

# Plantar fasciopathy

## Information for patients

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### What is plantar fasciopathy?

Plantar fasciopathy is when there are inflammatory or structural changes to the plantar fascia ligament in your heel resulting in pain. This is also described as plantar heel pain.

### What are the causes?

There are several proposed risk factors for plantar fasciopathy including:

- Weight-bearing activity (e.g. standing)
- Tight calf muscles
- Obesity
- Foot shape and/or the way your foot moves
- Existing medical conditions (e.g. Diabetes).



### What are the symptoms?

- Pain in the affected heel which may extend into the arch of your foot
- Pain made worse by weight-bearing activity (e.g. standing)
- Intense pain during your first few steps after a period of inactivity (particularly in the morning when getting out of bed)
- Tenderness over your heel.

### How is it diagnosed?

An appropriate healthcare professional will discuss your symptoms and enquire about your general health. A physical examination of your foot and ankle will be carried out to assess your movement, response to particular tests and level of pain. This condition is diagnosed by clinical examination. In rare cases diagnostic imaging may be required.

### What is the management for plantar fasciopathy?

Many patients are happy to self-manage their symptoms, with painkillers/anti-inflammatory medication or other non-invasive treatments, such as:

- Lifestyle and health changes
- Changes to your activity

- Using a cold compress on the affected area
- Rest and immobilisation (as required)
- Self directed exercises
- Podiatry and/or physiotherapy.

## **Lifestyle and health changes**

The following changes to your lifestyle can help to manage plantar fasciopathy:

- Maintaining a healthy diet and weight
- Getting regular physical activity as per the guidelines at: <https://www.nhs.uk/live-well/exercise>. You will need to adapt your activity to avoid putting too much pressure on your affected foot
- Getting 7-9 hours of quality sleep per night
- Reducing your alcohol intake
- Quit smoking.

Not all of these recommendations may be relevant to you, but these are important factors to consider to optimise your outcome.

Further information and support can be found at <https://nhsinform.scot/healthy-living>

## **How can I manage it?**

- Application of ice to control the pain/discomfort (do not apply ice directly to your skin- use a towel between your skin and the ice to avoid direct contact)
- Self directed exercises
- Rest/immobilisation/changes to your activity as required (e.g. if pain is caused by running, switching to an activity with less impact such as swimming or reducing your mileage may help).
- Simple pain relief or anti-inflammatory medication
  - Speak to your GP or pharmacist
- Wear well fitted and supportive footwear.

## **Physiotherapy/podiatry**

Through a thorough examination, a physiotherapist or a podiatrist can:

- Help you establish what may be causing your pain
- Provide you with a personal treatment plan to help and/or resolve symptoms. This may include:
  - Foot and calf exercises

- Taping
  - Footwear advice
  - Footwear adaptations/insoles.
- Arrange for further investigation, if required.

## **More invasive management options**

In some cases symptoms may persist and more invasive treatments may be required/requested by you, as the patient:

- **Corticosteroid injections:** Steroid injections may help with pain relief by reducing the swelling/inflammation around the plantar fascia (heel) area. Not everyone experiences a positive result with steroid injections.
- **Surgery:** Surgery is only required if pain is present and symptoms are unable to be controlled by the methods described above.