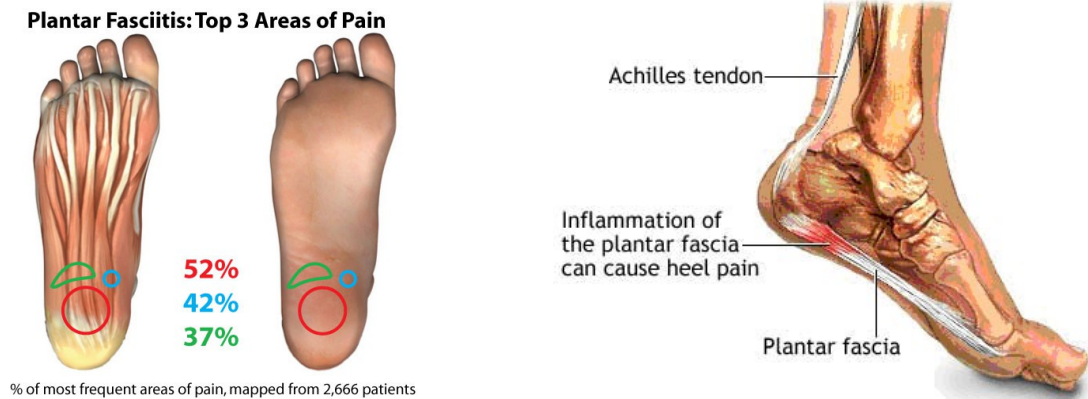


Plantar fasciitis



What is it?

The plantar fascia is a fibrous band that runs over the bottom of the foot. It attaches to the heel bone of the foot (calcaneum) and supports the arch of the foot. In plantar fasciitis, the plantar fascia commonly becomes inflamed at the area where it joins the calcaneum. Tiny tears occur at the area as a result of repeated force through the fibrous band over a period of time. These small tears cause inflammation and pain at the heel.

Who gets it?

Generally the condition is found equally in men and women and there are certain risk factors, which make some people more susceptible. These include:

- ≡ Constant stress- more common in people who spend the majority of the day on their feet
- ≡ Being overweight
- ≡ Tightness of the Achilles tendon
- ≡ Changes in physical activity- an increase in volume of physical activity or training on uneven or hard surfaces
- ≡ Unsuitable footwear- such as shoes with poor cushioning/shock absorption
- ≡ Flat feet or high arches
- ≡ People with associated rheumatic diseases

In some older patients there may be no obvious cause of the condition.

Signs and symptoms:

The disorder presents with sharp pain in the base of the heel or along the bottom on the foot, which comes on over time. The pain is worsened by activity, periods of prolonged standing and weight through the foot after a period of rest. Taking the weight off the heel by walking on the toes or sitting down may relieve it. It is common to have symptoms in both heels at the same time.

Pain may be worsened when the area over the bottom of the heel is pressed or the when the toes and foot are pushed upwards (dorsiflexed). When examined, the Achilles tendon may also feel tight.

The condition is diagnosed through discussion and examination with your doctor. However, an ultrasound scan may be used for clarification and will show thickening and swelling of the plantar fascia if the disease is present. It will also show if there is any tear within the plantar fascia.

Treatment:

Plantar fasciitis will usually resolve itself, however this can take several months depending on the underlying cause.

Pain should be controlled with simple painkillers like paracetamol and orthotics may help in some people (e.g. shoe inserts/ arch supports). If indicated, your doctor will recommend a review with an orthotist for a full assessment. Management includes specific physiotherapy with non-weight bearing plantar fascia stretches, as well as stretches for tight calf muscles. A home exercise programme will be prescribed and simple stretches such as self massage with either a golf ball or a plastic bottle of frozen water can help alleviate symptoms. Stretching the plantar fascia with a night splint or Strassburg sock have also shown to be beneficial.

Topical GTN (Glyceryl Trinitrate) patches can also help by promoting blood flow to the damaged area. However side effects, such as facial flushing and headaches, are common. Other treatments include ultrasound-guided injections of Autologous Blood or Platelet Rich Plasma (PRP) and ESWT (Extra Corporeal Shockwave Therapy). In recurrent and persistent cases that have not responded to conservative management an operation may be considered. Outcome of surgery is very variable and therefore should be should be considered as a last resort.

The underlying cause should also be considered, for example changing unsuitable footwear or assisting the patient with weight loss.