

Plantar fasciitis

First-step heel pain and what helps.

A common pattern - not a self-test

Pain under the heel or into the arch can be strongest with the first steps after sleep or sitting. It may ease as you move, then return after longer standing or walking. Other conditions can cause heel pain too. [1,2]

What is the plantar fascia?

A strong band of tissue along the sole helps support the arch. Plantar fasciitis (plantar fasciopathy) is one cause of plantar heel pain; inflammation alone may not explain it. Diagnosis usually starts with a history and examination. Scans are not always needed. [1,3]

Make the first steps more manageable

01 Move gently before standing

Try the plantar fascia stretch on page 2 before your first steps, if it is comfortable and you can reach your foot safely.

02 Have comfortable footwear ready

Choose a secure fit and cushioning that feels helpful. Reduce barefoot time on hard floors if it aggravates your symptoms.

03 Break up time on your feet

Alternate longer standing or walking tasks with sitting or another comfortable activity. Build a repeatable day, not a test of endurance. [1,2,4]

Expect gradual change. Improvement can take months. Track first-step pain and walking tolerance over time rather than expecting one stretch or shoe change to fix everything. [1]

Stretch the sole & calf

Aim for a gentle stretch, not sharp heel pain. [2,4,5]

01 Plantar fascia stretch



Sit securely. Rest the affected ankle across your opposite thigh if comfortable. Support the heel and gently draw the toes toward the shin until you feel a stretch along the arch.

Example: hold 10 seconds, repeat 5 times before first steps or after a long rest. Ease off if it hurts.

Cannot reach comfortably? Ask your PT for a different position rather than forcing your hip or knee.

02-03 Calf stretches at the wall



STRAIGHT REAR KNEE

BENT REAR KNEE

Hands on the wall; feet forward and staggered. Keep the rear heel down. Lean forward with the rear knee straight, then repeat with that knee gently bent.

Example: hold 20 seconds, 2 times in each position, once or twice daily. Shorten the stance if needed.

Starting amounts are examples to adapt with your PT, not a required protocol.

Build capacity gradually

Choose one heel-raise option that you can control comfortably. [2,4]

04 Seated heel raise - easier start



START



FINISH

Sit tall with feet flat. Keep the balls of your feet down as both heels rise, then lower slowly. Keep the movement controlled.

Example: 1 set of 6-10 repetitions every other day. Do fewer repetitions or use a smaller lift if needed.

05 Supported standing heel raise



START



FINISH

Hold a fixed counter. Raise both heels while keeping your toes down, then lower slowly. Begin on level ground, not the edge of a step.

Example: 1 set of 6-10 repetitions every other day if comfortable and steady. Use the seated version if needed.

Progress one thing at a time. After several manageable sessions, add a few repetitions toward 12-15, then consider a second set with your PT. Added weight or single-leg work is a later option to individualize, not a starting requirement.

Use the next morning as feedback

Check the response to the whole day, including work, errands, and exercise.

Manageable: mild discomfort may occur, but it should settle. Stop for sharp or escalating pain, limping, or loss of control.

Too much: if first-step pain is clearly worse the next morning or symptoms remain elevated, reduce the next session or time on your feet.

Build: repeat a tolerable amount for several days, then add a little walking time or exercise - not everything at once. [1,4]

Footwear, inserts & night splints

Comfortable shoes or an insert may help alongside active care; expensive custom inserts are not automatically necessary. For persistent first-step morning pain, ask whether a night splint suits you. It is an option to fit and trial, not a guaranteed cure. [2,3]

Return to longer walks

Choose a familiar level route and a duration below your flare-up point. Split longer outings into shorter bouts. Build after several manageable days; reduce again if the next-morning response worsens. Ask for an individualized return-to-running plan if that is your goal. [1,4]

Get checked: seek urgent care after a sudden injury with a pop, inability to bear weight, or major swelling. Seek prompt advice for new numbness, diabetes with new foot pain, or worsening pain that limits normal activity. [6]

My starting walk / standing time: _____

Next-morning response: _____

One change for next time: _____

Sources & review

1 East Lancashire NHS: Plantar fascia pain

2 JOSPT: Heel pain CPG (2023)

3 AAOS: Plantar fasciitis and bone spurs

4 DynamicHealth NHS: Plantar fasciitis

5 Cambridge University Hospitals: Exercises

6 NHS: Heel pain - when to get help

Reviewed October 26, 2026. General education, not an individual prescription. Follow your treating clinician's plan; starting doses and progression are adaptable examples.