

This tool provides information to facilitate the management of plantar heel pain in adults

Focused examination



1. Patient History

- Assess level of concern for major structural or other pathologies. If required, refer to an appropriate healthcare provider
- Identify and assess other conditions and co-morbidities. Manage using appropriate care pathways
- Understand the patient's beliefs and expectations about plantar heel pain

Major structural or other pathologies may be suspected with certain signs and symptoms (red flags) including:

- Positive Ottawa Ankle Rules, children <12 years of age, elderly patients, erythema, warmth, fever, chills, prolonged pain, swelling, pain at rest, awakening due to pain at night

Examples of other conditions/co-morbidities:

- Physical conditions: patellofemoral pain, lumbar strain
- Psychological conditions: depression, anxiety
- Co-morbidities: diabetes (peripheral neuropathy), chronic venous insufficiency

2. Physical Examination

- Assess levels of concern regarding major structural or other pathologies
- Assess for differential diagnoses (i.e., tarsal tunnel syndrome, stress fracture, Achilles tendinitis, retrocalcaneal bursitis)
- Identify patient's baseline status relative to pain, function and disability, determine the patient's readiness to return to activities using appropriate assessments

3. Management

- Offer individualized education in conjunction with low dye taping and plantar fascia stretching
- Discuss the range of effective interventions with the patient and, together, select a therapeutic intervention
- Utilize a stepped care approach for patients progressing slowly or inadequately

4. Reevaluation and discharge

- Reassess the patient at every visit to determine if: (1) additional care is necessary; (2) the condition is worsening; or (3) the patient has recovered
- Monitor for any emerging factors that may delay recovery

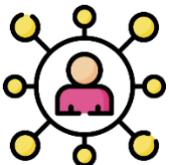
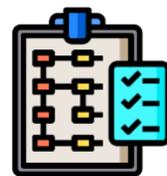
Incorporate one or more valid and reliable outcome measurements when assessing and monitoring patients

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|---|--|
| • Self-rated Recovery Question | • Berg Balance Scale (BBS) |
| • Lower Extremity Functional Scale (LEFS) | • Foot Function Index (FFI) |
| • Numeric Pain Rating Scale (NPRS) | • Patient Specific Functional Scale (PSFS) |

Visit our website for more outcome measurements

5. Referrals and collaboration

- Refer the patient to an appropriate healthcare provider for further evaluation at any time during their care if they develop worsening symptoms or new physical or psychological symptoms



Best Practice Guide for Plantar Heel Pain Management

Start of treatment		0-2	2-4	4-6	6-8	8-10	10-12	12-14	14-16
Findings from systematic review	Evidence level	Time in weeks							
	Strong	1. Core approach							
	Strong	2. Shockwave therapy							
	Moderate								3. Custom orthoses
Experimental									4. Injection

Therapeutic Recommendations

- **Provide a core approach of plantar fascia stretching, taping to support the plantar fascia, and individualized education.**

Individualized education¹ may include:

- Load management to break up long periods of static loading or rapid training changes in more athletic populations
- Pain education
- Address related conditions (i.e., Type 2 diabetes)
- Footwear advice to ensure comfort in shoes that allow rearfoot to forefoot (RF/FF) drop while also considering social acceptability to improve adherence

Consider dry needling as an adjunct intervention to the core approach²

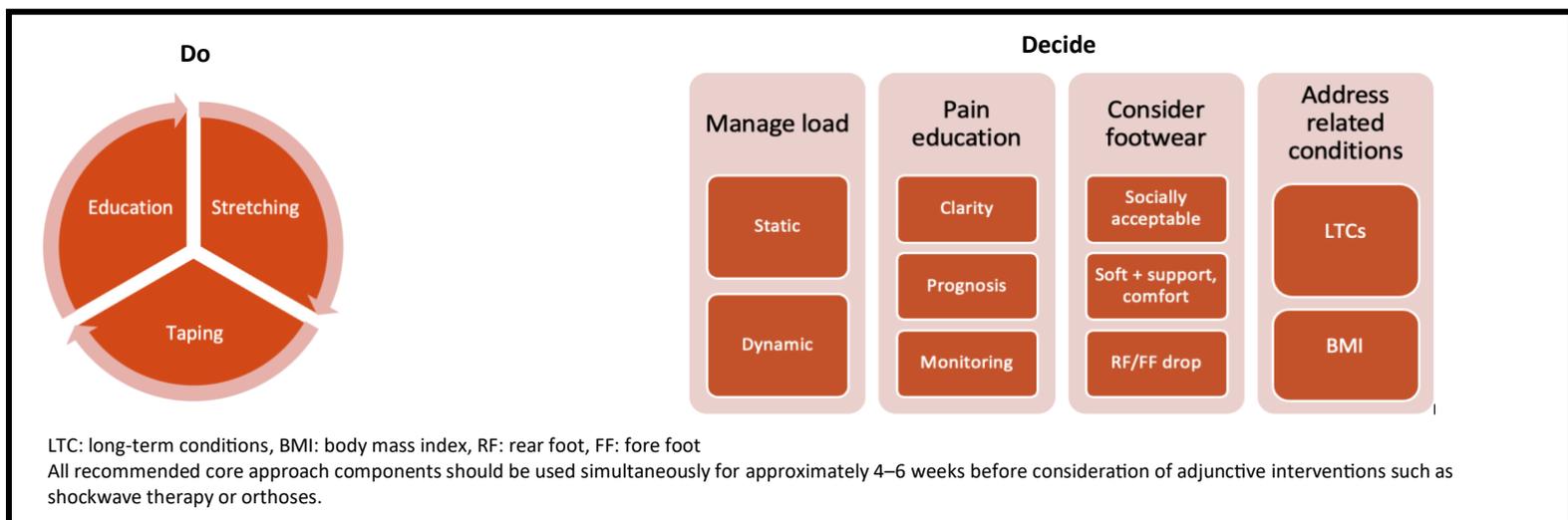
Consider extracorporeal shockwave therapy (focused or radial) for people with non-resolving, persistent symptoms (at 4 weeks)

