

What's the problem?

Plantar fasciitis/heel pain (spur) syndrome is an inflammation of a thick band of tissue at the bottom of the foot called the **plantar fascia**. The inflammation of the plantar fascia causes the classic symptoms of pain at the bottom or side of the heel. Often this is most painful upon arising in the morning or when standing after sitting for prolonged periods. We call this post-static pain (pain after rest). This is because the plantar fascia is tight after rest, and the stretching inflames the painful area even more, therefore increasing the discomfort.

The pain can exist with or **without** a "heel spur", seen on xray. Most doctors that treat this condition think that the pain is caused by overload and inflammation of the plantar fascia, and **not** by the bone spur. The spur is a result of pulling of the plantar fascia at the heel bone. This causes proliferation of bone, often referred to as a "heel spur". It is not felt that this spur causes pain.

How does it feel?

The classic symptoms are pain and a feeling of stiffness in the bottom or side of the heel. This pain is often a sharp pain that is described as a feeling of stepping on a stone or nail. The pain often reduces after a few steps, though it may still persist. This pain can also occur when walking after sitting for a prolonged time, such as sitting at work, driving a car, etc.

How did this happen?

Risk factors for Plantar Fasciitis include:

- Weight gain

- Working on hard surfaces
- Foot type (flat feet, high arched feet)
- A high level of activity, sports and overuse
- Improper shoe gear
- Improper support of the feet
- Trauma
- Muscles tightness

Daily activities can trigger the classic symptoms. Often, there is no single cause, but a combination of several risk factors.

How is it diagnosed?

The doctor will do a thorough examination of your clinical signs and symptoms to come up with a clear diagnosis. Often the doctor will order X-rays to determine if any abnormality is present in the heel bone (calcaneus). On occasion, it is discovered that fractures, bone cysts, or foreign objects (pieces of metal, splinters, broken needles, and glass) are the cause of heel pain. If the doctor suspects that a bone cyst or a fracture is the cause, they will order other tests such as a bone scan, CT scan or an MRI. Additionally, the doctor may order blood tests to rule out arthritic or infectious disorders.

How will my doctor care for me?

Your podiatrist will perform a thorough examination and history of your condition. They will explain the cause of the problem and offer you various treatment options according to the severity of your symptoms. Treatment options can include:

- Oral anti-inflammatory medications
- Heel cushions
- Heel cups
- Physical therapy

- Stretching exercises
- Shoewear advice
- Taping/strapping of the foot
- Over-the-counter inserts
- Custom orthoses
- Injections
- Soft tissue wraps
- Weight loss
- Casting
- Night splints
- Surgery

Each option has advantages and disadvantages, and must be tailored to the needs and unique characteristics of each patient. 90 out of 100 (90%) of cases of plantar fasciitis will resolve by sticking to conservative care.

Disclaimer: This document contains information and/or instructional materials developed by University of Michigan Health for the typical patient with your condition. It may include links to online content that was not created by U-M Health and for which U-M Health does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan

Authors: Crystal Murray Holmes, DPM, CWSP and Michael Munson, DPM

Patient Education by [University of Michigan Health](#) is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Public License](#). Last Revised 08/2021