

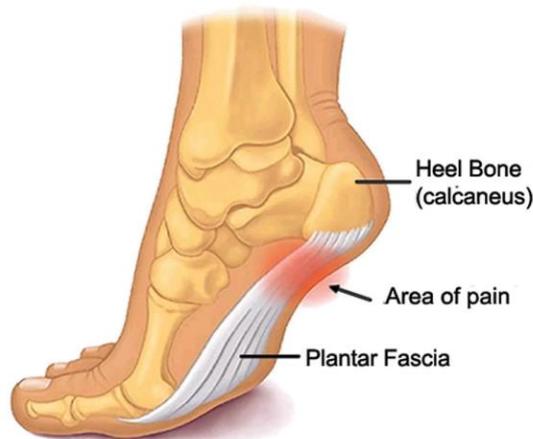
Plantar Fasciopathy

Staff Information Leaflet

This leaflet is designed to give you an understanding of plantar fasciopathy, the treatment that may be beneficial and some advice on what you can do to help yourself. If your symptoms persist you should seek advice from your GP or Occupational health service.

Introduction

Your plantar fascia is a strong band of tissue that stretches from your heel and fans out along the under surface of your foot to the toes. It supports the arch of your foot and also acts as a shock-absorber. Plantar fasciopathy is usually caused by over use. Changes gradually begin to occur within the tissue causing the fibres of the tendon to become disorganised and new blood vessels to develop within the tendon itself which is thought to contribute to the pain.



Plantar fasciopathy is one of the most common causes of foot pain in adults. It is most likely to occur between 40 and 60 years of age and affects women more than men. The outcome for people with plantar fasciopathy is generally good, with approximately 80% of people having no pain within one year.

Symptoms

The most common symptoms of plantar fasciopathy are:

- Pain at the base of the heel which can spread the length of the foot.
- Severe pain in the mornings, particularly on the first steps out of bed. The pain normally improves within several minutes.
- Pain during and after long periods of walking or when getting up after being seated for some time.

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Causes

Repetitive small injuries (micro trauma) to the fascia are thought to be the cause of plantar fasciitis. Below is a list of factors that are associated with the development of plantar fasciitis.

- Being overweight
- High arches or rigid feet
- Overtraining
- Wearing unsupportive shoes with poor cushioning
- Persistent walking on concrete floors
- Inflexibility of calf muscles and tight Achilles tendons

What can I do to help myself?

Activity

It is ok to walk and stand as this helps to maintain the flexibility and endurance of the feet and helps to prevent muscles weakening which can prolong the symptoms. It is advisable to avoid excessive running, walking or standing as this may further aggravate the already sensitive fascia. Walking barefoot on hard surfaces can also make things worse.

Footwear, Heel Pads and Arch Supports

Wearing shoes with cushioned heels and a good arch support is recommended. A laced sports shoe rather than an open sandal is probably best. Avoiding old or worn shoes that may not give a good cushioning to your heel is also advisable.

You can buy various pads and shoe inserts to cushion the heel and support the arch of your foot. These work best if you put them in your shoes at all times. The aim is to raise your heel by about 1 cm. If your heel is tender, cut a small hole in the heel pad at the site of the tender spot. This means that the tender part of your heel will not touch anything inside your shoe. Place the inserts/pads in both shoes, even if you only have pain in one foot.

Exercises

These exercises have been designed by a physiotherapist to prevent your foot and ankle from stiffening up and your ankle and foot muscles from weakening. If performed correctly and regularly they can aid your recovery, and help prevent the reoccurrence of plantar fasciopathy.

Do not continue the exercises if they significantly increase your pain or swelling. If this were to occur, please see your GP or Physiotherapist for further advice.

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Exercise 1:



Push your big toe of your affected side against a wall and hold this position (see picture) for 10 seconds. Repeat the exercise 10 times, twice daily.

Exercise 2:



While sitting, put your foot on a towel on the floor and then scrunch the towel toward you with your toes. Then, also using your toes and pushing the towel away from you.

Exercise 3:



Hang the heel of your affected side off the edge of a step and hold in this position (see picture) for 10 seconds. If this is too difficult you can hang both heels off the edge of a step and hold in the same position for 10 seconds. Repeat the exercise 10 times, twice daily.

