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Northamptonshire Healthcare
NHS Foundation Trust

PLANTAR FASCIITIS

PODIATRIC SURGERY

INFORMATION LEAFLET

 01327 708102

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**MAKING A
DIFFERENCE
FOR YOU,
WITH YOU**

WHAT IS WRONG WITH MY FOOT?

Heel pain is a very common problem and is often due to a complaint known as plantar fasciitis. It is as a resultant degenerative change to the plantar fascia (sole of foot).

The pain is often at its worst upon weight bearing in the morning (or after sitting down for an extended period and then resuming activity), causing hobbling or limping for a few minutes before a comfortable stride can be resumed. As weight continues to be applied during walking or standing, mild or severe pain may persist.

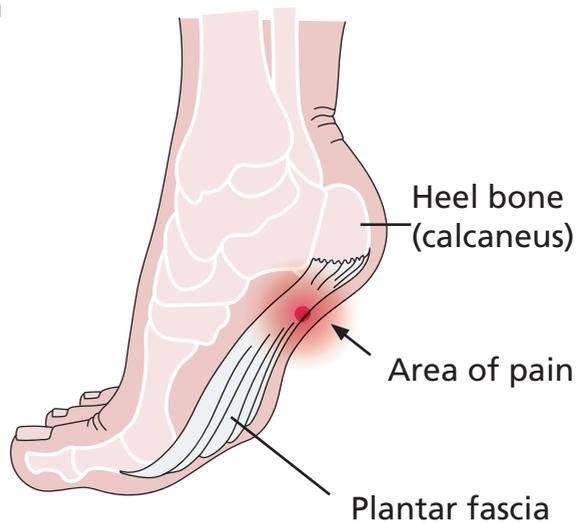
Adults (usually between 30 to 50 years old) develop the problem most frequently, although children can be affected if the growing bone becomes irritated.

CAUSES OF HEEL PAIN

Heel pain is a condition that depends on a number of factors such as excess weight although its cause is unknown.

It develops with repetitive tensile (tension) overload of the soft tissue which are attached to the bottom of the heel. However, the pain originates deep within the foot, directly on the heel bone or within the foot's connective soft tissues, called fascia.

Several layers of fatty tissue surround the heel bone, softening the impact or walking and running and protecting



the bones and muscles of the foot. Beneath this fatty tissue padding is a central fibrous band of connective tissue (the fascia) which extends from the heel bone, supports the arch and reaches across to the toes. Pain can result when these tissues become irritated or inflamed.

OTHER CAUSES

Injury, overuse or other mechanical causes can bring on discomfort in the heel.

A painful heel may also be due to possible:

- Plantar fibroma
- Bursitis (calcaneal adventitious bursitis / Policeman's bruised heel syndrome)
- Mechanical with overuse syndrome of the medial / central part of the heel
- Trauma or loss of the fibro-fat pad with fibrous / scar tissue (seen on MRI)
- Tarsal tunnel syndrome or other nerve entrapments
- Stress fracture of the calcaneus (heel bone)
- Arthritic conditions (psoriatic, ankylosing spondylosis)
- Myofascial conditions (Reiter's syndrome, anaemia, gout, or fibromyalgia)
- Chronic regional pain syndrome (CRPS)
- Endocrine disorders (obesity / diabetes)
- Nerve injuries or entrapments
- Heel bone abnormalities (benign bone tumours)
- Flatfoot - tibialis posterior tendon dysfunction (part of the heel pain triad)

CARING FOR THE PAINFUL HEEL

PHASED TREATMENT

Phase 1: self-care, e.g. conservative therapy listed below

Phase 2: next level, e.g. ultrasound scans (and X-rays), steroid injections and ESWT

Phase 3: surgery, eg Topaz and plantar fascia release.

NON-SURGICAL TREATMENT

This includes the following:

- RICE: Rest, Icing, Compression, Elevation plus a non-steroidal anti-inflammatory gel (Deep Heat/Voltarol gel)
- ICE therapy (20 min, x2 a day, x3 a week (Mon/Wed/Fri) for 6 weeks
- Stretching exercises (see self-care section) with Physiotherapy
- Painkillers (for example, paracetamol and ibuprofen)
- Orthotic therapy
- Silicone gel heel cups
- Orthopaedic shoes
- Weight loss
- Night splints
- Extracorporeal shockwave therapy (ESWT)
- Steroid injections

