Plantar Fasciitis

Eligibility
- Pain on the plantar aspect of the heel
- Unilateral
- Usually a middle aged patient
- Pain is most severe in the morning or after prolonged sitting
- becomes worse if barefoot

Differential Diagnosis
- Stress fracture of the calcaneum
- Inflammatory arthropathy
- Retrocalcaneal bursitis/insertional achilles tendinitis – pain at achilles tendon insertion
- Tarsal tunnel syndrome- pain and sensory changes in plantar aspect of the foot

Information Required for Referral
- Detailed history of the pain (site, type, severity, diurnal variation, aggravation and relieving factors)
- Occupational history
- Associated back or joint pain
- Any history of trauma to the heel
- Any treatment used (orthotics, physiotherapy, steroids, analgesics , Extra Corporal Shockwave Therapy)
- Examination: exact location of the pain.
- Rule out retro calcaneal bursitis , tarsal tunnel syndrome by localization of the pain

Investigations Required for Referral
- Weight bearing foot X-rays
- May see a calcaneal spur (not always) associated with plantar fasciitis
- Optional- ultrasonography- to identify thickening in plantar fascia

Fax Referral to:
Repatriation General Hospital Fax:(08) 8374 2591

Red Flags
- Continuous pain despite the non-operative management, referral to RGH

Suggested GP Management
- Consider orthotics – arch supports/soft heel pads
- Consider physiotherapy- stretching exercises
- Analgesics and anti-inflammatory medications
- Ultrasound guided steroid injection
- Referral for the ESWT ( Extra corporal shockwave therapy
- This is often a self-limiting disease and will improve in 6 to 24 months from the onset without specific treatment.

Clinical Resources