

Plantar Fasciitis

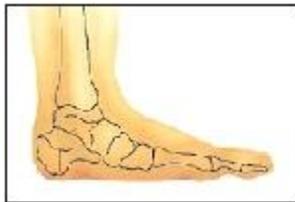
The “plantar fascia” is a thick fibrous layer of tissue that covers the bones on the bottom of your foot. It supports the foot bones in an arched position. “Plantar fasciitis” is a painful inflammation of the plantar fascia. This can develop gradually or suddenly. It usually affects one foot at a time. Heel pain can be sharp and feel like a knife sticking in the bottom of your foot. Pain may occur after exercising, long distance jogging, stair climbing, long periods of standing, or after getting up from a seated position.

Risk factors include arthritis, diabetes, obesity or recent weight gain, flat-foot, high arch, wearing high heels or loose shoes or shoes with a poor arch support.

Foot pain from this condition is usually worse in the morning and improves with walking. By the end of the day there may be a dull aching. Treatment requires short-term rest and controlling inflammation. It may take up to nine months before all symptoms go away with the measures described below. Rarely, a steroid injection into the foot or surgery may be needed.

Causes

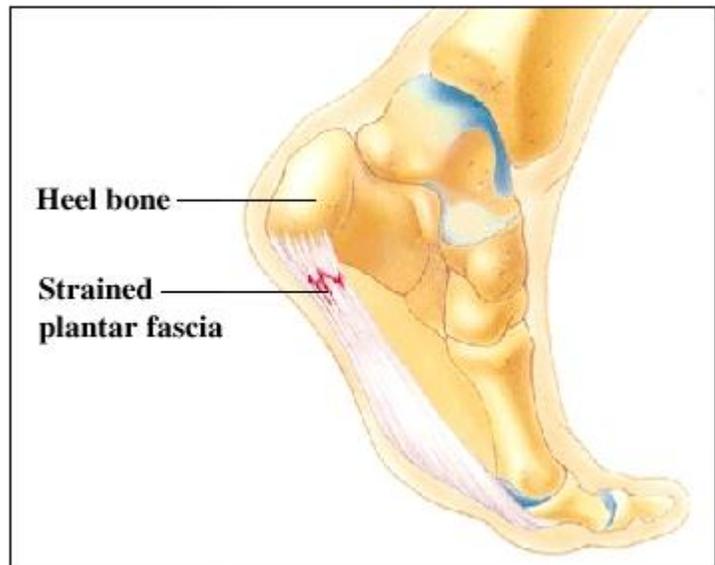
Plantar fasciitis is often caused by poor foot mechanics. If your foot flattens too much, the fascia may overstretch and swell. If your foot flattens too little, the fascia may ache from being pulled too tight.



Foot flattens too much



Foot flattens too little



Symptoms

With plantar fasciitis, the bottom of your foot may hurt when you stand, especially first thing in the morning. Pain usually occurs on the inside of the foot, near the spot where your heel and arch meet. Pain may lessen after a few steps, but it comes back after rest or with prolonged movement.

HOME CARE

1. If you are overweight, lose weight to promote healing.
2. Choose supportive shoes with good arch support and shock absorbency. Replace athletic shoes when they become worn out. Don't walk or run barefoot.
3. Shoe inserts are an important part of treatment. These will provide optimal arch support. While you can buy off-the-shelf shoe inserts inexpensively, the best ones are those made for you by a podiatrist (foot specialist).
4. Night splints (provided by a podiatrist) keep the heel stretched out while you sleep and prevent morning pain.
5. Avoid activities that stress the feet: jogging, prolonged standing or walking, contact sports, etc.
6. First thing in the morning and before sports, stretch the bottom of your feet. Gently flex your ankle so the foot moves toward your knee.
7. Icing may help control heel pain. Apply an ice pack (ice cubes in a plastic bag, wrapped in a towel) to the heel for 10-20 minutes as a preventive or after an acute flare of symptoms. You may repeat this every 1-2 hours as needed.
8. You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another medicine was prescribed. [**NOTE:** If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.]

FOLLOW UP with your doctor as advised by our staff. Call for an appointment if pain worsens or there is no relief after a few weeks of home treatment. Shoe inserts, a night splint or a special boot may be required.

RETURN PROMPTLY or contact your physician if any of the following occurs:

- Foot swelling or redness with increasing pain