Exercise 4:



Stand with your weight distributed evenly between your feet. Slowly raise your heels and lower your heels. You should repeat the exercise 10 times twice daily.

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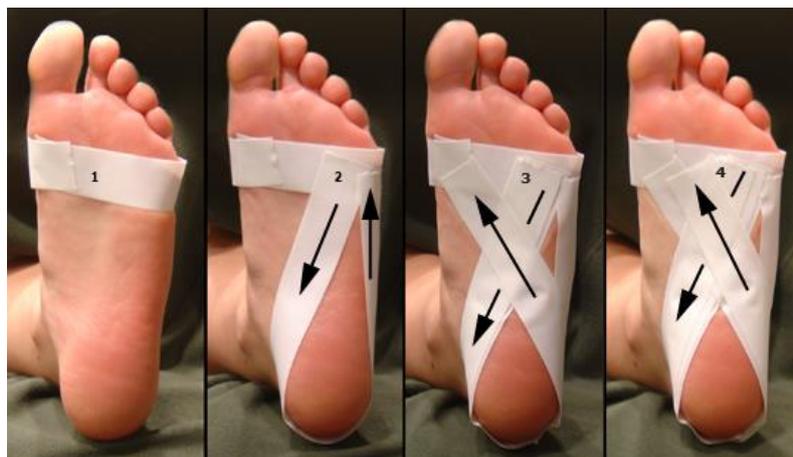
Pain relief

Simple analgesia such as Paracetamol and an anti-inflammatory such as Ibuprofen can be very effective for the treatment of plantar fasciopathy. You can obtain advice regarding medication from your local pharmacist or G.P, but remember to read the packet and do not take over the recommended dosage.

Topical anti-inflammatory products in the form of a cream or gel can also be used. These are applied directly to the specific area of pain. They can help reduce the pain and inflammation without the side effects of the anti-inflammatory tablets. For further information you should discuss this option with your GP or pharmacist.

Taping for Plantar Fasciopathy

The main goal of taping is to provide support for the fascia and offer some pain relief. There are several methods to tape the fascia. Below is one common method that can be easily applied using **non elastic** sports tape (Zinc oxide).



- 1) Wrap a strip of tape around the foot, at the level of the ball of the foot.
- 2) Starting just below the little toe, wrap a second strip of tape around the heel and back up to the first strip of tape.
- 3) Starting just below the little toe, wrap a third strip of tape around the heel, like you did in step 2. This time, wrap the tape in a criss-cross, so that it ends just below the big toe.
- 4) Repeat step 3.

The tape does not need to align perfectly. The tape can stay in place for 48 hours. Should you get any irritation from the tape remove it, bath the foot and apply some moisturising cream.

Alternatively watch the video link below:

<http://www.youtube.com/watch?v=pLgRwJjHkm0>

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What about work?

Maintaining all normal activities including work improves your chance of recovery by keeping you moving. This helps you keep your 'work fitness' and prevents your foot getting weak, which can prolong your pain.

Remember... You do not have to be pain free to return to or remain at work.

It may be necessary to do temporary lighter or modified duties. This should be discussed with your line manager initially. If further clarification is needed your Occupational Health advisor can identify more specific role modifications.

What should I do if I am still experiencing problems?

If you are unable to agree on restricted roles with you manager or you are still having problems despite following this advice then your Occupational Health team can help. The Occupational Health team can advise you on how to bridge the gap to help you return to normal activities. You can also gain access to the Occupational Health physiotherapist by:

Self-referral

The Occupational Health can assist in the management of musculoskeletal problems that affect your ability to work. Staff are able to self-refer to physiotherapy via the Occupational Health intranet web page or from the trust Occupational health internet page.

<http://nuth-intranet/cms/SupportServices/OccupationalHealth/Physiotherapy.aspx>

http://www.newcastle-hospitals.org.uk/about-us/staff-information_newcastleohs_ohs-referrals.aspx

Management referral

If you feel your symptoms are having a significant effect on your ability to carry out your role, discuss this with your manager and request a referral to the Occupational Health Service.

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For more information on plantar fasciopathy or how to stay active, why not try:



<https://www.nhs.uk/>



<https://www.nhsinform.scot/>



www.activenewcastle.co.uk/

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