

Plantar Heel Pain

- Plantar fasciitis
- Plantar fasciitis, plantar fasciopathy
- Heel spurs

Most common in runners and older adults and is often associated with a biomechanical abnormality, such as excessive pronation or supination.

What is it?

Plantar fasciitis or plantar fasciosis is the most common form of heel pain. The plantar fascia is the flat band of tissue that connects your heel bone to your toes. It supports the arch of your foot. Plantar fasciitis is an overuse condition of the plantar fascia at its attachment to the heel bone.

How do you know if you have it?

Pain is the main symptom around the heel and arch of your foot. It is often worse first thing in the morning or after resting. It usually reduces with activity however after a long walk or being on your feet for a long time the pain often becomes worse.

How is plantar heel pain treated at Toorak Village Podiatry?

Plantar fasciitis is considered a chronic condition and should be treated as soon as possible. The longer it goes on, the worse it will become and the harder it will be to treat. An **ultrasound** may be requested to diagnose plantar fasciitis (referral available at Toorak Village Podiatry).

There is no “miracle” cure for plantar fasciitis but a combination of treatments normally helps.

Short term

- Avoid aggravating activities
- Ice after activity
- Stretching of the plantar fascia, gastrocnemius, soleus and hamstrings
- Self massage with a golf ball or tennis ball
- NSAIDs eg. Nurofen, Voltaren, etc
- **Taping**: low dye taping provides excellent pain relief (Available at Toorak Village Podiatry)
- Corticosteroid injection (Available at Toorak Village Podiatry)
- Heel Lifts if gastrocnemius, soleus and/or hamstrings are tight (Available at Toorak Village Podiatry).

Long Term

- Strengthening exercises for intrinsic muscles of the foot using a **‘Foot Gym’** (Available at Toorak Village Podiatry). A simple technique is to raise the toes and press them individually into the floor.
- Strengthening exercises for muscles outside of the foot (eg: Tibialis Posterior and hip abductors)
- Footwear with well supported arches and insole.
- Biomechanical correction with **orthoses**, either custom made or “off the shelf” (both Available at Toorak Village Podiatry)
- Night splints
- Soft tissue therapy or **dry needling** (Available at Toorak Village Podiatry)
- Surgery is sometimes required in patients who remain symptomatic despite all of the above treatments (more commonly needed in patients with a rigid, high arched foot).
 - Plantar fasciectomy
 - Minimally invasive endoscopic plantar fascia release