ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

CINCINNATI, OH · FORT THOMAS, KY

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FELLOWSHIP-TRAINED · BOARD CERTIFIED (ABOS) · MAKO ROBOTICS CERTIFIED · CINCINNATI REDS TEAM PHYSICIAN

FOOT & ANKLE CONDITION

Plantar Fasciitis

Plantar Fascia Inflammation — Patient Condition Guide

The plantar fascia along the bottom of the foot, inflamed at the heel · for education; your anatomy may differ

OVERVIEW

Plantar fasciitis is inflammation and micro-tearing of the plantar fascia, the thick band of tissue supporting the arch of the foot. It is one of the most common causes of heel pain, often related to overuse, tight calf muscles, or prolonged standing.

ANATOMY

The plantar fascia runs from the heel bone to the base of the toes, supporting the foot's arch and absorbing impact with each step. Repetitive strain at its heel attachment is the most common site of irritation.

SYMPTOMS

- Sharp heel pain with the first steps in the morning
- Pain that improves with activity but returns after rest
- Tenderness at the bottom of the heel
- Pain that worsens after prolonged standing or activity

DIAGNOSIS

Diagnosis is usually made through history and exam alone, based on the classic pattern of morning heel pain and tenderness at the fascia's heel attachment. Imaging is reserved for cases that don't respond to initial treatment.

TREATMENT OPTIONS

Most cases improve with stretching (especially of the calf and plantar fascia), supportive footwear or orthotics, activity modification, and anti-inflammatory measures. Persistent cases may benefit from a night splint, injection, or in rare, refractory cases, further intervention.

RECOVERY TIMELINE

- Weeks 0–4: stretching, footwear changes, activity modification
- Weeks 4–12: continued improvement with consistent therapy

- Most patients see meaningful relief within 3–6 months
- Ongoing stretching helps prevent recurrence

FAQS

Q Why does my heel hurt most in the morning?
The fascia tightens overnight, so the first steps after rest stretch it suddenly and cause the classic sharp morning pain.

Q Do I need special shoes or orthotics?
Supportive footwear and orthotics help many patients, and are a reasonable first step alongside stretching.

SCAN FOR THE LATEST VERSION ONLINE
robertpettitmd.com/handouts/plantar-fasciitis.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.

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HOME EXERCISE PROGRAM

Plantar Fasciitis: Exercises & Strengthening

Stretch first thing every morning, and load the calf with slow eccentric heel drops — the combination resolves most plantar fasciitis.

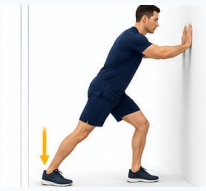
Why eccentric strengthening? Tendons heal and get stronger when they are loaded slowly while lengthening — the "eccentric" (lowering) phase of an exercise. Take 3–4 seconds on every lowering movement. A mild ache (up to 3–4/10) during eccentric work is acceptable and even expected; sharp pain, or pain that worsens into the next day, means reduce the load. Tendon programs work over 6–12 weeks of consistency — stick with it.

Stop and call the office at (513) 354-3700 if any exercise causes sharp pain, swelling, numbness, or symptoms that worsen into the next day. This general program does not replace an individualized plan from Dr. Pettit or your physical therapist.

Towel Foot Stretch

3 × 30-second pulls, before first steps in the morning

Loop a towel around the ball of the foot and pull back gently until the calf and arch stretch. Do before getting out of bed.



Wall Calf Stretch

3 × 30-second holds each leg, twice daily

Hands on the wall, step one leg back with the heel down and lean forward until the calf stretches.

Eccentric Heel Drops ECCENTRIC

3 sets of 15, twice daily

On a step edge, rise up on both feet, shift to the affected leg, and lower the heel below the step slowly over 3–4 seconds. Use both legs to rise again.

Single-Leg Balance

3 × 30 seconds per leg, daily

Stand on one leg near a counter for safety. Progress by closing your eyes or standing on a pillow.