Consider custom foot orthoses if patients do not respond to core approach or shockwave therapy (at 12 weeks)

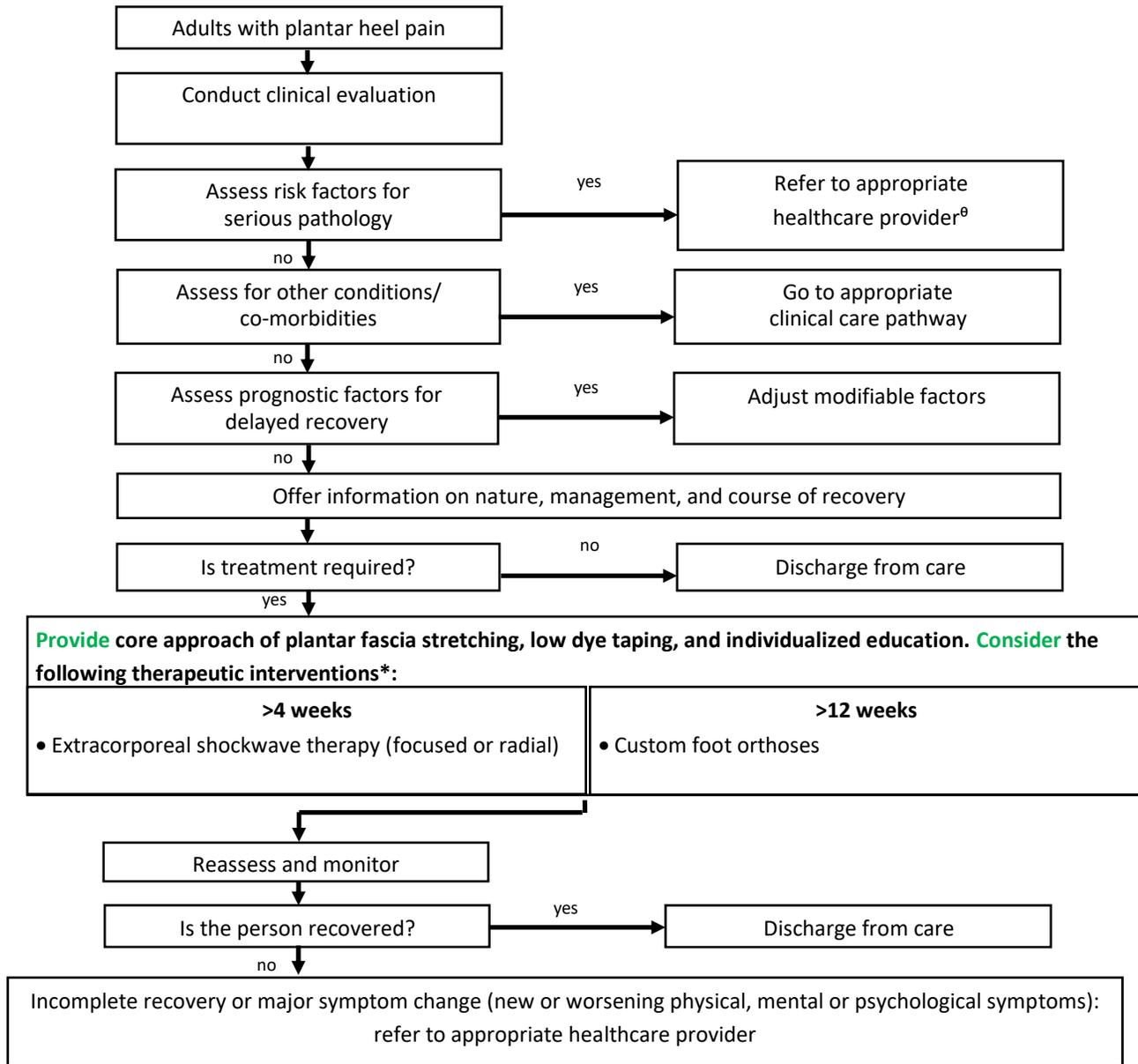
¹The educational delivery should adopt a realistic tone as recovery may take several weeks or months but is important to stress the positive prognosis.

²Dry needling should not be a first-line treatment but may be considered to influence pain and muscle tension when combined with other interventions

Core Approach



Care pathway for the management of plantar heel pain



^oReferral to an appropriate healthcare professional who is authorized to take appropriate actions and initiate additional examinations

*The guidelines does not include interventions for which there is a lack of evidence of effectiveness

Morrissey D, et al. Management of plantar heel pain: a best practice guide informed by a systematic review, expert clinical reasoning and patient values. Br J Sports Med. 2021 Oct;55(19):1106-1118.