CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Plantar fasciitis

What you're feeling

The pain sits in one spot: the underside of your heel, close to where your arch begins. It is usually sharpest with your first steps in the morning, or when you stand up after sitting or resting for a while. Once you have been on your feet a little, it often settles. It tends to come back after long periods off your feet.

This condition is called plantar fasciitis. It is the most common cause of heel pain in adults, and it is most common between the ages of 40 and 60. It often affects just one foot, but about one third of people have it in both feet.

Everyday tasks can become hard work. Getting out of bed and walking to the bathroom can hurt. Standing up from a chair, walking to the letterbox, or getting out of the car after a drive can all bring the pain on. Long stretches on your feet, such as shopping or standing at work, can make it worse.

If the pain is in both heels, it is worth mentioning this to your surgeon. Pain in both heels can sometimes point to an inflammatory condition rather than plantar fasciitis alone, and that is worth checking. Heel pain in older adults, or pain that does not fit the usual pattern, also deserves a closer look to rule out other causes such as a stress fracture in the heel.

You may notice the pain most when you push off your foot while walking, or when you climb steps barefoot on a hard floor. Some people describe it as a bruised or stone-bruised feeling under the heel.

If this sounds like your experience, you are not alone. Around 2 million people in the United States develop plantar fasciitis each year. The good news is that most people improve with simple treatment, and there are clear next steps if the pain does not settle.

What's actually happening

The plantar fascia is a thick band of tissue that runs along the sole of your foot, from your heel bone towards your toes. Think of it as a strong rope that holds up the arch of your foot. When you push off your big toe, the rope tightens and lifts the arch, which helps your foot work like a spring.

Despite the name, this is not really an inflammation problem. The tissue has become worn and degenerated, a bit like an old rope that has frayed from years of load. Small tears build up faster than the body can repair them.

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That fraying is why the tissue hurts when you first stand on it, and why it settles once it warms up and stretches out.

A few things can load up this rope. A tight Achilles tendon or tight calf muscles at the back of your ankle limit how far your ankle can bend, which puts extra strain on the fascia. Carrying extra body weight and standing for long hours at work both add to the load. A foot that rolls inward when you walk can play a part too.

The plantar fascia barely stretches at all, so it cannot absorb much give. Under your heel sits a pad of fat that works as a shock absorber. Repeated heavy loading can wear that pad down, and steroid injections into the heel can damage it over time.

You may have heard of heel spurs. These are small areas of calcification where the fascia meets the heel bone, and they are found in 10-20% of the population. Many people with heel spurs have no pain at all, so the spur itself is usually not the cause of your pain.

One more thing worth knowing. The plantar fascia sits close to a small nerve on the underside of your heel. Swelling or scarring near the fascia can irritate that nerve, which may add to the discomfort you feel.

What we can do about it

Dr Kieran Hirpara, an orthopaedic surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your first visit we take a careful history, examine your foot, and arrange imaging if it is needed. Weight-bearing X-rays are the usual starting point, and an ultrasound or MRI scan can help when the picture is not clear.

Most heel pain settles without surgery, so we usually begin there. Simple changes you can make yourself include adjusting your activities, wearing supportive footwear, and doing regular stretches for the plantar fascia and your calves. Physiotherapy works on these stretches alongside strengthening and load management, and it can take several weeks or months to see the full benefit. Taping the arch of your foot can also ease that first-step pain in the short term. It is worth giving these measures a fair go before moving up a level.

If self-management has not done enough, we can add other treatments. Anti-inflammatory tablets or pain relief may help you stay comfortable while the fascia settles. Shockwave therapy is another option: a hand-held device delivers sound waves to the sore spot, encouraging the tissue to heal. It is a non-invasive treatment, meaning nothing breaks the skin, and it is used for heel pain that has not settled with simpler measures. Injections are also available. A cortisone (steroid) injection can settle pain in the short term, though repeat injections into the heel can damage the natural fat pad that cushions it. A PRP injection uses a sample of your own blood, processed to concentrate its healing factors, and is injected into the fascia.

Surgery comes into the conversation when heel pain has not improved after at least 6 months of these conservative measures. The most common operation is a plantar fascia release, where we cut part of the tight band of tissue to relieve the strain on your heel. This can often be done through small incisions using a camera (endoscopic release), or sometimes through a small needle-based technique. Some people also need a small

amount of bone or damaged tissue removed at the same time. We will talk through whether surgery makes sense for you only after a genuine trial of the non-operative options, and it remains a shared decision between you and our team.

What to expect

For most people, plantar fasciitis improves with time and the right treatment. Simple measures such as stretching, supportive footwear and physiotherapy often settle things over weeks or months, though it can take several months before you feel the full benefit. Some people find the pain comes and goes before it finally fades.

There are options if the first round of treatment does not do enough. Shockwave therapy and cortisone injections can both ease pain and improve how your foot works at the 3 month mark. A PRP injection may bring greater improvement in pain and function than a cortisone injection, particularly when the pain has been going on for a long time. Orthotic insoles, whether custom made or off the shelf, can improve foot function in the short term too.

If heel pain has not settled after 6 months or more of these measures, surgery is worth discussing. For people who have tried shockwave therapy without success, endoscopic plantar fascia release led to good or excellent results in 85% of patients at 2 years. People who noticed at least some improvement after a cortisone injection tend to do better with this operation than those who felt no change.

It is also honest to say that this condition can be stubborn. Some people still have symptoms years down the track. The long-term outlook tends to be harder for women and for people who have it in both feet. Around 45.6% of people still have plantar fasciitis about 10 years after their symptoms first began, so it is not a condition to simply ignore.

Leaving it alone is not the same as managing it well. Ongoing pain can limit what you do day to day, and the longer it hangs around, the more likely it is to persist. There is also a small chance that heel pain in both feet points to another health condition rather than plantar fasciitis alone, which is one reason it deserves a proper look rather than waiting it out.

The realistic picture is this: most people improve with steady, sensible treatment, some take longer than others, and a smaller group eventually needs surgery. We will keep an eye on how you are tracking and adjust the plan if things are not moving in the right direction.

When to see someone

Most heel pain like this can wait for a routine GP visit. See your GP if the pain has been going on for weeks without settling, or if it is stopping you sleeping or working. Ask for a specialist review if simple measures such as stretching and supportive footwear have not helped after several months, or if the pain keeps you from your normal activities. Some signs need a closer look sooner. Tell your GP if the pain is in both heels, because that can point to an inflammatory condition rather than plantar fasciitis alone. Heel pain in older adults, or pain that

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