

Plantar Fasciitis Recovery Plan

By Rooted Motion Physical Therapy

Move Better. Live Rooted.

For adults whose first steps in the morning are the worst part of the day.

Almost every heel pain plan is written in weeks. Feet do not read those. Some people clear the first stage in ten days and some take two months, and neither is doing it wrong. So this plan is built on what has to be true before the next step.

One number worth knowing. Of nearly 820,000 people diagnosed with plantar fasciitis in the United States, only about seven percent were ever evaluated by a physical therapist. Most manage it alone, on whatever the internet offered.

Stage 1: Calm the First Steps

Target: getting out of bed without bracing against the wall.

What to do

- ☐ Calf stretch with the knee straight, then again with the knee bent - both, every day
- ☐ Roll the sole of the foot slowly over a ball or a chilled bottle before standing
- ☐ Reduce, do not stop: shorten walks rather than abandoning them
- ☐ Supportive shoes indoors as well as out, for now

Both stretches carry the guideline's strongest grade for short- and long-term pain and function. If your worst pain is reliably the first step in the morning, ask about a one- to three-month night splint programme, which carries the same grade for exactly that presentation.

Move on when

- ☐ The first ten steps of the morning are uncomfortable rather than sharp
- ☐ The pain settles within a few minutes of moving

Stage 2: Tolerate a Normal Day

Target: standing and walking through your usual day without paying for it that evening.

- ☐ Keep the stretches going. They do not stop being useful once it eases
- ☐ Begin slow, controlled heel raises on both feet, stopping short of sharp pain
- ☐ Add toe-flexor work - gripping a towel, spreading the toes, holding an arch
- ☐ Spread standing through the day rather than doing it all in one block

Why the small foot muscles matter here

People with plantar heel pain have measurably weaker ankle and toe flexor performance than matched people without it. An association, not proof of cause — but it is why this plan trains the foot itself and not only the calf.

Move on when

- ☐ A full normal day leaves the foot no worse the following morning
- ☐ You can do ten slow heel raises on both legs without sharp pain

Stage 3: Build Real Capacity

Target: loading the foot deliberately, and tolerating it.

1. Progress heel raises towards single leg, slowly, adding a rolled towel under the toes to include the fascia.
2. Slow the movement down rather than adding weight first - three seconds up, three seconds down.
3. Add one variable at a time: more repetitions, or more load, or more often. Never all three.
4. Judge each change over a full week, using the next morning as the signal.
5. If a week goes backwards, return to the last level that worked and hold it before building again.

Move on when single-leg heel raises are possible and do not cost you the next morning.

Stage 4: Return to What You Actually Want to Do

- ☐ Rebuild distance first, at an easy pace, before adding anything else
- ☐ Then add pace, or hills, or surface - one of them, not two
- ☐ Keep strengthening after symptoms settle, or the capacity fades with them

Where the Common Advice and the Evidence Part Company

Two corrections worth making, because both are widely repeated.

A 2026 review of randomised trials found an overall effect favouring exercise over no intervention — but from only three trials in 146 people, at low certainty, with the authors calling the benefit of uncertain relevance. Exercise remains the best-supported part of guideline care. It is not the certainty the internet implies, which is why consistency over months beats picking the perfect exercise.

The 2023 clinical practice guideline is explicit and graded on this. Clinicians should NOT use orthoses, prefabricated or custom, as an isolated treatment for short-term pain relief - a grade B recommendation. They MAY use them combined with other treatments to reduce pain and improve function - grade C. Supports go alongside the work, not instead of it.

Two further findings point the same way. A systematic review of heel lifts found only two of forty-seven outcomes showed a clinically important difference, at low to very low certainty. And longer self-reported foot orthosis use was moderately associated with lower foot muscle performance - a correlation in a small study that does not prove orthoses weaken feet, since people who struggle more may simply wear them longer.

Get this assessed rather than managed at home if

- You felt a pop or a tearing sensation, and bruising or swelling followed
- You have numbness, burning or pins and needles in the foot rather than local pain
- Both heels started hurting at once, or other joints are involved as well
- The heel is hot, red, or swollen, or you have a fever
- Pain is worst at rest and at night rather than on the first steps of the day

The Rooted Motion Difference

- An assessment of the foot, the calf and the hip, not only the sore heel.
- A plan built on milestones you can check yourself.
- Honest framing of what the evidence does and does not show.
- Care in your own home, so the plan fits the floors you actually stand on.
- Convenient concierge mobile physical therapy delivered where you are.

Stuck at the Same Milestone?

Heel pain that has not moved in six weeks usually means the plan needs changing, not repeating. Most cases respond well once the loading is matched to what the foot can currently take.

Move Better. Live Rooted.

Contact Rooted Motion Physical Therapy to schedule your one-on-one evaluation.

Educational disclaimer: This handout is for educational purposes and is not a substitute for an individual evaluation by a licensed healthcare professional. Seek prompt medical evaluation for severe pain, significant weakness, numbness, or symptoms following trauma.

Research Behind This Guide

1. Koc TA Jr, Bise CG, Neville C, Carreira D, Martin RL, McDonough CM. Heel Pain - Plantar Fasciitis: Revision 2023. Clinical Practice Guidelines. J Orthop Sports Phys Ther. 2023;53(12):CPG1-CPG39. doi:10.2519/jospt.2023.0303
2. Goncalves IF, Carvalho TT, Grandolfi K, Casonatto J, Borghi SM. Randomized controlled trials evaluating exercise interventions for plantar fasciopathy pain: a systematic review and meta-analysis. Musculoskelet Sci Pract. 2026;86:103644. doi:10.1016/j.msksp.2026.103644
3. McClinton S, Collazo C, Vincent E, Vardaxis V. Impaired Foot Plantar Flexor Muscle Performance in Individuals With Plantar Heel Pain and Association With Foot Orthosis Use. J Orthop Sports Phys Ther. 2016;46(8):681-688. doi:10.2519/jospt.2016.6482
4. Bourke J, Munteanu S, Merza E, Garofolini A, Taylor S, Malliaras P. Efficacy of heel lifts for lower limb musculoskeletal conditions: A systematic review. J Foot Ankle Res. 2024;17(2):e12031. doi:10.1002/jfa2.12031
5. Fraser JJ, Glaviano NR, Hertel J. Utilization of Physical Therapy Intervention Among Patients With Plantar Fasciitis in the United States. J Orthop Sports Phys Ther. 2017;47(2):49-55. doi:10.2519/jospt.2017.6999