

## What is it?

**Plantar fasciitis is one of the most common causes of foot pain and the most common cause of heel pain in adults.** The plantar fascia is a connective tissue, similar to a ligament. It travels from the heel to the toes. The fascia provides support as the toes bear the body's weight when the heel rises during walking. Strain on the plantar fascia can cause damage which results in pain. Plantar fasciitis is generally self-limiting meaning that most people's pain will go away by itself. However, while recovery is generally good, it's very slow in 80% of patients. It can take up to 12 months for the pain to go away.



## What are the symptoms?

The most common symptom of plantar fasciitis is pain beneath

the heel and sole of the foot. The pain is usually worse first thing in the morning (the first couple of steps after getting out of bed until it warms up) but there can be two

peaks during the day. Pain may also be present after other periods of rest such as prolonged sitting. The second peak of the day is usually after prolonged or vigorous activity.

## How did I get it?

Plantar fasciitis is more likely to occur in people whose lifestyle or occupation causes an abnormal amount of stretching of the plantar fascia.

**Factors that increase the risk include:**

- Long-distance running,

especially during intensive training

- Poorly fitted shoes
- Obesity
- Standing for long periods of time
- Dancing, especially ballet and aerobic dance
- Repeated squatting or standing on the toes



## What should I do?

While usually mild and self-limiting it may be necessary to seek medical advice to rule out other disease processes which may mimic plantar fasciitis and fine tune the rehab protocol. Ignoring the pain tends to have poorer outcomes than engaging in early rehab.

## How is a diagnosis made?

Usually a diagnosis can be made on the nature of the symptoms and examination findings. Occasionally an imaging test may also be needed.

## What does rehab involve?

### Pain Medication:

Pain medication tends not to be particularly effective for plantar fasciitis. A trial of anti-inflammatories or simple pain relief medication like paracetamol may however be worthwhile initially or if the symptoms are severe.

### Physical therapy:

Exercise therapy including stretching and strengthening and self-massage should be the mainstay of treatment. Please see the attached video supplement with exercise demonstrations.

### Tape support:

Taping the affected foot with a special technique known as low-Dye taping may be beneficial. The tape acts to support the fascia so that it is not stressed as much during activity. Low-Dye taping is cheap but temporary and can be used to determine whether it is worth investing in protective footwear or orthotics.

### Protective footwear and orthotics:

Arch supporting shoes and orthotics can help decrease pain. If there is a good response to taping it is

probably worthwhile investing in orthotics.

### Splints/Strasburg socks:

These devices put your foot in a stretched position overnight as you sleep. It is like doing a mild stretch for many hours. They may be of some use.

### Cortisone injection:

An injection of cortisone, which is an anti-inflammatory steroid medication, may be given to relieve pain. Relief from a cortisone injection is usually highly effective but temporary. It may last as long as many months but as little as a few weeks. There is some contention regarding how many times an injection can be repeated but generally it will be considered twice before pursuing surgical options. The injection can be painful and has an extremely small risk of causing infection. One theoretical side effect of a cortisone injection is that it can weaken the tissue and result in a rupture of the plantar fascia. The risk of this is low, approximately 1/1000.

A cortisone injection is usually used in two groups of patients. The first group have milder symptoms or can alternate their duties so they can work around the pain. In this group

an injection is performed when the pain has been present for a long period of time and an extensive trial of physical therapy has failed. The second group is patients with extreme symptoms or who for some reason cannot wait for physical therapy to become effective. This group usually receives an earlier injection but must also engage in physical therapy or the pain will just return once the injection wears off.

### Shock wave therapy:

Shockwave therapy can be considered. It may offer some benefit.

### Surgery:

New endoscopic treatment is minimally invasive and effective with a very rapid recovery time. Surgery, though, is rarely required for people with plantar fasciitis. It would only be recommended if all other treatments prove unsuccessful.



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