GARNET ORTHOPEDIC SOLUTIONS

PATIENT EDUCATION GUIDE

Understanding Plantar Fasciitis and Finding Lasting Heel Pain Relief

A practical guide to why heel pain starts, what makes it worse, and how a personalized treatment plan can get you back on your feet with confidence.

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SECTION 01

What Is Plantar Fasciitis?

Plantar fasciitis is one of the most common reasons people come to Garnet Orthopedic Solutions, and for good reason: it is the leading cause of heel pain we see in clinic. At its core, the condition involves the plantar fascia, the thick band of tissue that runs along the bottom of your foot from heel to toes, becoming irritated at the point where it attaches to your heel bone.

There is genuine debate in the research about what is really happening inside that tissue. Some clinicians describe it as true inflammation, while others point to a slower process of tissue breakdown and degeneration. What matters most for you is simpler: the pain shows up on the inside, bottom part of your heel, and it tends to follow a very recognizable pattern.

Heel pain often changes how people move through their day, from the first step in the morning to the last mile of a run.

The telltale pattern

The hallmark of plantar fasciitis is pain after rest, not during activity. Most people notice it hardest in the first ten to twenty steps out of bed each morning; a smaller group notices it building later in the day instead. Either way, the location is consistent: that same tender spot on the inside of the heel, described variously as sharp, dull, achy, or burning, sometimes all four depending on the day.

WHO WE SEE IT IN

Plantar fasciitis shows up across almost every patient group we treat: runners and weekend athletes ramping up training too quickly, people whose jobs keep them on their feet for long shifts on hard flooring, and people carrying extra weight or moving through pregnancy, where the foot is simply asked to absorb more than usual. It is rarely about one single cause; it is usually a combination of daily load, footwear, and the shape of your own foot.

Because it is so common, plantar fasciitis is also one of the most over-generalized conditions in foot care. Not every case behaves the same way, and not every case needs the same treatment; part of our job at Garnet is figuring out which version of plantar fasciitis you actually have before recommending a plan.

SECTION 02

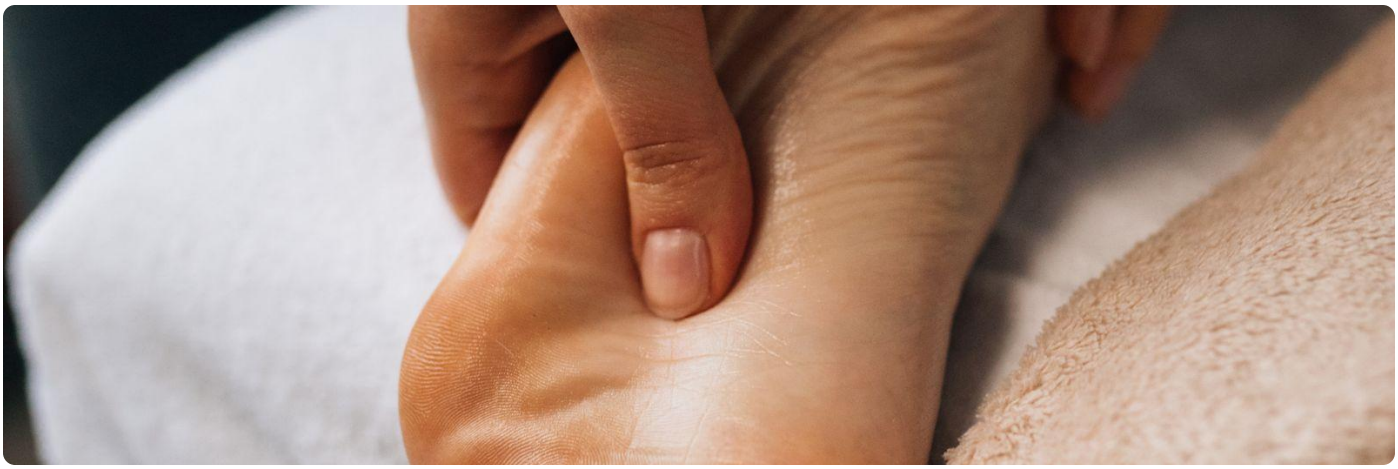
Recognizing the Symptoms

Plantar fasciitis rarely announces itself all at once. It tends to build gradually, and people often describe a slow shift from mild stiffness to something that genuinely interferes with their morning routine or their workouts.