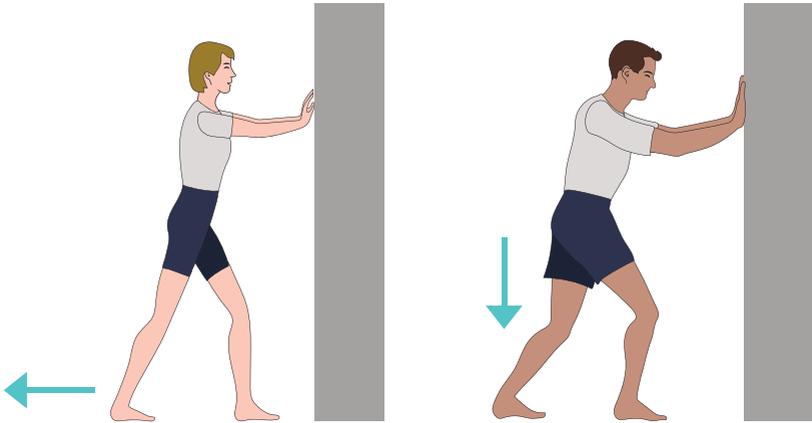
SELF-CARE

Several steps can be taken to care for a painful heel at home:

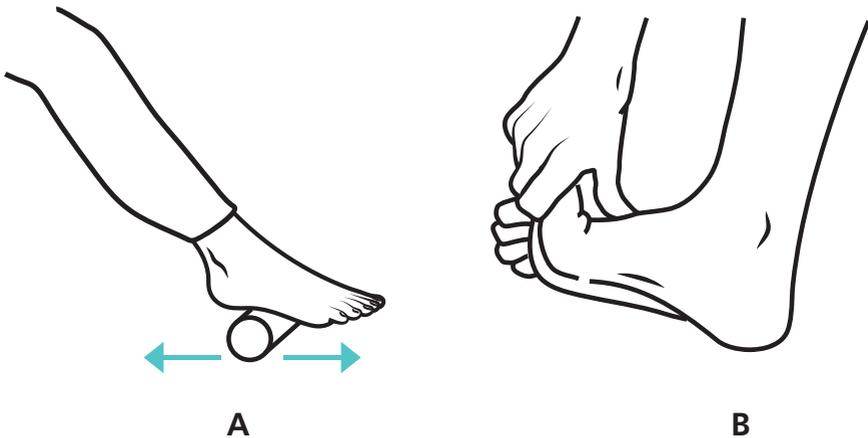
1. Take a course of anti-inflammatory (e.g. ibuprofen) medication to help reduce tissue inflammation. Follow dosage directions carefully. As with any medication, be aware of potential allergic responses and discontinue use if any adverse reaction occurs, or if pain is not relieved after several days' use.
2. Soak the heel in ice water to relieve pain and inflammation. This works best by placing the foot in a basin filled with tap water, high enough to cover the heel. Allow the foot to adjust to this temperature. Then add ice cubes (two or three at a time) every five or six minutes over a 30-minute period. Soak the foot in ice water three times daily and immediately after any activity. Heat may also be recommended, but ice is usually preferable. Caution: People with diabetes or poor circulation should not use cold water or ice packs.
3. Avoid sports and other vigorous activities while healing. Wear higher heeled shoes and choose shoes with heels made from soft rubber instead of leather. Running shoes are often the most comfortable.
4. A weight loss programme, if this is deemed appropriate, to reduce the pressure on the fascia.
5. Stretch the calf muscles daily – the most important thing you can do to help yourself. Stretching exercises should be performed five times a day, targeting specific anatomical structures.

A minimum of five repetitions with a sustained hold of at least 30 seconds is recommended first with the knee straight, then with the knee bent.

Stretch and release for 10 seconds, then stretch again. NB – the heel must be flat on the ground with the toes pointing forward. Flex the big toe up with a tea towel or padding for every stretch.



Plantar fascia stretch: using a can/tennis ball – massage the arch from the heel to the ball of the foot (A). This can also be achieved by bringing the big toe up and firmly massaging along the arch with the other hand (B)



NON-SURGICAL TREATMENTS

Soft tissue injury can take several months if not years to develop. As such the healing process can be equally drawn out. You may need to follow any treatment programme for many weeks or months. If self-care measures do not relieve the pain within the first six (6) weeks we may progress to Phase 2.

SURGICAL TREATMENTS FOR HEEL PAIN

If non-surgical medical treatments fail (<5%), and pain persists after six (6) to 12 months, surgical intervention may be necessary. This usually involves electrical stimulation (Topaz coblation) or surgical release of the plantar fascia.

Excision of the plantar spur, which is located at the origin of the deep musculature, is only recommended on certain occasions.

PLEASE ASK IF YOU HAVE ANY FURTHER QUESTIONS REGARDING YOUR SURGICAL CARE.



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Outstanding ☆



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Plantar fasciitis: a review. Br J Hosp Med 2006;67:72-6

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