PLANTAR FASCIITIS

UNDERSTANDING YOUR CONDITION & TREATMENT OPTIONS

Plantar fasciitis is a common cause of heel pain. It occurs when the plantar fascia—a thick band of tissue that supports the arch of your foot—becomes inflamed or irritated. This often causes sharp pain in the bottom of your heel, especially with your first steps in the morning or after periods of rest.

The good news is that most cases improve with conservative treatment and a gradual return to activity.

WHAT IS THE PLANTAR FASCIA?

The plantar fascia is a thick band of tissue that runs along the bottom of your foot, connecting your heel bone to your toes. It supports the arch and acts like a shock absorber.

Plantar fascia

COMMON CAUSES

- Overuse or repetitive strain (running, walking, jumping)
- Tight calf muscles or Achilles tendon
- Flat feet or high arches
- Poor footwear or worn-out shoes
- Being on your feet for long periods
- Sudden increase in activity or intensity

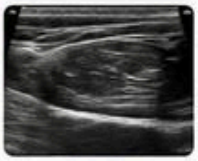
COMMON SYMPTOMS

- Sharp or stabbing pain in the bottom of the heel
- Worst pain with the first steps in the morning
- Pain after long periods of sitting or rest
- Pain may improve with activity, but worsens after prolonged standing or activity
- Tenderness at the bottom of the heel

DIAGNOSIS

Your doctor will perform a physical exam and review your history. Imaging is rarely needed but may be used to rule out other conditions.

Physical Exam



Ultrasound (may show thickening of the plantar fascia)

TREATMENT OPTIONS

1. NON-SURGICAL TREATMENT

(Most effective for most patients)

- Rest, ice, and activity modification
- Stretching exercises for the calf and plantar fascia
- Supportive footwear and orthotic inserts
- Night splint to stretch the plantar fascia
- Physical therapy and manual therapy
- Anti-inflammatory medications as needed
- Weight management if needed

GOAL: Reduce pain and inflammation, improve flexibility, and restore function.

2. ADVANCED NON-SURGICAL OPTIONS

(If symptoms persist)

- Platelet-Rich Plasma (PRP) injections
- Extracorporeal Shock Wave Therapy (ESWT)
- Corticosteroid injection (used selectively)

GOAL: Reduce persistent pain and promote healing when conservative measures alone are not effective.

3. SURGICAL TREATMENT

(Rarely needed)

Surgery is considered only for chronic pain that persists for 6–12 months or longer and fails all other treatments.

Surgical goals:

- Release part of the plantar fascia to reduce tension
- Remove bone spurs if present

GOAL: Relieve pain and improve function when all other treatments have failed.

RECOVERY & REHABILITATION (Typical Timeline)

0–2 WEEKS — Pain Relief Phase
- Reduce inflammation and pain
- Ice, stretch, and rest
- Supportive footwear or boot if needed
- Begin gentle exercises

2–6 WEEKS — Early Recovery
- Gradual stretching and strengthening
- Improve flexibility
- Low-impact activities like cycling or swimming

6–12 WEEKS — Strength & Function
- Progress strengthening
- Increase activity level
- Begin sport-specific training if needed

3–6 MONTHS — Return to Activity
- Continue strengthening and flexibility
- Return to full activity
- Prevent recurrence

Recovery times vary. Most people return to normal daily activities in 2–6 weeks and sports in 3–6 months.

PREVENTION TIPS

- Wear supportive shoes
- Stretch your calves and feet daily
- Maintain a healthy weight
- Increase activity gradually
- Replace shoes regularly
- Use arch supports if needed

WHEN TO SEEK MEDICAL CARE

- Pain that lasts more than a few weeks
- despite home treatment
- Severe pain or swelling
- Numbness, tingling, or weakness
- Pain that interferes with daily activities

Scan for exercise videos and more information about plantar fasciitis.

ROBERT PETTIT, MD
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For patient education; your anatomy may differ.