COMMON PRESENTATION

Sharp or aching pain on the inside, bottom part of the heel, worst with the first steps after rest, easing somewhat as the foot warms up, then sometimes returning after long periods on your feet.

Some people manage to stay fairly active without significant pain during exercise, only to feel the damage afterward: when they sit down and stand back up, or the next morning when the foot has stiffened overnight. If your pain shows up mainly during activity rather than after, that is worth mentioning to your pedorthist, since it points to a slightly different picture and treatment approach.



Symptoms often ease once the foot warms up, only to return after long stretches of standing or walking.

Pay attention as well to how the pain responds to your day: does it ease within the first few minutes of walking, only to return later in the afternoon; does it flare after standing at a counter or in a lineup; does it feel worse barefoot on hard floors than in supportive shoes? These patterns are not just background detail, they are exactly the information your pedorthist uses to separate plantar fasciitis from other causes of heel pain and to tailor your treatment plan from the very first visit.

SECTION 03

Why the Pain Keeps Coming Back

Understanding the mechanism behind plantar fasciitis explains why the mornings are so often the worst part of the day. Overnight, while you sleep, your foot relaxes into a shortened position and the damaged tissue begins to heal in that shape. The moment you stand up and put weight on the foot, your arch lowers, the plantar fascia stretches, and tension pulls hard at its attachment point on the heel.

> Every one of those first steps is essentially re-tearing the partial healing from the night before, and that cycle is where most of the pain originates.

It is a mechanical problem as much as an inflammatory one: the tissue never gets a real chance to fully heal before it is loaded again, morning after morning, which is exactly why the right support, worn at the right times, makes such a measurable difference.

Why this matters for treatment

This cycle explains a pattern that frustrates a lot of patients before they understand it: the foot can feel almost fine by mid-morning, only to reset back to painful overnight, which can make it seem like nothing is working even when the tissue is genuinely healing underneath. Breaking the cycle usually means reducing the overnight shortening, supporting the arch during those first steps, and giving the fascia enough consistent, gentle loading during the day that it can rebuild stronger rather than simply re-tearing on repeat. That is the thinking behind night splints, morning stretches, and supportive footwear worn from the very first step, not just during exercise.

SECTION 04

Risk Factors Worth Knowing

A number of factors raise the likelihood of developing plantar fasciitis, and most of them are things you can influence, either on your own or with your pedorthist's guidance:

- **Long stretches standing or walking on hard surfaces:** concrete floors and repetitive shifts add up faster than most people expect, especially without supportive footwear underneath.
- **Carrying extra body weight:** every additional pound multiplies the load travelling through the fascia with each and every step you take.
- **Pregnancy:** shifting weight distribution, loosening ligaments, and swelling all change how the foot absorbs impact, often temporarily.
- **Ramping up activity too quickly:** whether that is running, a new sport, or a physically demanding job, tissue needs time to adapt to new demands.
- **Reduced ankle range of motion:** a tight calf or Achilles changes how force travels through the foot, often pushing more strain onto the fascia.

- **Compensation from another injury:** favoring one leg or foot after an unrelated injury can quietly overload the other side.

Footwear and surface both factor heavily into how much daily load your fascia has to absorb.

Once plantar fasciitis has developed, the same foot becomes more susceptible to it happening again; staying attentive to these factors, even after symptoms resolve, is part of protecting the progress you have made.

