

Plantar fasciopathy (PF)

Your physiotherapist has diagnosed you with PF. This booklet gives information on what this means, the common causes, the evidence-based management options and how physiotherapy can help.

If you have any questions, please speak to your physiotherapist

What is PF?

The plantar fascia is a thick band of connective tissue that runs from your heel to your toes on the underside (plantar aspect) of your foot. PF causes pain in the plantar fascia, often felt in the heel. The plantar fascia usually becomes painful as the structure thickens because of overloading. This condition used to be called plantar fasciitis.

Symptoms can be worse first thing in the morning when you take the first few steps after getting out of bed, or after periods of being still. Pain usually improves with moving about, but can get worse as the day goes on.

What causes PF?

There is often not a singular cause, though it is generally thought of as an overload injury. There are a range of possible contributory factors which may increase the risk of developing PF. These factors will be unique to you and your situation.

Contributory factors

Load tolerance

Depending on what you usually do, you will have a level of activity that your plantar fascia is happy with (a load tolerance level). Excessive loading, or varied and rapid increases in load, can increase sensitivity in your plantar fascia, without causing physical injury or damage.

Age and gender

PF is more likely to happen between the ages of 40-65 years. Women are more likely to develop PF.

Body weight

Being overweight or obese increases your risk of developing PF. Excess weight can increase the physical pressure on the plantar fascia and also cause low grade inflammation.

Biomechanics (movement of the body)

PF is associated with tight calf muscles, having flat feet and reduced ankle joint range of movement.

Occupation

Having to stand for long periods of time at work can be associated with PF.

Footwear

Flat or unsupportive footwear can be associated with PF.

How is PF managed?

There is not one agreed treatment that works for everyone. PF is managed by identifying the main contributory factors and addressing them. This might include wearing more supportive footwear, trying to break up standing for long periods, or losing weight (if appropriate).

Over-the-counter heel inserts may help, or seeing a podiatrist (foot specialist) may be recommended.

If you live in Lambeth and Southwark, you can refer yourself to podiatry. Visit **w:** www.guysandstthomas.nhs.uk/our-services/community-podiatry/referrals.aspx

Pain medication can be used to give temporary relief. Please speak to your GP or pharmacist.

How will physiotherapy help?

Physiotherapy may form one part of your management. Your physiotherapist will talk with you to understand your history. A detailed physical examination can be helpful to guide treatment towards your needs and goals.

Physiotherapy will help identify contributing factors and develop a specific, targeted rehabilitation programme. This will include education, and exercises to improve your foot and ankle mobility, strength and function.

How long will it take to get better?

People heal at different speeds, but it will be affected by your contributory factors. Generally, 9 out of 10 cases resolve within 12 months.

Do you need a scan?

For most people, no further tests are necessary, and a diagnosis is made by a clinical assessment. Sometimes, if your symptoms have persisted, or to rule out other causes of foot pain, scans might be requested. These can include X-rays, an ultrasound or MRI scan.

An X-ray can often show a heel spur (an extra bit of bone under your heel). This is not a concerning feature and is frequently seen in people without pain.

What other options are available to manage PF?

There are other options available and these will depend on your symptoms and their severity.

Extracorporeal shockwave Therapy (ESWT)

ESWT is a non-invasive treatment where a device is used to pass acoustic shockwaves through the skin to the painful area to help the tissue-healing process.

Research suggests that a course of shockwave can help reduce pain, but it is not done by itself. Exercises need to be completed alongside ESWT for maximum benefit.

Your physiotherapist will be able to advise if ESWT is right for you.

Injection

Steroid injections are not recommended or offered by the musculoskeletal department for the management of PF at Guy's and St Thomas' Hospitals.

It is useful to think about and discuss the risks, benefits and implications of any treatment before deciding which is most appropriate for you. You are encouraged to do this with any healthcare professional you see, including your physiotherapist.

Exercise examples in pictures

Below are a few examples of exercises that can be used. If you need any more information about these exercises, please speak to your physiotherapist.

Calf stretch
(painful foot behind)



Ankle stretch
(painful foot in front)



Foot stretch



Heel raises on both feet (rolled towel under toes)



Heel raises on one foot (rolled towel under toes)



Further sources of information

Chartered Society of Physiotherapy, for foot-pain exercises videos, **w:** www.csp.org.uk/conditions/foot-pain/video-exercises-foot-pain

Versus Arthritis (formerly Arthritis Research UK) – plantar fasciitis information leaflet, **w:** <https://www.versusarthritis.org/media/21790/plantar-exercise-sheet.pdf>

Contact us

If you have any questions or concerns please contact the Physiotherapist. You can contact the Physiotherapy Department, Monday to Friday, 8.30am-5pm.

t: 020 7188 5094, **e:** gst-tr.physioMSK@nhs.net

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit **w:** www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748, Monday to Friday, 9am-5pm



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