1.0 Policy Statement
2.0 Purpose
3.0 Scope
4.0 Health & Safety
5.0 Responsibilities
6.0 Definitions and Abbreviations
7.0 Guideline
  7.1 Assessment
  7.2 Treatment
8.0 Related Documents
9.0 Appendices
10.0 References
APPENDIX 9.1 Plantar Fascitis – Patient Advice Sheet
1.0 Policy Statement
   1.1 It is the policy of Cappagh National Orthopaedic Hospital to provide a patient focused physiotherapy service delivered by chartered physiotherapists and support staff working in a well-equipped environment.

   1.2 It is the policy of Cappagh National Orthopaedic Hospital to provide health professionals and the public with the necessary advice and guidance on physiotherapy rehabilitation.

2.0 Purpose
   2.1 The purpose of this guideline is to advise health professionals and patients on the physiotherapy rehabilitation of a person with Plantar Fascitis.

3.0 Scope
   3.1 This guideline applies to all staff involved in the care of a person undergoing Plantar Fascitis, community staff involved in the care of the patient.

4.0 Health & Safety
   4.1 There are health and safety risks involved in patient care, namely risk of physical injury to patient and staff, risk of infection.

   4.2 Physiotherapists have the necessary qualifications and clinical experience to carry out this guideline and to supervise unqualified support staff.

   4.3 They must be eligible for membership of their professional body, the Irish Society of Chartered Physiotherapists (ISCP).

   4.4 They undertake mandatory manual handling, basic life support training, fire safety, infection prevention and control and risk management.

   5.5 They complete a minimum of 100 hours continuing professional development every three years as required by the ISCP.

5.0 Responsibilities
   5.1 It is the responsibility of physiotherapists to implement this guideline.

6.0 Definitions and Abbreviations
   Plantar Fascia  Strong fibrous bands connecting the bones inside the sole of the foot
   Plantar Fasciitis  Injury to or irritation of the plantar fascia, causing pain in the heels and arches.
7.0 Guideline

7.1 Assessment
7.1.1 Include full biomechanical assessment and measurement of relevant muscle lengths

7.2 Treatment
7.2.1 Can include any of the following:
- Anti-inflammatory medication
- Heel cushions
- Advice regarding rest
- Stretches for calf muscles, hamstring muscles and plantar fascia
- Strengthening relevant muscle groups
- Orthotics:
  - Insoles can support the arch and relieve stress
  - Night splints can be helpful especially where morning heel pain is present
  - Hydrocortisone injection with local anaesthetic at the site of pain
  - Surgery to release tight ligaments and nerve pressure

8.0 Related Documents
Individual Physio tools exercise sheets

9.0 Appendices
9.1 Plantar Fascitis - Patient Advice Sheet

10.0 References
N/A
APPENDIX 9.1  Plantar Fascitis – Patient Advice Sheet

If your feet, especially the heels and arches, hurt when you step out of bed in the morning, you may have plantar fasciitis. It may take 6 months or longer for the pain to go away but there are some things you can do in the meantime to cope with the pain and heal faster.

What is plantar fasciitis?
“Plantar” means the sole of the foot. “Fascia” means band. Strong, fibrous bands connect the bones inside the bottom of your foot (figure 1). When the plantar fascia is injured or irritated, you have plantar fasciitis. The damage can lead to pain in your heels and arches.

Figure 1.
What causes plantar fasciitis?
Sometime it is caused by overuse, but other factors may contribute such as improper footwear, flat feet or high-arched feet. If your calf muscles are weak or your feet are not flexible you may develop the condition. Runners often suffer from plantar fasciitis if they increase the distance or intensity of their workouts too fast.

What can I do to lessen the pain?
- If the pain is very severe apply ice for 10 minutes several times a day (especially after activity and at bed time), using an ice bath or cubes in a bag. If ice cubes are not available, a bag of frozen peas works well or you can roll your feet on frozen drinks cans. If you do this while standing, hold a chair for balance. Always protect the skin with a layer of kitchen towel to prevent ice burns.

- Your doctor may prescribe pain killers

- Foam heel cups or shoe inserts (called orthotic devices) may also be helpful

- You may need an injection into the heel or a splint to wear at night.

- Stretching and strengthening exercises for the Achilles tendon (the cord at the back of your ankle) and the calf muscles will help you heal faster. These exercises are carried out in bare feet. Your physiotherapist can advise you.