



<b>Clinical Condition</b>	<b>Plantar Fasciitis</b>
<b>Eligibility</b>	Pain on the plater aspect of the heel Unilateral Usually a middle age patient Pain is most severe in the morning or after prolonged sitting Get worse barefoot
<b>Differential Diagnosis</b>	1.Stress fracture of the calcaneum 2.Inflammatory arthropathy 3.Retrocalcaneal bursitis/Insertional Achilles tendinitis – Pain at Achilles tendon insertion 4.Tarsal tunnel syndrome- Pain and sensory changes in plantar aspect of the foot
<b>Information required with referral</b>	History: Detail history of the pain (site, type, severity, diurnal variation, aggravation and reliving factors) Occupational history Associated back or joint pain Any history of trauma to the heel Any treatment used (orthotics, physiotherapy, steroids, analgesics, Extra Corporal Shockwave Therapy) Examination: Exact location of the pain. Rule out retrocalcaneal bursitis, tarsal tunnel syndrome by localization of the pain
<b>Investigation required for the diagnosis</b>	Weight bearing foot X rays May see a calcaneal spur (not always) associated with plantar fasciitis Optional- Ultrasonography- to identify thickening in plantar fascia
<b>Pre-Referral management strategies (information required with referral)</b>	1- Consider orthotics – Soft heel pads 2- Consider physiotherapy- stretching exercises 3- Analgesics and anti-inflammatory medications 4- USG guided steroid injection 5- Referral for the ESWT (Extra corporal shockwave therapy)  This is often a self-limiting disease and will improve in 6 to 24 months from the onset without specific treatment.
<b>Referral Criteria</b>	Continuous pain despite the non-operative management.
<b>Fact sheets</b>	<a href="http://www.footeducation.com/plantar-fasciitis">http://www.footeducation.com/plantar-fasciitis</a>