PLANTAR FASCIITIS

An Information Pack

Great Dunmow Osteopathy & Health

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Contents

A Note from Joe Hellier, Clinic Director

Plantar fasciitis is, in our experience, one of the most under-treated conditions in adult foot health. It is common, very treatable and yet often left to drag on for months or years before patients seek proper care. Many of the people we see have already tried stretching, ice, tablets, supermarket insoles and time off their feet - without lasting improvement.

We have written this pack for the patient who wants to understand what is really going on before picking up the phone. It explains what plantar fasciitis is, what may be contributing to it, and how our programme is structured to treat it at the root rather than manage the symptom.

There are no costs in these pages and no pressure to book - only the information we believe you need to make a considered decision.

If, after reading, you would like to talk to one of our practitioners, the details for doing so are at the end.

Joe Hellier

Clinic Director, Great Dunmow Osteopathy & Health

Our Approach to Foot Care

We treat foot conditions the way we treat every area of the clinic: with thorough assessment, evidence-informed treatment and a clear plan from the outset.

Three principles shape our work in this area:

Diagnosis before treatment

We do not begin a programme until we understand what is driving your symptoms. Plantar fasciitis can look like other conditions, and identifying the right diagnosis (and any contributing biomechanical factors) is the first step. Where appropriate we refer onward - to your GP, an orthopaedic specialist or imaging - before, alongside, or instead of treatment with us.

An evidence-led approach

Our plantar fasciitis programme is built around the treatments shown to work best for the condition: focused shockwave therapy, custom orthotics, manual therapy and a structured loading programme. We do not chase short-term symptom relief; we treat the underlying tissue.

A defined plan

Our programmes are structured. You will know from the start what is involved, how long it is expected to take, and what we are aiming to achieve together. There is no open-ended treatment.

Understanding the Condition

Plantar fasciitis is inflammation and microtrauma of the plantar fascia - the thick band of fibrous tissue running along the bottom of the foot from the heel bone to the toes. The fascia supports the arch and absorbs load as you walk. When it is overloaded, small tears develop in the tissue and inflammation sets in.

The classic symptom is sharp pain at the bottom of the heel that is worst on the first steps in the morning or after sitting still, eases with a few minutes of walking, and returns later in the day after prolonged standing or activity.

The condition is very treatable. The patients we see most commonly fall into one of three groups:

- Those whose symptoms started recently and want to stop the problem becoming chronic.
- Those who have had heel pain for months or longer and have not had lasting relief from stretching, tablets or off-the-shelf insoles.
- Those whose plantar fasciitis keeps coming back and who want to address the underlying biomechanical cause rather than treat each flare in isolation.

For each group the path begins in the same place: a thorough one-to-one assessment, an honest conversation about what is driving the symptoms, and a clear recommendation on whether our programme is the right next step.

Contributing Factors

Plantar fasciitis almost always has more than one cause. The most common contributing factors fall into the following categories:

Biomechanics

Foot shape (flat feet, high arches), gait pattern, ankle and calf flexibility and the way load distributes through the foot all influence how much stress the plantar fascia takes with each step. Most chronic cases involve a biomechanical driver.

Activity and load

Sudden increases in walking or running, long days on your feet, a holiday with lots of standing or a new exercise routine are very common triggers. The fascia is often handling more load than it has had time to adapt to.

Footwear

Unsupportive shoes - flip-flops, ballet pumps, worn-out trainers - and walking barefoot on hard floors are recurring contributors. Equally, overly cushioned shoes can mask poor biomechanics for a time and then leave the fascia exposed.

Calf and Achilles tightness

Tight calves transfer load straight onto the plantar fascia. Calf flexibility is one of the most modifiable factors and is part of nearly every treatment plan we put together.

General health and age

Body weight, age, hormonal changes and any condition affecting tissue healing can play a role. We screen for these at your assessment.

In practice, most cases involve a combination. A thorough initial assessment is designed to identify which factors apply to you, and to ensure that the treatment plan we recommend addresses the real cause.

Three Common Presentations

While every case is different, the patients we treat most often present with one of three recognisable patterns. Identifying which applies to you is part of the work of the initial consultation.

Acute Plantar Fasciitis

Recent onset, less than six weeks

Pain that has started recently, often after a clear trigger: a new running programme, long days on your feet, a holiday spent walking, a change of footwear. The fascia is irritated but not yet chronically thickened. Acute cases respond fastest to treatment and rarely become chronic if addressed early.

Chronic Plantar Fasciitis

Three months or more of symptoms

Persistent heel pain that has been around for months. Stretching, rest and over-the-counter insoles have helped only partially. The fascia has thickened, inflammation is now self-sustaining and home treatment alone is unlikely to resolve it. Chronic cases respond best to focused shockwave therapy combined with biomechanical correction and a structured loading programme.

