

Heel Pain & Plantar Fasciopathy

Pain Beneath the Heel

What is it?

Persistent pain beneath the heel is one of the most common symptoms within the foot and ankle. Numerous medical terms are used to describe heel pain including plantar fasciitis or policeman's heel, clinicians prefer to use the terms plantar heel pain or plantar fasciopathy. These refer to pain under the sole of the foot (Plantar), within collagen connective tissue (Fascia) and disorder (opathy). The plantar fascia is a broad band of fibrous tissue located from the heel to base of toes, beneath muscles of the foot, assisting in stability of the arches during weightbearing.

What does it do?

Pain occurs after unaccustomed increased activities such as prolonged standing or running. Excessive strain loads the fascia, causing fraying and secondary thickening. It can become irritable at its attachment to the heel bone (calcaneum), known as traction periostitis.

Why does it get painful?

Pain occurs after unaccustomed increased activities such as prolonged standing or running. Excessive strain loads the fascia, causing fraying and secondary thickening. It can become irritable at its attachment to the heel bone (calcaneum), known as traction periostitis.



How long does it last?

Pain may settle without treatment, but pain is better managed in those who follow advice. Typically, it lasts for six to nine months but may remain for up to 3 years in few cases, but 80% of peoples' symptoms are clear by 24 months.

Are there other reasons it may occur?

It is most common in people over the age of 40. People may experience pain due to:

- Excessive, intense, or sudden spikes in exercise
- Weight gain
- Stiffness or weakness about the foot, ankle, or lower limb
- Foot posture particularly those with high or low arches
- Occupations that require long periods of standing upon hard floor.

Signs and Symptoms

Pain typically occurs gradually without specific injury. It is triggered by sudden increases in activity or changes in footwear used, e.g., using flat shoes after normally wearing heeled shoes. This results in excessive loading upon the plantar fascia, causing inability for it to adapt over time, resulting in tissue injury and pain.

- Pain in one heel is most common but one third of people experience pain in both.
- Pain upon standing up and getting going after resting is common.
- Pain typically eases as you start to move but returns at the end of a long day.
- It is known that standing for long periods, long walks and intense exercise may aggravate.

If you experienced an injury with sudden pain, swelling, bruising, redness, or changes in the appearance of your foot shape, ask your GP to refer you into your local Musculoskeletal (MSK) service for opinion from a Foot & Ankle Health professional.

How can I manage my heel pain?

It can be treated with simple changes performed by yourself at home, without need to see a medical specialist. The following strategies may reduce pain and lead to a quicker recovery:

Rest / activity modification: Avoid activities that typically aggravate pain, e.g., consider swapping long walks or running for gym-based exercise, swimming or cycling. Improvement is indicated by how pain feels upon standing up after resting, if pain is more intense than normal, this is a sign that you have overdone things the day before, therefore, reduce intensity and amount of exercise next time. Start exercises slowly, allowing tissues time to adapt and avoid increasing exercise duration too quickly. Following the traffic light system below can help with this, it is acceptable to feel some discomfort but not significant pain.

Pain scale:

0-4 Safe zone

4-5 Acceptable

5-10 Excessive



Time: Allow pain to settle and for a realistic time of tissue repair. This may take 3-12 months in most cases but can take 24-36 months for some.

Medication: National guidelines suggest paracetamol for pain and an anti-inflammatory tablet (NSAID) such as Ibuprofen to reduce pain and inflammation. Use NSAID's only after food and for 3-4 days only. Follow the recommended dosage, as NSAIDS can raise the risk of heart attack or stroke if susceptible. You should consult with a pharmacist or GP if concerned and have a known history of cardiovascular disease.

Footwear: Use a well fitted shoe, wide enough to allow toes to spread and use a cushioned sole. Avoid walking barefooted and using thin soled unsupportive footwear. A shoe with a small heel may feel more comfortable.

FEATURES FOR PLANTAR FASCIITIS



Its what's inside the footwear that counts! Footwear should provide **Stability** with deep heel cup, **Support** with a biomechanical foot bed, yet firm enough with a well contoured mid sole.

Heel pads and Insoles: Use foam or gel heel pads or insoles with arch support for comfort. These can be purchased in shops or online.



Taping: Using sports tape can rest the plantar fascia and reduce discomfort. Avoid tape if you have sensitive skin or if a rash occurs. Follow the steps below to apply the tape.



Ice massage: Roll your barefoot back and forth from toes to heel over a frozen plastic bottle or can. This can alleviate pain and be comforting at the end of the day.

Plantar fascia mobilisation: Gently bend toes upwards and push with your finger or thumb into your arch, changing location frequently. Perform this 10 times for 10 seconds, three times per day.



Calf and Hamstring stretches: Performed each day, frequent stretching may ease heel pain symptoms, as stiff calf muscles aggravate the plantar fascia during standing and walking. The aim of these exercises is to increase ankle motion during activity and reduce tension at the plantar fascia.



Keep your feet pointing straight ahead and heels flat to the floor. Hold still for 15 seconds and increase the hold progressively until 60 seconds, 5 times per day is comfortable. Perform 5 x day and ensure you swap legs.

Strengthening exercises: Improvement in calf muscle strength assists the leg, ankle, and foot to better tolerate activities. Roll up a small towel and place under your toes. Lift both heels from the floor. Return to the start position and repeat until you can perform 15 easily. Progressing when comfortable, this exercise performed upon 1 leg is a good sign of leg strength.



Strengthening exercises for the feet also include:



Continue performing all exercises once pain has settled, to ensure recovery is complete. It is normal to feel some discomfort whilst performing exercises, but pain can be managed by reducing the number of repetitions, taking rest days between exercise days, and slowly building up again.

Summary & Contact Information

This leaflet aims to provide you with all the information regarding heel pain and its treatment.

Heel pain typically occurs from overdoing things, with symptoms that can settle quickly or last for one to two years if not managed appropriately. It is important to consider weight management if relevant. By following advice, most people self - manage and experience pain resolution.

For distressing cases of heel pain and those not responding to the recommended advice and guidance as above after 6 months then additional intervention may need to be considered including dry needling and steroid injections. If this is the case, please speak with your health care provider.

After receiving this leaflet, you have 12 months to consider your options. No further appointment will be made for you. You should now consider what options are best for you?

1. Self-management: Using exercise advice for at least 3 months or until pain eases. This approach requires no further appointments.
2. If you have exhausted exercise advice and are unable to manage normal daily activities, exercise, or work despite treatments. Please contact the Sussex MSK partnership 0300 303 8063 to schedule an appointment.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Important information

The information in this leaflet is for guidance purposes only and is not provided, to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: esh-tr.patientexperience@nhs.net

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 303 8063

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.
