



The Leg Bones Clinic

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Information for Referrers regarding Plantar Fasciitis

Thank you for your enquiry regarding the management of plantar fasciitis, also known as the “heel spur”. Unfortunately, plantar fasciitis is a painful condition that can take a very long time to resolve and there are no quick fixes. The overall prognosis is in fact very positive and complete pain resolution can be expected for most patients, however this can take 12 months or more. As management is essentially conservative, **a surgical opinion is not indicated.**

Contrary to popular belief, x-rays do not represent the severity of symptoms. The size of the bony heel spur, if present, also has no relevance to the level of pain. Many patients have large heel spurs with no symptoms, while others have significant pain with no bone spurs. Pain arises not from the bone spur but from a fascial tear, which heals over time. Accordingly, surgical excision of the bone spur does not usually yield any benefit to the patient.

In the setting of atypical pain, or long-standing pain lasting 12 months or more, it is important to rule out other unusual or sinister causes. Therefore, sometimes it is necessary to order further investigations such as ultrasound, MRI or bone scan. However, this is the exception rather than the rule.

Management of plantar fasciitis is essentially conservative. Treatment options include activity modification, weight reduction, local massage, night splintage, appropriate orthotics, podiatry review, physiotherapy, analgesics and anti-inflammatory medications. Failing these, the patient can also consider more invasive methods such as steroid injection, acupuncture or shockwave therapy as set out in my suggested treatment pathway below. Surgery is the last resort and generally not offered unless pain is intractable and all conservative options have been exhausted.

In conclusion, patients with plantar fasciitis should be given realistic expectations of the protracted recovery time and the majority can be reassured with an excellent overall prognosis. Investigations are indicated only in atypical cases or prolonged pain of 12 months or more. Treatment is primarily aimed at symptomatic relief, and surgery is almost never recommended as the risks usually far outweigh the benefits. For these reasons, a surgical opinion is not indicated, and an appointment will only be offered to your patient after all suggested treatments have failed over a period of 12 months or more. However, if you have any questions or ongoing concerns about your patient, I will be very happy to discuss this further.



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Additional information re: Plantar Fasciitis / Heel Spur (to accompany referral)

Patient Name: _____ DOB: _____

Phone: _____ Address: _____

Clinical history: _____

Duration of pain

- <6 weeks
- 6 weeks to 6 months
- >6 months

Onset of pain

- with running / exercise
- any weight bearing
- at rest / at night

Previous surgery?

- Yes No

Please mark out the site of pain



Left foot

Right foot

Investigations done so far:

- X-rays (weight bearing) of ankle and feet
- Ultrasound
- MRI (if pain >6 months)

Treatments so far:

- | | |
|--|---|
| <input type="checkbox"/> Activity modification
(reduce weight, reduce impact exercises) | <input type="checkbox"/> Podiatrist review |
| <input type="checkbox"/> Local massage
(roll cold drink cans under foot) | <input type="checkbox"/> Plantar fascia / Calf stretching program
(trial for >6 weeks) |
| <input type="checkbox"/> Heel cushion / Orthotics | <input type="checkbox"/> Physiotherapist review |
| <input type="checkbox"/> Night splint / Strassborg sock | <input type="checkbox"/> Acupuncture |
| <input type="checkbox"/> Topical NSAIDs | <input type="checkbox"/> Corticosteroid injection (if pain >3 months) |
| <input type="checkbox"/> Oral analgesics / NSAIDs | <input type="checkbox"/> Shockwave therapy (if pain >3 months) |