

TENDON

Plantar fasciitis and heel pain

Pain under the heel: exercise, footwear, shockwave therapy and the limits of injection treatments.

Patient information, treatment choices, risks, recovery and a space to record your individual plan.

Understanding the condition

Plantar fasciitis causes pain beneath the heel, often worst with the first steps after rest. Similar pain can arise from other conditions, so persistent or unusual symptoms deserve assessment. Imaging is not always needed but may help when the diagnosis is uncertain.

Treatment options

Initial treatment includes modifying painful loading, supportive footwear, plantar-fascia and calf exercises and suitable pain relief. Insoles or a night splint may help selected people. Persistent symptoms may prompt discussion of shockwave treatment, injection or, infrequently, surgery.

What a procedure may involve

Shockwave therapy applies acoustic energy through the skin. Injections deliver a chosen substance to the target area, sometimes using ultrasound. Steroid can offer short-term relief but has specific risks. PRP is a separate option with uncertain benefit; it is not a guaranteed cure.

Risks and benefits to discuss

Exercise can temporarily aggravate symptoms if loading increases too quickly. Shockwave may cause discomfort or bruising. Injection risks include infection, bleeding and a flare; steroid has additional risks including tissue or fat-pad damage and fascial rupture. Surgery has wound, nerve and persistent pain risks.

RECOVERY AND YOUR CONSULTATION

Plantar fasciitis and heel pain

Use this guidance to prepare your individual plan with the treating team.

Rehabilitation and aftercare

Rehabilitation is central: build walking and exercise gradually while adjusting to symptom response. Avoid suddenly returning to prolonged standing, running or jumping. After a procedure, use the specific activity and exercise plan supplied rather than assuming pain relief means full recovery.

Expected outcomes and recovery

Improvement may take several months and symptoms can recur. The goal is comfortable daily activity and durable loading tolerance. A treatment that helps one patient may not help another; evidence and cost should form part of the discussion.

When to seek urgent help

Seek urgent assessment for a sudden injury with inability to bear weight, a hot swollen foot with fever, or new loss of sensation. People with diabetes, poor circulation or reduced sensation should seek early advice about new foot pain. After an injection, escalating pain with redness or fever needs urgent review.

Your consent discussion

Ask which treatment best addresses your symptoms, what alternatives are reasonable, what the main risks mean for you, and what recovery will involve at home and work. This guide supports that discussion; consent is completed with your treating team. Your individual written instructions take priority.

Sources and further reading

NHS: Plantar fasciitis

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

NICE: Autologous blood injection for plantar fasciitis

<https://www.nice.org.uk/guidance/htg298>

CLINICIAN-COMPLETED WORKSHEET

Your consent discussion

Plantar fasciitis and heel pain

This blank worksheet is not an executed consent. Complete it after clinical assessment with the treating clinician. The hospital or clinic must also complete its required consent process before treatment.

Patient name / identifier, date of assessment and communication support needed

Diagnosis, affected side / site and the proposed procedure or treatment

Reasonable alternatives discussed, including the option of no treatment

Expected benefit for this patient, limits of treatment and uncertainties

Material risks and personal risk factors - record the risks that matter to this patient

Patient's priorities, questions, understanding and agreed decision / time to consider

Treating clinician name, role and signature / date

Patient / representative name, signature and date - acknowledgement of discussion only

A signature here records a discussion; it does not replace a completed treatment consent form. You may ask further questions or change your decision before treatment.

CLINICIAN-COMPLETED WORKSHEET

Your rehabilitation and aftercare plan

Plantar fasciitis and heel pain

Complete this plan after assessment. The advice must match your injury or operation, imaging, wound and medical history. Do not start limb loading, remove protection or change medicines using an uncompleted worksheet.

Limb loading / weight bearing, walking aids, sling / cast / boot / brace and protection

Wound / dressing care, bathing, elevation and swelling advice

Medicines, pain relief, clot prevention and any treatment-specific restrictions

Exercises, physiotherapy, range of movement and progression criteria

Work, driving, sport and daily activities - individual restrictions / review points

Review date, imaging / tests, named clinician and routine / out-of-hours contact details

Clinician completing this plan, signature / date and patient questions

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