SECTION 05

What You Can Do Today

Before your first appointment, or alongside your treatment plan, there are steps that consistently help take pressure off the healing tissue:

- Gentle range of motion exercises for the foot and ankle before you even get out of bed in the morning
- Replacing worn-down running shoes or daily shoes with footwear that actually suits your foot type
- Trying an off-the-shelf orthotic to shift pressure away from the heel and into the arch, where the foot is better equipped to handle load

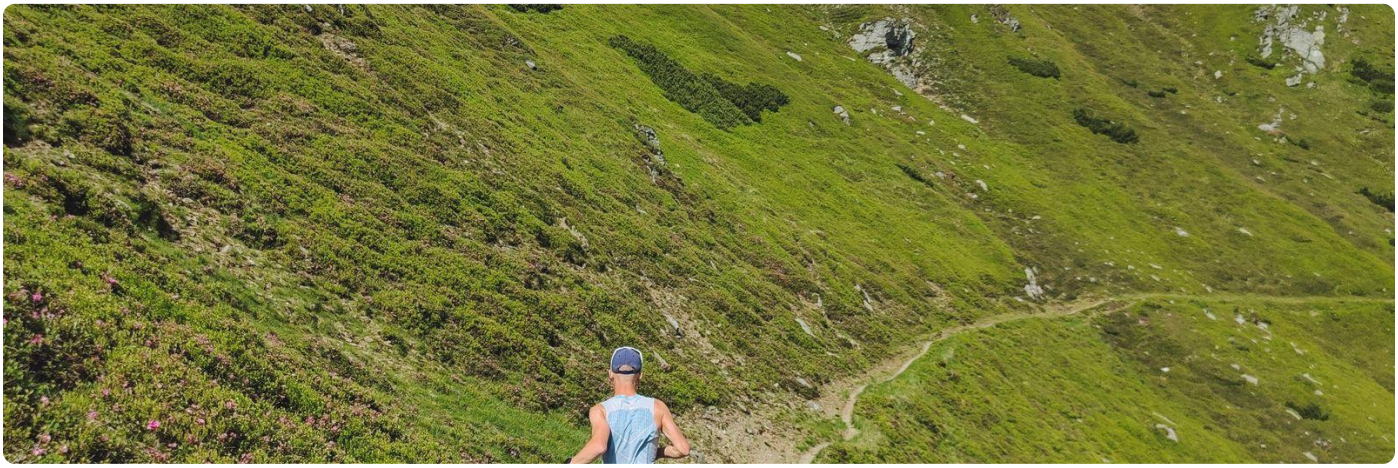
Footwear deserves particular attention here: shoes that have broken down no longer offer the support they once did, and wearing them first thing in the morning, when the fascia is at its most vulnerable, tends to make symptoms noticeably worse.

Supportive, well-fitted footwear worn from the first step of the day makes a measurable difference for most patients.

A few smaller habits compound over time as well: icing the heel for ten to fifteen minutes after a long day, rolling the arch gently over a frozen water bottle, and avoiding walking barefoot on hard flooring at home. None of these replace a proper treatment plan, but they consistently take the edge off while you work toward a longer-term fix.

SECTION 06

Staying Active Without Setting Yourself Back



Staying active with plantar fasciitis is possible; it just requires paying close attention to how your foot responds.

We work from two simple rules when patients ask whether they can keep training or playing sport through this: don't do anything that makes the pain worse during or after, and when in doubt, refer back to the first rule.

That is often harder to apply than it sounds, since plantar fasciitis has a way of staying quiet during activity and only announcing itself afterward, once you sit down and stand back up, or the following morning. If your pain increases during an activity, stop right away; if it increases afterward, scale that activity back by roughly fifteen to twenty percent and see whether the response improves. If it does not,

keep reducing the load, potentially down to a full pause, until the tissue settles. A round of golf might mean walking nine holes and riding a cart for the back nine rather than walking the whole course, and adjustments like that are a legitimate part of recovery, not a compromise.

SECTION 07

Your Treatment Options

Treatment for plantar fasciitis is typically stepped, starting conservative and escalating only if needed. First-line care often includes physiotherapy, ice, rest, off-the-shelf orthotics or gel heel cups, and occasionally medication prescribed by your family physician; a physiotherapist or massage therapist can also be a valuable part of the team.

