

Plantar Fasciitis



**Painful inflamed
plantar fascia
responsible for pain
in the heel**

Plantar fasciitis is very common and is an inflammation of the plantar fascia causing pain in the heel. The plantar fascia is a thick fibrous band of tissue in the sole of the foot. It is attached to the heel bone (calcaneum) and fans out as it passes forwards towards the toes (attaching to the bases of the toes).

It helps support the main arch of the foot (behaving a like a bowstring). Plantar fasciitis may follow a period of prolonged walking or running, often when the individual is unaccustomed to such activity. Sometimes it is provoked by poor or inappropriate footwear. The pain is frequently dull and intermittent to begin with and the individual frequently tries to ignore the symptoms initially and may continue with normal activities. This can aggravate the situation and as time goes on the pain can become sharper and more persistent. The pain is typically worst first thing in the morning and when standing from sitting for a while. Treatment depends upon first confirming the diagnosis and establishing the cause. An orthopaedic surgeon will undertake a thorough examination and exclude other causes of heel pain before recommending a treatment regime tailored to the individual.

The problem occurs when part of the inflexible fascia is repeatedly placed under tension, such as during running. It can also occur as a result of unaccustomed exercise.

Repetitive impact causes an overload that produces microscopic tears and inflammation at the point where the fascia is attached to the heel bone.

Plantar Fasciitis is a condition which subsides in approximately 95 per cent of affected people spontaneously during a 12 to 18 month period. However, it is difficult to predict how long the condition will last for each individual. The diagnosis can be confirmed with MRI or ultrasound scanning.

Non-surgical treatments for Plantar Fasciitis

There are many different treatment options but no actual cure for this condition. Most treatments are therefore aimed at alleviating the symptoms whilst the condition settles spontaneously.

The Sussex Foot and Ankle Centre offers an integrated approach to treatment with a multi-disciplinary team of specialist foot and ankle consultants, podiatrists and physiotherapists. We can therefore select the treatment or combination of treatments best suited to each individual patient.

We discuss a full range of treatments for plantar fasciitis including:

1 Physiotherapy (massage, taping, exercises)

This is a very important part of treatment for this condition with techniques to reduce inflammation and stretch the calf musculature to try and reduce the load on the plantar fascia.

2 Anti-inflammatory medication (eg Ibuprofen / Diclofenac):

Non-steroidal anti-inflammatory medication can be helpful in treating the pain but are not in themselves curative. Daily "icing" of the painful area can be helpful. This is sometimes easiest performed by rolling a chilled can of drink (from the fridge not freezer) under the affected foot.

3 Orthotics: Inner soles or heel pads can be bought off the shelf or custom made by a podiatrist.

4 Ultrasound guided injections (guided corticosteroid injections):

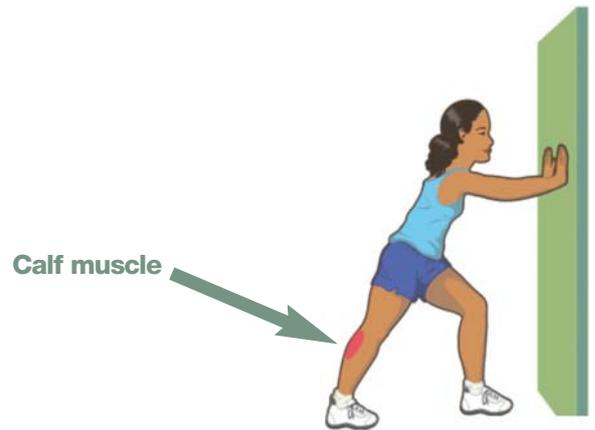
If simple measures are not helpful then ultrasound guided injections of corticosteroid (potent anti-inflammatory effect) can be arranged. These injections are given by a Consultant Radiologist directly to the site of the problem (guided by an ultrasound scanner). In the majority of patients these injections provide relief from pain. The duration of relief can be variable but is certainly long term relief for some patients. If the pain recurs then further injections can be given but no more than 3 injections should be given.

5 Activity modification (rest from sport and standing for long periods):

Rest and avoidance of sport is very important in trying to tip the scales in favour of repair rather than further injury. Pain should guide and limit the level of activity.

6 Footwear advice (absorbent soled shoes, MBT shoes):

A well built supportive running shoe is often most comfortable but another consideration is the 'MBT' shoe available on the high street. Flat, thin-soled shoes should be avoided.



7 Calf stretches (to stretch the gastrocnemii/soleus muscles):

Stand at arm's length from a wall. Place the affected leg behind you with the knee straight and bend the unaffected leg towards the wall until a moderate stretch is felt in the calf muscles of the straight leg. The heels need to be kept on the floor and the stretch should be held for 10 seconds. This needs to be repeated 10 times and the exercises performed three times a day.

8 Surgical treatment: In a very small number of cases, surgery is considered for patients who have more than 12 months of persistent pain. The operation involves the release of the plantar fascia and a small nerve which can be trapped in the region of the heel resulting in burning pain.

9 Other measures: Weight-loss

sussexfoot&anklecentre

The Sussex Foot & Ankle Centre was founded in 2005 by two orthopaedic surgeons, David Redfern and Stephen Bendall, with the aim of providing a high quality specialist service for the diagnosis and treatment of all foot and ankle problems. Both orthopaedic surgeons are specialists in problems affecting the foot and ankle and have many years of experience. They operate the service with outpatient clinics at the Brighton and Haywards Heath Nuffield Hospitals.

The sussex foot and ankle center strives to provide the best advice and treatment for all foot and ankle problems. This includes sports injuries and trauma, bunions, metatarsalgia, and arthritis. Both surgeons have particular interests in minimally invasive surgery and are at the forefront of developing such techniques in this country.

Both surgeons are also academically very active and have appointments within the national (BOFAS) and international (EFAS) professional foot and ankle surgery societies.

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