

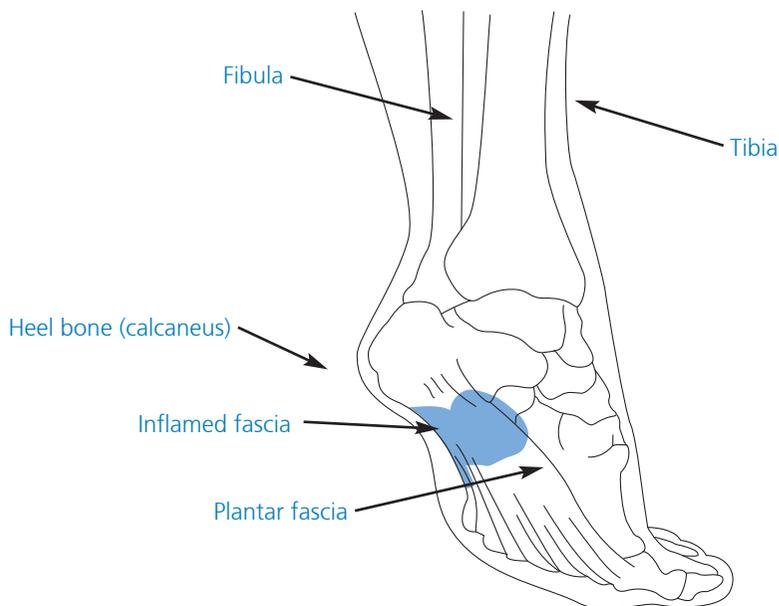
A patient's guide to

# inferior heel pain

The foot and ankle unit at the Royal National Orthopaedic Hospital (RNOH) is a multi-disciplinary team. The team consists of three specialist orthopaedic foot and ankle consultant surgeons (Mr Singh, Mr Cullen and Mr Goldberg), specialist doctors in training, a clinical nurse specialist, orthotist, physiotherapists and a physician assistant. All team members are specialised in foot and ankle care and work together to provide and deliver a quality service.

## What is inferior heel pain?

Plantar fasciitis is the most common causes of inferior heel pain under the heel. It usually goes in time. Treatment speeds up recovery.



## Other diagnosis

Plantar Fasciitis  
Calcaneal cyst/tumours  
Plantar fibromatosis  
Calcaneal stress fracture  
Calcaneal intraosseous lipoma

## Symptoms

Heel pain, (sometimes intermittent) is usually worse in the morning (when rising), after periods of prolonged sitting or at the start of sporting activity. The pain has been described as a nail being driven into the heel or a burning sensation. Pain may also occur in the middle part of the foot.

## Common causes of plantar fasciitis

**Constant stress** – more common in people who spend the majority of the day on their feet.

**Recent weight gain** – being overweight may be a contributing factor of plantar fasciitis.

**Tightness of the Achilles tendon** – this can cause stress on your heel.

**Change in activity** – if you have recently changed your exercise routine, for example, increasing mileage when running, running on different surfaces or even walking on hard surfaces, such as cement/concrete floors.

**Unsuitable footwear** – if your shoes have non-cushioning soles or are worn out.

**Rheumatic conditions** – if you suffer from rheumatoid arthritis or ankylosing spondylitis you may be prone to inflammation anywhere a ligament is attached to a bone. Therefore plantar fasciitis may be part of the general condition.

**High arched (cavus) or flat feet** – if you have high arched feet, you are more at risk of developing plantar fasciitis as you are less likely to absorb the stresses of walking.

**Heel spurs** – occasionally extra bone forms producing a small bony prominence. Many people have a bony spur on the heel bone, but this is not the cause of the pain. This may be more common in those with plantar fasciitis, but it does not cause plantar fasciitis.

**Other diagnosis** – plantar fasciitis, calcaneal cyst/tumors, plantar fibromatosis, calcaneal stress fracture and calcaneal intraosseus lipoma.

## Treatments

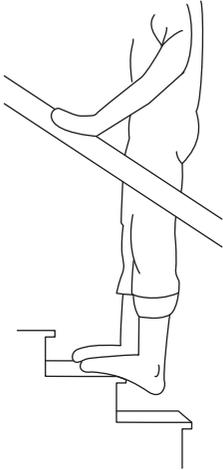
- Non-steroidal anti-inflammatory drugs, (for example, brufen and nurofen). Ask your doctor or pharmacist for advice before taking any medication.
- Appropriate footwear - wear shoes with extra cushioning, for example, running trainers. Do not walk bare foot or on hard surfaces.

- Orthotic devices - arch supports and/or heel cushions.
- Stretching of the Achilles tendon (physio). Refer to the enclosed exercises.
- Night splints. ● Cast application (occasionally).
- Steroid injection (rarely).
- Shock wave therapy (ESWT).

More than 98% of patients' symptoms will be resolved with this treatment. However, it may take up to **18 months** for your symptoms to clear. Occasionally, symptoms re-occur and treatment is again necessary.

Surgery is rarely required. There are associated risks and possible complications including infection and persistent pain and damage to the small nerves in the heel, causing tingling and numbness. Division of the plantar fascia can result in a flat foot.

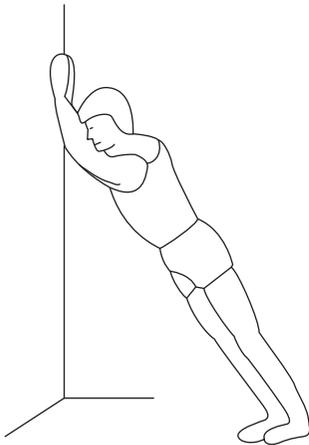
## Exercises



Stand on a step, support yourself only on the front of your feet, keeping knees straight. A moderate stretch of the calf muscles should be felt.

Hold for 15 seconds.

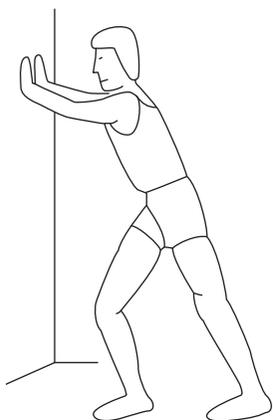
Repeat six times a day.



Stand at arm's length from a wall, keeping your feet together. Lean to the wall keeping your heels on the ground and knees straight.

Hold for 15 seconds.

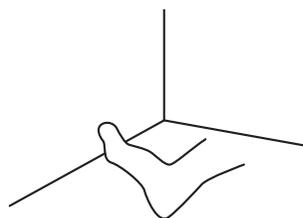
Repeat six times a day.



Stand at arm's length from a wall with your back knee locked and front knee bent. Keep both heels on the ground and bend your straight leg.

Hold for 15 seconds and repeat with your other leg.

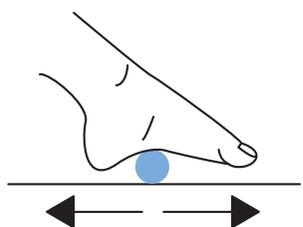
Repeat six times a day.



Place your forefoot (toe) against the wall, lean forward and apply gentle pressure.

Hold for five seconds.

Repeat six times a day.



Place a can of previously cooled **but not frozen** soft drink under the heel of your foot and roll backwards and forwards for four minutes.

Repeat twice a day.

If you have any comments about this leaflet or would like it translated into another language/large print, please contact the Clinical Governance Department on 020 8909 5439/5717.

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