How the steps typically unfold

In the first one to four weeks, the goal is simply calming things down: rest from aggravating activity, ice, gentle stretching, and often an off-the-shelf orthotic or heel cup to redistribute pressure while the tissue settles. Many people improve significantly at this stage alone, particularly when footwear and activity load are addressed at the same time.

If symptoms have not settled within six to eight weeks of consistent first-line care, that is generally the point where custom-made orthotics become worth considering as the next step, rather than the starting point. Beyond that, options such as targeted physiotherapy, night splints, or in more persistent cases a referral for further medical evaluation may come into play, always guided by how you are actually responding rather than a fixed timeline.

Not sure which stage you're at? A short assessment with our team will tell you exactly where you stand and what to try next.

Book Your Assessment

SECTION 08

Custom Orthotics vs. Off-the-Shelf

Off-the-shelf orthotics offer a solid starting point, built for the average foot rather than your specific one.

Off-the-shelf orthotics genuinely help a large share of people with plantar fasciitis, since they are designed around the average foot and priced accordingly. The trouble comes when your foot is not average: the shape does not quite fit, or you need a level of correction that a generic device was never built to provide.

That is where custom orthotics come in. Each device is built from a 3D cast of your specific foot, which means the support, stability, and cushioning are matched to your anatomy rather than approximated. Materials, shapes, and styles are all fully flexible at that point, so the device can be shaped around nearly any foot type, and adjusted further if something does not feel quite right once you are wearing it day to day.

Curious what the process looks like at Garnet, start to finish?

See How Custom Orthotics Work garnetsolutions.ca →

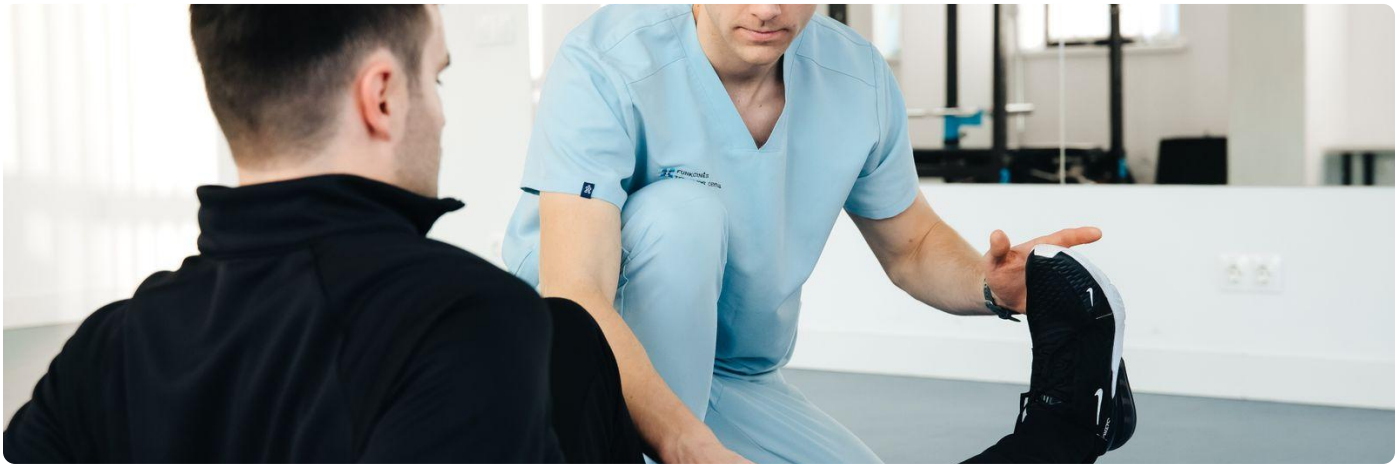
SECTION 09

What to Expect at Garnet

Your first appointment at Garnet Orthopedic Solutions starts with a thorough foot and gait examination; follow-up visits build on that baseline to confirm you are progressing and to adjust the plan as needed. During these appointments, we will typically:

- Assess joint and muscle function, including range of motion and how you walk
- Evaluate your current footwear for fit and function

- Identify modifiable risk factors and recommend targeted changes
- Use tools such as pressure mapping to pinpoint areas of concern
- Build a treatment plan that may include footwear changes, activity modification, custom orthotics, or a referral to a complementary provider such as a physiotherapist



A thorough gait and biomechanical assessment is the foundation of every treatment plan we build.

