

# Plantar Fasciopathy

## Staff Information Leaflet

**This leaflet is designed to give you an understanding of plantar fasciopathy, 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 acts as a shock-absorber. Plantar fasciopathy was previously known as plantar fasciitis however “itis” refers to inflammation and as the plantar fascia is avascular (has no blood supply) inflammation is not the process involved with this condition. “Oopathy” is the accepted term for problematic tendons and fascia’s.

Plantar fasciopathy is usually caused by changes to loads applied through the foot. Changes occur within the tendon causing the fibres to become disorganised, retain more fluid and can develop new blood vessels and nerves all of which could contribute to pain.



Plantar fasciopathy is one of the most common causes of foot pain in adults, occurring in both active and less active people. 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.

## Causes

Plantar fasciopathy can be both acute, in which symptoms can come on suddenly after a specific activity, injury or an increase in force through the foot, or chronic where symptoms can persist for a number of years with intermittent flare ups in symptoms.

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
- Changes to training load overtraining
- Wearing unsupportive shoes with poor cushioning
- Persistent walking on concrete floors
- Inflexibility of calf muscles and tight Achilles tendons



## Symptoms

The most common symptoms of plantar fasciopathy are:

- Deep aching pain at the base of the heel which can spread into 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.

## What can I do to help my symptoms?

### Activity

It is okay 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. Optimising the loading through the foot is key to managing the condition. It is important to note that complete rest will not resolve symptoms.

### Footwear, Heel Pads and Arch Supports

When symptoms are particularly aggravated wearing shoes with cushioned heels and a medial arch support may provide some additional support and comfort. Avoiding old or worn shoes that may not give a good cushioning to your heel is also advisable. You can buy various cushioned insoles or shoe inserts which may provide some symptom relief if your heel is particularly sore.

### Exercises

Appropriate loading is key to managing plantar fasciopathy. Both over and underloading plantar fascial structures can cause pain and dysfunction.





The exercise programme on the next page is a modified version of the Rathleff Protocol designed to manage Plantar fasciopathy.

To complete these exercises, you will need a rolled-up towel to have beneath your toes to ensure the plantar fascia is loaded effectively. It is normal to experience discomfort when completing these exercises, however, **do not** continue the exercises if they significantly increase your pain or swelling. If this were to occur, please see your GP / Physiotherapist for further advice.

This programme is to be performed **every other day**. Your knees should be in a slightly bent position throughout these exercises. You should only complete **one** of the exercises below then progress to the exercise lower down the table once able.



## Plantar Fasciopathy Exercise Programme

Exercise	Repetitions/ Duration	Sets	Description	Image
<p><b>Isometric heel raise.</b> Once you can manage 3 x 60 seconds begin progression 1 below.</p>	30-60 seconds	3	Lift your heels off the floor by 1 to 2 inches and hold this position for 30-60 seconds.	
<p><b>Progression 1</b> Heel raises on flat surface. Once you can manage 3 x 12 repetitions of this exercise move to progression 2 below.</p>	12 repetitions  (Go up for 3 seconds, hold for 2 seconds at the top of the repetition and then lower for 3 seconds)	3	Perform full heel raises from a flat surface	
<p><b>Progression 2</b> Heel raises on a step. Once you can manage 3 x 12 repetitions of this exercise begin progression 3 below.</p>	12 repetitions  (Go up for 3 seconds, hold for 2 seconds at the top of the repetition and then lower for 3 seconds)	3	Perform full heel raises from a step. If uncomfortable when heels below the step then remain on progression 1.	
<p><b>Progression 3</b> Single leg heel raises on a step.</p>	12 repetitions  (Go up for 3 seconds, hold for 2 seconds at the top of the repetition and then lower for 3 seconds)	3	Perform single heel raises from a step	



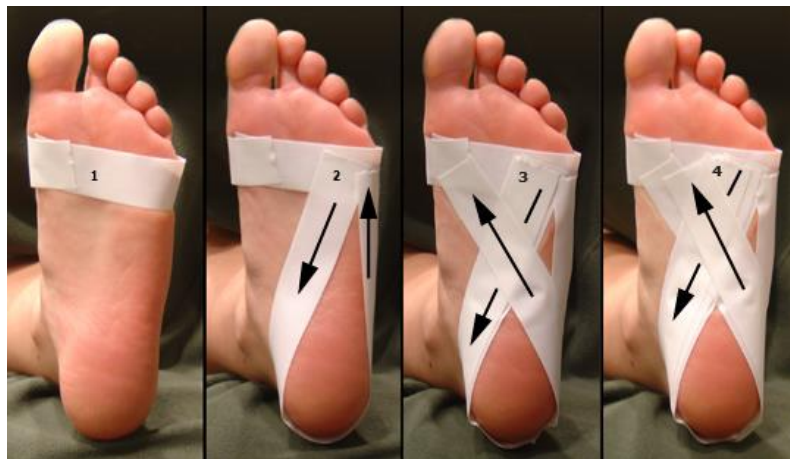
## Pain relief

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 GP 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 and can help reduce 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.

## Low Dye 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:

<https://www.youtube.com/watch?v=V5hFp---T1U>



## 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): 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 physiotherapy team by:

### Self-referral

The Occupational Health Physiotherapy team can assist in the management of musculoskeletal problems that affect your ability to work. Staff are able to self-refer to physiotherapy via the trusts Occupational health internet page.

<https://www.newcastle-hospitals.nhs.uk/services/newcastle-occupational-health-service/>

### 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.



For more information on plantar fasciopathy please follow the links below:



<https://www.nhs.uk/conditions/plantar-fasciitis/>



**Tyneside Integrated  
Musculoskeletal Service**

<https://www.tims.nhs.uk/wp-content/uploads/2020/06/6.12-TIMS-Plantar-Fasciopathy.pdf>

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2027

Review date: January



Healthcare at its best  
with people at our heart