

Heel pain (plantar fasciitis)

INFORMATION

Presents a very good indication where care can be effectively managed by a multi-disciplinary team in the community

FEATURES

- Site of tenderness whether medical tubercle or central or posterior.
- Tightness of tendo Achilles.
- Evidence of diabetes or inflammatory spondyloarthopathy.
- Lesser toe deformities.

EVIDENCE

- Tight tendo Achilles, inflammatory spondyloarthopathy and diabetes are most common etiologies.
- A regular stretching program at home combined with cushioning inserts helps in the early stages.
- Physiotherapy may be tried as a second stage.
- If unsuccessful, injection and referral to secondary care should be done.
- X-Rays and heel spurs have no correlation with symptoms or treatment.
- It is a prolonged recovery and could take up to 12-18 months.

INITIAL TREATMENT

- Achilles and hamstring stretching exercises.
- Use of gel heel cups.
- Anti-inflammatories on an as required basis.

FURTHER MANAGEMENT

A trial of six weeks this line of management is necessary. If no relief of less than 30% improvement, referral to physio for ultrasound and pain control modalities.

If no improvement or less than 30% improvement over six weeks, consider joint injection and referral to secondary care.

Referral should only be made IF

- **Patient understands that referral is likely to be for surgery**
- **Patient is fit to undergo surgery**
- **Patient understands that their operation will be carried out within 18 weeks and is able to commit to that timescale**