

You have been referred to see me with a history suggestive of a condition called Plantar Fasciitis. This is an inflammation of the heel and is not related to having or developing a heel spur. This is an inflammation of where this band of soft tissue attaches on to the heel bone or calcaneum and is made worse every time you put your foot to the ground which causes stretching and further inflammation through small tears from the origin of this tissue.

The mainstay of treatment for this is stretches of the Achilles tendon or the back of the heel. This should be undertaken with the supervision of a physiotherapist and your physiotherapist will guide you through your stretches and also organise to undertake some anti-inflammatory treatment to the sole of the foot either through ultrasound or acupuncture and also some deep friction massage to help break down the area of inflammation. You should use anti-inflammatories on a regular basis for the first three to four weeks either in the form of Diclofenac (Voltaren) or Ibuprofen (Nurofen). Should you have a problem with anti-inflammatories or have asthma and intolerance to anti-inflammatories then possibly the alternative would be to use anti-inflammatory gel. You will be given a prescription to have a heel insert for your shoe which should be worn in all shoes whenever weight bearing which helps to offload the heel, this is made of silicone gel and is of dual density construction allowing the origin of the plantar fascia to be offloaded.

Plantar Fasciitis is a self-limiting condition, it can take 2-3 years to settle however. It is often related to an alteration in workplace environment or in your own environment either through sudden weight gain, sudden increase in activity, working on hard floors or new footwear. Should these be conditions that you recognise then it would be worth trying to amend or alter these conditions such that it helps to reduce the discomfort that you get. As a last resort an injection into the heel with cortisone can be undertaken, this is initially quite uncomfortable and is not without its potential complications but can help to resolve any recalcitrant heel pain.

I hope you find this information leaflet useful. I would be grateful if you could contact your local physiotherapist to coordinate your Achilles tendon stretches and anti-inflammatory treatment.

Yours sincerely

Mr Peter Black, FRCSEdFRCS(Tr&Orth)
Consultant Orthopaedic Surgeon