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Plantar Fasciitis (Form P8)

Heel Spur: This is a ridge of bone at the insertion site of the plantar fascia where it attaches to the heel bone. Heel spurs are often present in heels which have never been painful and it is no longer thought that they play any part in heel pain or plantar fasciitis.

Plantar Fasciitis: Plantar fasciitis (inflammation of the plantar fascia), is a common cause of heel pain in active people such as athletes and those with heavy walking or standing jobs especially on a hard surface. Factors such as step-aerobics, putting on weight or suddenly increasing activity can be involved.

The plantar fascia is a thick strong ligament-like band extending from the heel bone to the base of the toes. It acts like a thick springy band supporting the arch a bit like the string of a longbow. If overstrained, the plantar fascia can be damaged anywhere, but the most common area is at the insertion into the heel bone underneath. Resting the heel is difficult, damage is therefore slow to heal, and can become severely painful taking several months to resolve. The pain of plantar fasciitis is very localized to the medial side of the heel underneath and always presents as "first step pain" or marked pain after rest which improves after 10-30 minutes of walking, pain can often return after activities. Night pain and burning pain is not a feature of plantar fasciitis and radiating pains along the bottom of the foot will have neurological origins such as Tarsal Tunnel nerve compression. Most often the problem resolves with non-surgical treatment and advice. Approximately 75% of people with this problem find their symptoms resolve within 6 months of treatment and about 90% of people are symptom free within 12 months. If symptoms persist after a year, and all other methods of treatment have failed, then surgical treatment is undertaken. Surgery is around 90% successful and involves simple partial release of the plantar fascia in the arch area. Immediate weight-bearing is advised, followed by a period using a night splint to maintain the stretch gained by the surgery.

Effective management of your problem will follow a system we have found works well:

- 1) A cortisone injection is recommended initially to reduce the local tenderness and inflammation.
- 2) Ice rolls – use a glass bottle filled $\frac{3}{4}$ full with water and placed in the freezer. Vigorously roll the painful area over the bottle for 10 minutes at the end of the day, 2-3 times over a two hour period.
- 3) Stretches – stretch both the calf-muscle at the back of the leg and the plantar fascia by heel lifts



Keep the knee straight
& hold for 30 seconds
(repeat 5 times, twice/day)



Lift heel and push down hard
hold and repeat as for calf-stretch
(alternatively pull the toes up with
your fingers, whilst sitting)

- 4) Massage the painful area using the knuckle of your thumb or forefinger, apply Voltarol gel for this (available over the counter). Repeat twice/day for 2 weeks.
- 5) Orthoses (special insoles) are often helpful
- 6) If orthoses fail then surgery is recommended, involving lengthening the plantar fascia and using an implant to straighten hindfoot joints, which permanently reduces the strain on the plantar fascial band.

Problems / Risks Associated with Soft Tissue Surgery

- Thickened scar and/ or tender scar - may reduce over 12 months
- Recurrence or failure of surgery (approx 10%)
- Infection (approx 2% risk)