

## PATIENT INFORMATION

# Plantar Fasciitis: Causes, Symptoms and Treatment

*Plantar fasciitis is the most common cause of heel pain, affecting roughly 1 in 10 people at some point in their life. It involves irritation of the thick band of tissue running along the base of your foot, and while it can be stubborn, the large majority of cases resolve with the right treatment.*

Also known as: heel spur, plantar heel pain, fasciitis, heel pain plantar fascia

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## AT A GLANCE

Plantar fasciitis is the most common cause of heel pain, involving irritation of the thick tissue band running along the base of your foot. Most people notice sharp heel pain first thing in the morning. Around 90% of cases resolve with conservative treatment within 6–12 months.

## At a glance

Plantar fasciitis is the most common cause of heel pain. It involves inflammation or degeneration of the plantar fascia — the thick band of connective tissue running along the base of your foot from your heel to your toes. Most people notice it as a sharp, stabbing pain first thing in the morning or after sitting for a while. With the right treatment, around 90% of people recover fully within 6–12 months.

## What is plantar fasciitis?

The plantar fascia acts like a shock-absorbing bowstring, supporting the arch of your foot with every step you take. When this tissue is placed under repeated or excessive stress, small tears can develop, leading to pain and inflammation — most commonly at the point where the fascia attaches to your heel bone (the calcaneus).

Despite the name suggesting active inflammation, what podiatrists often find in persistent cases is a degenerative change in the tissue rather than classical inflammation. This is why it can sometimes be slow to respond to treatments aimed only at reducing swelling.

## Who does it affect?

Plantar fasciitis is remarkably common, affecting around 10% of the general population. It is most often seen in active working adults aged 25 to 65, but it can affect anyone. You are more likely to develop it if you:

- Spend long hours on your feet, particularly on hard surfaces
- Have recently increased your physical activity or training load
- Have tight calf muscles or a reduced ankle range of motion
- Have flat feet (overpronation) or very high arches
- Wear footwear with poor arch support or cushioning
- Are carrying excess body weight, which increases load through the heel
- Are pregnant

Runners are particularly susceptible, but it is also very common among people who work in jobs requiring prolonged standing — teachers, nurses, hospitality workers, and tradies.

## Symptoms and signs

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The hallmark symptom is heel pain that is worst with your first few steps in the morning, or after sitting or resting for a period. Many people describe it as a sharp, stabbing sensation at the base of the heel. The pain often eases after you have been moving for 10 to 20 minutes, then returns if you stand or walk for extended periods.

Other common features include:

- Tenderness when pressing firmly on the inside edge of the heel
- Pain that worsens after (rather than during) exercise
- Tightness in the arch of the foot
- Occasional swelling around the heel

If you also experience burning, tingling, or numbness, this may suggest a nerve component and is worth mentioning to your podiatrist.

## How is it diagnosed?

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Plantar fasciitis is usually diagnosed through a combination of your symptom history and a clinical examination. Your podiatrist will ask about when and where the pain occurs, what makes it better or worse, your footwear, and your activity levels.

During the examination, they will typically assess your foot posture, ankle and calf flexibility, and apply targeted pressure to confirm tenderness at the fascial insertion on your heel. A simple clinical test called the Windlass test — where your toes are bent back — is often used to reproduce the pain and confirm the diagnosis.

Imaging is not always necessary for a straightforward case. However, if your diagnosis is uncertain or you are not responding to treatment, an ultrasound can confirm plantar fascia thickening (greater than 4mm is considered diagnostic), and an MRI may be used to rule out other causes such as a stress fracture or nerve entrapment.

## Treatment options

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The good news is that plantar fasciitis responds well to conservative treatment in the vast majority of cases. Treatment is usually staged, starting with the simplest measures and escalating only if needed.

**Stretching (first line, weeks 1–6)** Plantar fascia-specific stretching and calf stretching are supported by strong evidence and form the foundation of treatment. Your podiatrist will show you how to do these correctly. Consistency matters more than intensity — brief sessions several times a day tend to work better than one long stretch.

**Footwear modification** Swapping to supportive footwear with good cushioning and a modest heel height (2–3 cm) significantly reduces load on the fascia, particularly first thing in the morning. Going barefoot or wearing flat thongs on hard floors is a common aggravating factor.

**Foot orthoses (custom or prefabricated)** Orthoses can help control the way your foot moves during activity and offload the plantar fascia. Research suggests they work best as part of a broader treatment plan rather than in isolation.

**Strapping and taping** Low-Dye taping or rigid sports tape applied by your podiatrist provides immediate support and pain relief, which can be particularly helpful in the early stages.

**Shockwave therapy (weeks 6–12)** If you are not improving after 6 weeks of conservative treatment, extracorporeal shockwave therapy (ESWT) is an effective option. It uses acoustic waves to stimulate tissue healing and has good evidence for reducing pain in chronic cases.

