**Department of Podiatry**

**Plantar Fasciitis Advice Sheet**

**What is Plantar Fasciitis / Fasciosis?**

Plantar Fasciitis / Fasciosis is a very common condition affecting one in ten people at some stage in their life. This occurs when the long ligament on the bottom of the feet become inflamed and / or damaged. Often the ligament, as it attaches into the bottom of the heel, is the area of worst pain and trauma. Plantar fasciitis is considered to be a self limiting condition and in many people will eventually go, however in some this can take up to 18 months.

**Do I have heel Spurs?**

Your Doctor may have ordered an X-Ray and identified a heel spur present. Heel spurs, unless very large, are unlikely to, in themselves, cause pain. Surgical removal of heel spurs are not considered in most cases but are sometimes removed as part of third line treatment.

**What are the symptoms?**

Pain is typically felt along the ligament towards and often onto the underside of the heel bone. Rising from rest and first thing in the morning are often the most painful. Generally the symptoms get worse during the day.

**What Causes Plantar Fasciitis / Fasciosis**

The Plantar Fascia forms the under arch of the foot and Plantar Fasciitis / Fasciosis is more common over 50 years of age, in females and more common and harder to cure with an increased body weight. Flat feet, prolonged standing, occupations, sporting activities and shoe wear are all factors that can lead to this condition and prevent it from going.

**What treatments are available?**

The Podiatry Department adopt the following treatment pathway adapted from American College of Ankle and Foot Surgeons. Based on research, treatments will generally be introduced in this order.

**First Line Treatment**

(Your Podiatrist will highlight the relevant treatments for you

 Avoid barefoot walking and inappropriate shoes

 Ice the area on regular intervals

 Reduce body weight

 Anti-Inflammatory medications

 Innersoles

 Avoid aggravating activities

 Stretches

After approximately six weeks you normally will be reviewed and considered for second line treatment if symptoms have not started to improve.

 **Second Line Treatment**

Injection Therapy with Depomedrone

Referral for opinion on Shockwave Therapy

Tension Night Splints

**Third Line Treatment**

Referral for opinion on surgical release