Recurrent Plantar Fasciitis

Comes and goes over months or years

Pain that flares with activity then settles, only to return weeks or months later when life provides a trigger. Recurrent plantar fasciitis usually points to an underlying biomechanical driver - foot posture, calf tightness, footwear choice - that needs addressing alongside treating the current flare. Once identified and corrected, most patients remain symptom-free long-term.

Our Programme

The Dunmow Plantar Fasciitis Programme is built around focused shockwave therapy, supported by clinical assessment, custom orthotics and a structured loading programme where appropriate.

Initial consultation

A thorough one-to-one assessment with one of our practitioners. We take a full history, examine the heel and arch, watch how you walk, assess your calf flexibility and review your footwear. We confirm the diagnosis and identify the underlying biomechanical drivers. We tell you directly whether our programme is the right next step - and, where it is not, what we would recommend instead.

Treatment course

A structured course of focused shockwave therapy delivered in clinic alongside any custom orthotics, manual therapy and exercise programming required. Sessions are short, non-invasive and require no anaesthetic or downtime. Most sessions take up to 30 minutes.

Review and progression

Outcomes are reviewed at defined points throughout the programme. Where calf flexibility, footwear, activity load or lifestyle factors are contributing, we will discuss these openly and progress your loading programme accordingly.

The aim of the programme is to address the underlying cause of your plantar fasciitis - not simply to manage the pain in the moment.

Focused Shockwave Therapy: What It Is

Focused shockwave therapy is a non-invasive treatment that uses controlled, high-energy acoustic waves to stimulate healing in damaged or degenerated soft tissue. It is well established in orthopaedics and sports medicine and is one of the most evidence-backed treatments for chronic plantar fasciitis.

Two key things to know:

First, it is not the same as the cheaper radial shockwave devices commonly seen on the high street. Focused shockwave penetrates deeper and delivers a more precise dose of energy to the target tissue. The evidence behind focused shockwave is markedly stronger.

Second, it is not a quick fix. It works by triggering a controlled healing response in the plantar fascia - increasing local blood flow, breaking down scarred tissue and stimulating new collagen formation. The improvement builds over weeks rather than days, but the change is genuine rather than symptom-masking.

Focused Shockwave Therapy: How It Works

Each treatment session delivers a series of focused acoustic shockwaves to the painful area of the plantar fascia via a handheld applicator. The waves penetrate into the affected tissue and create controlled microtrauma - small, deliberate disruptions that prompt the body's natural healing response.

Several things happen in the tissue as a result:

- Increased local blood flow, which improves the delivery of the cells responsible for tissue repair.
- Breakdown of scarred and degenerated fibres within the fascia.
- Stimulation of new collagen synthesis, rebuilding stronger, more elastic tissue.
- A short-term reduction in pain signalling from the treated area, often felt within hours.

The cumulative effect of these changes - usually over four to six sessions spaced one to two weeks apart - is a meaningful, lasting improvement in symptoms and tissue health.

Suitability & Safety

Focused shockwave therapy is generally safe and well tolerated. Side effects, when they occur, are mild and short-lived: temporary tenderness in the treated area, occasional minor bruising, brief skin redness.

Who it suits

Patients with chronic or recurrent plantar fasciitis that has not responded to standard care, and acute cases at high risk of becoming chronic, typically benefit most. Suitability is confirmed at your initial consultation.

Who it is not suitable for

We do not deliver focused shockwave during pregnancy, over an active infection, over the site of certain implants, or in the presence of specific blood-clotting conditions. We screen for all of these at your initial consultation and are clear with you about any reason we would not proceed.

What you will not experience

No injections. No medication. No anaesthetic. No downtime. You can drive, work and walk normally the same day.

What to Expect from Your Consultation

Your initial consultation lasts up to 60 minutes. It is a thorough clinical assessment, not a sales appointment. The aim is to give you a clear, honest picture of what is going on and what - if anything - we recommend.

History

We discuss your symptoms in detail: when they started, what makes them worse, what you have already tried and how the problem is affecting your day-to-day life.

Examination

We examine the heel and arch, palpate the affected tissue, assess your range of motion, calf flexibility and gait and review your usual footwear.

Diagnosis and plan

We explain what we have found, confirm the diagnosis where possible and outline a clear treatment plan. If we believe your case is better suited to another approach - onward referral, alternative treatment, watchful waiting - we will tell you so directly.

What you leave with

A written summary of your assessment, a clear treatment recommendation, an indicative timeline and an open invitation to ask any further questions before deciding whether to proceed.

Your Next Step

If you would like to book a consultation or simply discuss your situation in more detail, you can reach us by phone, email or via the booking page on our website.

All initial enquiries are handled in confidence by our clinical team. There is no obligation to book treatment after a consultation, and no judgement if it turns out our programme is not the right fit.

We look forward to hearing from you.

Contact

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