

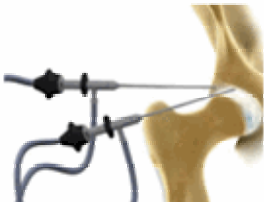
**Orthopaedic and Sports Injuries Services "OASIS"**

**Munawar Shah FRCS, FRCS Tr & Orth**

Consultant Trauma & Orthopaedic Surgeon

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## **Plantar Fasciitis**

### **Symptoms**

Pain in the heel, which starts gradually, generally without any injury. The pain tends to be worse first thing in the morning. Patients are unable to weight bear. They also have the sensation of having a stone or a pebble in their shoes when they walk.  
 No swelling of the heel.

### **Signs**

They are markedly tender over the attachment of the plantar fascia. X-ray of the os-calcis may show a plantar spur. Quite often the x-rays are normal. The radiological findings are irrelevant, as the plantar spur is not the cause of the symptoms.

If the symptoms are bilateral, systemic causes, e.g. gout, rheumatoid arthritis, ankylosing spondylitis and diabetes need to be ruled out. Circulation of the leg also needs to be checked.

### **Treatment**

Generally conservative. NSAIDs. Injection of hydrocortisone and local anaesthetic. Often local physiotherapy to the heel works. Surgery is rarely indicated. If surgery is necessary, this involves release of the plantar fascia, which is generally an overnight stay.

### **Referral advice**

The majority of the management of patients with Plantar Fascitis can be undertaken in primary care. However, referral to a specialist service is advised if:

- Pain cannot be controlled
- Pain has returned
- Symptoms rapidly deteriorate and are causing severe disability

**When not to refer**

1. General medical condition. If co-existing medical problems would preclude an anaesthetic then the patient cannot be considered for surgery.
2. General sepsis.
3. When Patient does not want surgery for various reasons

If you are interested in making an appointment to discuss a treatment, please click here to [contact us](#), or telephone 01215807406

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