



Plantar Heel Pain

How you should be involved in decisions about your healthcare and treatment.



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MVC 220207 Podiatry Service - Plantar Heel Pain Leaflet (Version 01)
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Who is this leaflet for?

This leaflet is for patients requiring information on how to manage their plantar heel pain, which is typically pain on the sole of the foot, along the arch and into the heel.

What is this leaflet about?

This leaflet will provide you with the required information to help you decide whether you can self manage your plantar heel pain or whether to seek support or further treatment from an Allied Health Professional, e.g. podiatrist or physiotherapist.

What is plantar heel pain?

Plantar heel pain is an overall term used to describe pain within the soft tissue structures of the foot, particularly at the underside of the heel. These soft tissue structures include the plantar fascia, the smaller muscles of the foot, bursa or the fat pad of the heel. These structures may become over-loaded and symptomatic, often in response to a change of load or a change of environment, e.g. changes in your activities, weight, footwear or training.

This condition is relatively common across the general population and runners. Whilst these tissues are designed to withstand high amounts of activity and load, at times the tissues may become over-loaded and therefore symptomatic.

This condition is described as a self-limiting condition, which means that it will typically get better, however symptoms may be present for a period of 2 weeks up to 2 years. Across this time period there may be times of improvement with little symptoms, or periods of irritation with increased symptoms.



What are the symptoms?

Plantar heel pain symptoms are often located on the sole of the foot, typically at the heel area which may feel tender to touch and may spread along the foot into the arch. Symptoms are typically worst when standing or walking first thing in the morning or after a period rest. Symptoms can be variable when doing weight-bearing activities. In the early stages, you may feel the pain eases with walking, however in more persistent cases the pain may increase with prolonged periods of standing, walking or running.

Do I need imaging?

No. X-rays do not show soft tissue structures, therefore do not provide any relevant clinical information for this condition. X-rays have historically been requested on the suspicion of plantar heel spurs, which is not important in the management of this condition. Research has shown that plantar heel spurs do not have a causal relationship with plantar heel pain and therefore should not be a target for treatment.

Ultrasound can be used to measure the thickness of the plantar fascia or to detect active inflammation (in cases where there is underlying inflammatory conditions, e.g. seronegative arthropathies) however this information is unlikely to impact the management of this condition and therefore not typically requested in normal practice.

How can it be treated?

There are a number of options available to help you manage this condition and your symptoms. These are typically non-surgical and can be split into two categories to;

- **Improve tissue tolerance**
- **Pain management**

Improving tissue tolerance:

- **Suitable Footwear:** Wear a supportive shoe with a cushioned sole. Avoid flat or slip on shoe styles and avoid walking in your bare feet.
- **Strengthening Exercises:** Consistent and progressive strengthening exercises for the foot and leg muscles have been proven to help symptoms.

These exercises may include: **calf strengthening, tip toe exercises and foot muscle exercises.**



- **Stretching exercises:** Regular stretching techniques can help to improve flexibility and reduce sensitivity. These may include foot stretches, calf stretches, massage using a tennis ball or ice bottle.



- **Taping / strapping:** Taping may be used in acute stages to offload and support the painful soft tissue structures. This tends to be used in the short term only.
- **Insoles:** Insoles may be used longer term for more chronic conditions. Insoles can be used to alter forces and offload specific structures. Simple arch supports or shock absorbent cushioning insoles can be self-bought. Prescriptive insoles may be provided by your podiatrist.
- **Weight management:** Lowering your body weight can be very effective at reducing the load going through your heel. Patients who are over-weight frequently don't get the relief from the other interventions listed here unless they lose weight.



Pain management

Not everyone will require treatment for pain management. If however the pain is persistent and it is impacting your ability to engage in daily activities including sleep, work and sport, then further treatment options may be considered to help you.



- **Medication:** Pain relief, e.g. paracetamol, and anti-inflammatories, e.g. Ibuprofen, may be helpful (provided it is safe for you to take these).



- **Shockwave Therapy:** This is a specialist non-invasive treatment which can be delivered as a short course of treatment (6 sessions) and may be beneficial in chronic conditions. Consult with your podiatrist.



- **Steroid injections:** This is specialist invasive treatment which can be delivered as a once off treatment which may provide short term pain relief (approximately - 12 weeks). There is anecdotal evidence that steroid injections can be counter-productive in the long term and are offered less often. Consult with your podiatrist.





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How can I prevent this condition from getting worse or reoccurring?

Following the advice above should help you to manage this condition and improve your symptoms. Once your symptoms settle it is important to continue following the advice on weight management, suitable footwear and strengthening exercises to reduce the risk of reoccurrence.

Surgical management

Surgical opinions are generally not required for the management of plantar heel pain. Majority of the patients (about 90%) with plantar fasciitis improve with non-operative measures over an 18 months period.

Surgery directly on the plantar fascia has equivocal results and successful outcomes after surgery are inconsistent. Patient satisfaction after plantar fascia surgery is typically lower than for other types of orthopaedic surgery.

Surgery to lengthen the calf muscles can be considered however this procedure is rarely necessary as the calf muscle usually responds to diligent stretching. Surgical treatment is not required for heel spurs.



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