Alongside your individual plan, we provide educational resources to help you maintain the progress you make long after your last visit. Most patients leave that first appointment with a clear sense of what is actually driving their pain, not just a device to try, and that clarity tends to make the rest of the plan far easier to stick with. Learn more about our gait analysis process →

SECTION 10

Prevention and Long-Term Foot Health

Plantar fasciitis is considerably easier to prevent than it is to resolve once established. Some structural factors, such as naturally high arches, cannot be changed; what you can influence is everything around them: keeping your weight within a healthy range, maintaining flexibility and range of motion, and staying alert to the other risk factors already outlined in this guide.

Strength matters just as much as flexibility here. Well-conditioned muscles supporting the foot and ankle make plantar fasciitis meaningfully less likely, and since a foot that has already experienced this condition is more prone to a repeat episode, ongoing strength and awareness are part of protecting the results of treatment, not an optional extra.

Rotating footwear, keeping an eye on wear patterns, and staying ahead of tightness all help prevent a repeat episode.

A few habits are worth building into your routine long-term: rotating between two pairs of supportive shoes rather than wearing one pair down completely, replacing running shoes before they visibly break down, and keeping up simple calf and arch stretches even once the pain is gone. Prevention is rarely dramatic; it is mostly a handful of small, consistent habits that keep the fascia from being asked to absorb more than it comfortably can.

SECTION 11

About Garnet Orthopedic Solutions

Ready to Feel Better?

If heel pain has been slowing down your mornings or cutting your workouts short, a proper assessment is the fastest way to a real plan.

Book Your Assessment garnetsolutions.ca →

Garnet Orthopedic Solutions provides pedorthic assessment, custom orthotics, and footwear guidance built around each patient's specific anatomy and goals, rather than a one-size-fits-all approach. Our clinic combines hands-on biomechanical assessment with practical, evidence-informed treatment, so patients leave with a plan they understand and can actually follow.

Jeff Lewis, C. Ped (C)

Canadian Certified Pedorthist

Jeff leads patient assessment and custom orthotic care at Garnet Orthopedic Solutions, working with patients to identify the root cause of their foot and lower limb pain and to build a treatment plan suited to their specific needs, goals, and symptoms.

garnetsolutions.ca | This guide is intended for general education and does not replace an individual assessment. Please consult your pedorthist or physician about your specific symptoms.

Appendix: Image Sources

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#	DESCRIPTION	PHOTOGRAPHER	SOURCE
1	Cover — person walking barefoot on shoreline	ROMAN ODINTSOV	pexels.com/photo/9187852
2	Sec. 1 — running shoes, top-down view	Sneep Crew	pexels.com/photo/8373048
3	Sec. 2 — hands massaging a foot	KoolShooters	pexels.com/photo/6628700
4	Sec. 4 — nurse and doctor standing	cottonbro studio	pexels.com/photo/5722162
5	Sec. 5 — woman massaging feet	Pexels contributor	pexels.com/photo/10832255
6	Sec. 6 — trail runner, mountain landscape	Pexels contributor	pexels.com/photo/30932860
7	Sec. 8 — close-up, tying running shoes	Pexels contributor	pexels.com/photo/10257963
8	Sec. 9 — physiotherapist examining patient's leg	Pexels contributor	pexels.com/photo/20860616
9	Sec. 10 — two pairs of sports shoes	Natan Karnushin	pexels.com/photo/9541179

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