

PLANTAR HEEL PAIN (UNDER THE HEEL)



FOOT SMART FOCUS PATIENT INFORMATION SHEET

The plantar fascia is a thick fibrous band of tissue in the bottom of the foot which runs from the heel to the base of the toes. When placed under increased stress, the plantar fascia can stretch and tear, resulting in degeneration of this tissue, particularly at its insertion into the heel bone.



If you have...

- Pain on the sole of the foot, often localised to the front of the heel
- Pain is usually worse the first few steps in the morning and after rest periods during the day
- Pain often aggravated by prolonged standing, walking or running, especially on hard surfaces
- As the condition progresses, patients may experience burning, numbness and throbbing around the heel when resting at night

Then you may have plantar fasciitis, and we would love to help you!

Heel pain can be caused by..

- Over-pronation (arch collapse)
- Tight calf muscles and achilles tendon
- High arches and rigid feet
- Going barefoot on hard surfaces or incorrect or worn out shoes
- Jobs that require lots of walking on hard surfaces
- Over training or sudden increase in training
- Weight gain



With our tools and expertise, we are able to assess and decide which of these factors are causing the injury. Have a sneak peek the the doctors section on the back for details on the treatments we can offer to fix this condition.

More questions? Call us or check out our website.

PLANTAR HEEL PAIN (PHP)



FOR THE DOCTOR CLINICAL PRACTICE GUIDELINE

This is the most common condition we see at Pioneer Podiatry, with at least 5 to 10 cases per day. In our clinic, we specialise in diagnosing and treating this condition, and have a special focus on cases that have been chronic and difficult to fix.

In majority of cases of PHP, the heel spur is NOT the cause of the pain. The pain is due to the degeneration and weakening of the plantar fascia), regardless of whether a heel spur is present or not. This condition has been previously called plantar fasciitis, or heel spurs, however these term do not correctly describe the condition. Regardless, these terms seem to persist in non-specialist practice.

Phase 1 | treatment should include...

- Full history and physical exam, to determine injured tissues. PHP is worst at the medial calcaneal tubercle.
- Imaging- US to show fascial thickening. X-ray not helpful, unless unusual in presentations.
- Taping techniques to offload the plantar fascia.
- Reduce training load and intensity (try alternative exercises like swimming, cycling and upper body weights which have less impact on the feet)
- Footwear changes (correct support and midsole cushioning, small heel height)



Phase 2 | treatment should include...

- Customised orthotic therapy to correct biomechanical abnormalities.
- Shockwave therapy (ESWT) to accelerate body's self-healing
- Moonboot to further immobilise foot and reduce strain on Plantar Fascia
- In very few cases, surgical intervention is necessary.



Simple cases will get better easily. Complex cases NEED specialist care. Our Clinical Practice Guideline on our website give a far more comprehensive outline for this condition.

We have comprehensive Clinical Practice Guidelines on our website for this condition, including videos, more details, and literature references.