerve entrapment syndromes.

TREATMENT

Footwear modification improving the amount of padding under the heel, and distributing the weight more evenly throughout the foot, will improve the symptoms. A rubber soled shoe will help with this, as will padding under the heel and an arch support. Most sports shoes will have these features built in. Heel pads can be obtained over the counter from chemists. A podiatrist or orthotist can provide custom made inserts.

MEDICATION

Anti-inflammatory medications and even simple analgesics will help improve the pain of plantar fasciitis. Caution is advised in those patients with severe indigestion or previous stomach ulcer problems. If stomach pain develops the medication should be discontinued.

ACTIVITY MODIFICATION

Limiting weight bearing exercise and activities will reduce stress on the plantar fascia. Non-weight bearing exercises such as cycling, swimming or aqua-aerobics are recommended.

PHYSIOTHERAPY

A physiotherapy guided calf-stretching exercise program will often improve symptoms. This can be undertaken regularly at home.

CORTISONE INJECTION

Cortisone injections may improve symptoms, but in many cases this will be a temporary relief and the symptoms will eventually return.