

# Medicine for Managers

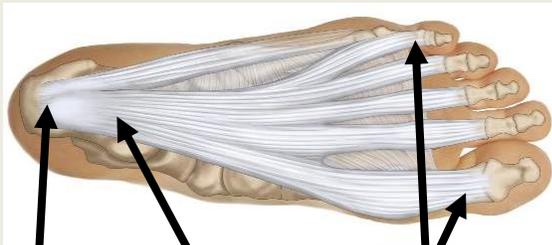
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## Plantar Fasciitis

**Painful feet affect most of us at some time and one of the more common problems is plantar fasciitis which results in pain under the heel. About one in ten people will suffer it at some time. It tends to resolve by itself but takes up to eighteen months to do so and recovery may be hastened by rest, heel supports, pain relief and exercises.**

The plantar fascia, also known as the plantar aponeurosis, is a tough band of fibrous tissue situated beneath the skin on the sole of the foot. It stretches from the front of the heel bone (calcaneum) to the front of the foot where it splits into five parts, each part being attached to one of the toes.



Attach- ment to heel	Usual site of pain	Attach- ment to toes
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It provides support for the arch of the foot, acts as a shock absorber and binds to the skin to stop the skin of the sole from becoming floppy. (An equivalent structure exists on the hands).

Inflammation of the plantar fascia is called 'plantar fasciitis' (itis = inflammation of)

The condition occurs in people who spend a lot of time on their feet, have recently increased the amount of exercise they take, who wear unsuitable footwear (for example without cushioning soles) and those with arthritis such as rheumatoid or ankylosing spondylitis.

It may be caused acutely by treading on a stone or similar structure or by stepping awkwardly and landing on the front of the heel. It is twice as common in women and is most likely to occur between ages 40-60.

The commonest symptoms are pain and tenderness over the front of the heel. The pain is commonly worst on first standing on the foot in the morning after a period of rest and it will ease gradually with careful

exercise (although a long walk will make it worse). Sudden stretching of the foot, as might occur when running upstairs on the toes, will exacerbate the pain. The pain often makes the sufferer limp and, if very unlucky, both feet may be affected.

The diagnosis is usually obvious from the examination but an X-ray or an ultrasound may be ordered if there is doubt about the diagnosis. An X-ray will show any bony abnormalities and the ultrasound may reveal thickening and swelling of the plantar fascia.

Treatment is by rest (when possible), the use of non-steroidal anti-inflammatory drugs such as ibuprofen, using gel heel pads and foot supports as cushioning in the shoes, avoidance of walking in bare feet and the use of appropriate exercises. There are many sources of information about such exercises but a helpful publication is available on the internet as follows:

1. Search on Google for Royal National Orthopaedic Hospital NHS Trust
2. In the 'search this site' box type in 'plantar fasciitis
3. In the next screen click on 'Patient Information Guides'
4. In the next screen click on 'Foot and Ankle'
5. In the next screen click on 'A Patient's Guide to Plantar Fasciitis'.

A steroid injection into the plantar fascia may be given if all else fails but the injection may be extremely painful and does not always cure the problem.

Surgery is occasionally considered in very protracted cases with severe symptoms where a procedure known as plantar fascia release is carried out. The technique involves detaching the fascia from the calcaneum (heel bone). It sometimes does not work and there may be blood vessel or nerve complications.

Troublesome though the problem is, however, it does generally resolve in between nine and eighteen months. To avoid the symptoms it may help to stretch the Achilles tendon before exercise, avoid exercising on hard surfaces and (there is no easy way to say this), if you are too large, lose weight.

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