**Platelet-rich plasma (PRP) injections** For persistent cases that have not responded to other treatments, PRP injections — which use a concentration of your own blood platelets to promote healing — have shown promising results. This is typically considered after 3–6 months of failed conservative management.

**Corticosteroid injections** Cortisone injections can provide short-term pain relief but are used cautiously as repeated injections can weaken the plantar fascia and increase the risk of rupture.

Surgery (release of the plantar fascia) is reserved for the rare cases that have not improved after 12 months of comprehensive conservative treatment.

## Self-care and home management

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- Roll a frozen water bottle or golf ball under your foot for 5–10 minutes after activity
- Avoid going barefoot on hard floors, particularly first thing in the morning
- Apply an ice pack to the heel for 10–15 minutes after prolonged walking or standing
- Wear supportive slippers or shoes as soon as you get out of bed
- Gradually increase activity rather than pushing through severe pain
- Keep up with your stretching routine, even on days when the pain feels manageable

## When to see a podiatrist

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You should make an appointment if:

- Heel pain has persisted for more than 2–3 weeks despite rest and over-the-counter pain relief
- Pain is severe enough to affect your ability to walk normally
- You have diabetes or poor circulation — foot pain in these circumstances warrants prompt attention
- Pain is spreading up the leg or is accompanied by swelling, redness, or warmth

Early assessment and treatment generally leads to faster recovery. Leaving it too long can allow compensatory movement patterns to develop, which complicates treatment.

## Prognosis and recovery

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With appropriate treatment, around 90% of people with plantar fasciitis recover fully. Most people see meaningful improvement within 6–8 weeks of consistent treatment, though full resolution can take 6–12 months for established cases.

Factors that predict a slower recovery include a longer duration before starting treatment, very limited ankle flexibility, high body weight, and returning to high-impact activities too quickly.

## Prevention

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- Wear supportive footwear suited to your activity, and replace worn-out shoes regularly
- Maintain flexibility in your calves and the base of your foot with regular stretching
- Build up training loads gradually — avoid sudden increases in duration or intensity
- If you work on hard surfaces, consider using anti-fatigue matting or cushioned insoles
- Address any biomechanical issues (flat feet, tight calves) proactively with your podiatrist

## Further reading

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- [Plantar fasciitis — Better Health Channel](#) — Victorian Government consumer health resource
- [Plantar fasciitis — Healthdirect](#) — Australian Government health information service
- [Heel pain — OrthoInfo \(American Academy of Orthopaedic Surgeons\)](#) — Detailed overview from a leading orthopaedic resource
- [Plantar fasciitis — Mayo Clinic](#) — Comprehensive patient guide from a major medical institution

## Frequently Asked Questions

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### Can plantar fasciitis go away on its own?

Yes — around 90% of cases resolve without surgery, though it rarely disappears without some form of treatment. Most people need a combination of stretching, footwear changes, and load management to

recover. Without treatment it can persist for a year or more, so it is worth addressing early.

### **How long does plantar fasciitis take to heal?**

Most people see meaningful improvement within 6–8 weeks of consistent treatment. Full resolution typically takes 3–6 months for milder cases and up to 12 months for established or chronic cases. Starting treatment promptly generally leads to faster recovery.

### **Why is plantar fasciitis worse in the morning?**

During rest, the plantar fascia contracts and the small micro-tears that have formed during the day begin to heal in a shortened position. When you take your first steps, the tissue is suddenly stretched again, causing that sharp, familiar pain. This is why gentle stretching before getting out of bed can help reduce morning pain.

### **Do I need to stop exercising with plantar fasciitis?**

Not necessarily. Complete rest is rarely the right answer and can actually slow recovery. The goal is to manage your load — reducing high-impact activities like running while maintaining lower-impact movement such as swimming or cycling. Your podiatrist can help you find the right balance for your situation.

### **Does plantar fasciitis need surgery?**

Surgery is needed in fewer than 5% of cases and is only considered after 12 months of comprehensive conservative treatment without improvement. Most people recover fully without it. If you have been dealing with plantar fasciitis for months without proper treatment, that is worth addressing before considering any surgical options.

### **What is the difference between plantar fasciitis and a heel spur?**

These two conditions are often confused. A heel spur is a bony growth on the underside of the heel bone, while plantar fasciitis refers to irritation of the plantar fascia itself. The two often coexist, but most heel spurs cause no pain at all — the pain in "heel spur syndrome" is almost always coming from the plantar fascia, not the spur itself.

### **Can the right shoes fix plantar fasciitis?**

Footwear plays a significant role. Supportive shoes with good cushioning, a firm heel counter, and a modest heel height (2–3 cm) can significantly reduce pain during daily activities. However, shoes alone are rarely sufficient to resolve plantar fasciitis — they work best alongside stretching and any other treatment your podiatrist recommends.