If Symptoms Persist

Podiatry assessment. A podiatrist can assess your foot, provide custom insoles, and give advice on exercises, footwear, and activity changes.

Extracorporeal Shockwave Therapy (a non-invasive treatment that uses sound waves) may help reduce pain and support healing of the plantar fascia.

Pain relief. Your GP can recommend alternative pain relief to help with daily activities and improve sleep if pain is disturbing you.

Cortisone injections can help reduce pain; however, the relief may only be short lived. Furthermore, there is no conclusive evidence to show why steroid injections may be helpful for some people with plantar heel pain although one theory is that it helps to 'kickstart' the healing process.

Surgery is not usually performed for plantar heel pain, however in some cases an operation can be performed to release tightness in the calf muscles.

If you have any questions about the information in this leaflet, please contact Podiatry Services.

For more information about our services and how to manage common foot problems at home, please visit our website:

www.livewellsouthwest.co.uk/project/podiatry

Contact Details

Podiatry Services,
Beauchamp Centre,
Mount Gould Hospital,
200 Mount Gould Road,
Plymouth,
PL4 7QD

Tel: 01752 434855
Email: livewell.podiatrypatients@nhs.net

Livewell Southwest

Podiatry Services

Patient Information Leaflet

Plantar Heel Pain Syndrome: Plantar Fasciitis

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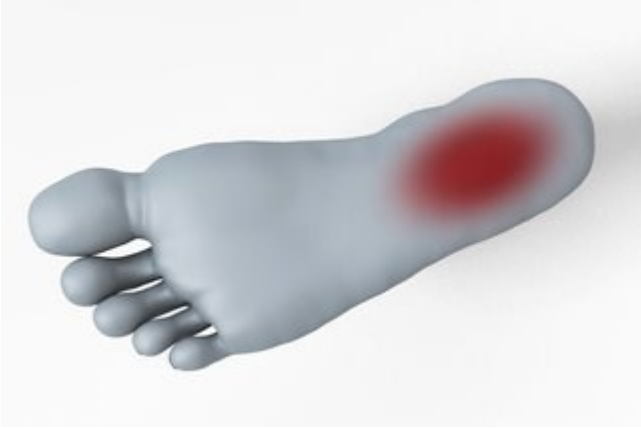

We support people to lead independent, healthy lives

Plantar heel pain is common, affecting 15% of the population at some point in their lifetime in both athletic and sedentary people. Pain typically occurs at the bottom of the heel and may radiate to the sides of the heel, as well as into the arch and forefoot. The cause is unknown; however, several risk factors have been identified:

- Activities or sports, and occupations requiring prolonged walking or standing, especially on hard surfaces.
- Inadequate footwear, such as thin, flat soles.
- Overweight/obesity.
- Tight calf muscles

Typically, pain occurs with the first few steps in the morning or after rest. Some people find that walking or running can make it feel worse.

Research shows that multiple conditions often contribute to pain in this area which is why the term 'plantar heel pain syndrome' is now preferred. These conditions include: stress to the plantar fascia, stress to the fat pad beneath the heel, stress to the heel bone, pressure on the nerve that passes near the heel, and stress at the muscle attachment on the inside of the heel. Therefore, symptoms can vary between aching, stiffness, tingling, numbness, sharpness, and shooting.

Diagnosis

This is determined based on your symptoms and does not require X-ray, Ultrasound, or MRI scans. If there is uncertainty over the diagnosis, or sometimes as part of a specific treatment modality, a health care professional may request an Ultrasound scan of the heel.

Myths

It is commonly thought that flat feet are a cause of heel pain. However, we know from research that foot type and posture are not linked with this condition. Another belief is that heel spurs are a reason for heel pain; however, there has been no conclusive evidence to suggest that heel spurs are implicated (heel spurs are an incidental finding in 30% of people). It is also commonly thought that inflammation occurs (fasciitis), however, research involving biopsy of the plantar fascia has shown that there are no inflammatory cells present alongside pain. Therefore, the use of anti-inflammatory drugs (ibuprofen) is not usually advised, although some people may find it beneficial to use this type of medication for pain relief. Usually, paracetamol is advised for pain relief if required.

Treatment

Many people will find that their condition resolves within 12 months without treatment. Current research shows that conditioning the plantar fascia and calf muscles through the 'Rathleth protocol' is the most effective exercise for managing plantar fascia stress and strain, as it helps increase the fascia's tolerance to weight-bearing stress. **Calf stretching** is an important exercise to try as this can help to reduce tightness and strain at the plantar fascia.

Activity modification is a first-line treatment option. We don't recommend completely stopping any aggravating activities that you enjoy; however, temporarily reducing the intensity, duration, or frequency of activities, exercise, and, if possible, work-related tasks can significantly reduce pain and aid recovery.

Foot orthoses (insoles). Foot orthoses (insoles) can help reduce stress on the plantar fascia and relieve heel pressure. Look for insoles with very thick and soft cushioned heels.

Footwear with thick, cushioned soles and a moderate to high heel drop (8–12 mm) can help relieve heel pressure and reduce tension in the plantar fascia—running trainers are a good option. Additionally, **rocker-soled** shoes can further decrease tension on the plantar fascia.

Taping can be used as a short-term option to help reduce plantar fascia stress/strain.

Night splints can stretch your calf muscles while resting or sleeping which can help ease plantar fascia pain, but some people can find these uncomfortable to use.