PRP for Plantar Fasciitis

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A guide to chronic plantar heel pain, diagnostic imaging, PRP evidence and recovery.

Key message: Plantar heel pain is not always plantar fasciitis. The strongest PRP pathway starts by confirming the fascia is actually the pain generator.

What is plantar fasciitis?

Plantar fasciitis—more accurately called plantar fasciopathy in many chronic cases—usually involves degenerative thickening and micro-injury near the medial heel attachment of the plantar fascia. Pain is often worst with the first steps after rest, but this pattern is not unique to the fascia.

What else can cause heel pain?

Calcaneal stress injury, heel-fat-pad pathology, Baxter's nerve entrapment, tarsal tunnel syndrome, inflammatory disease, Achilles-related pathology and referred nerve pain can mimic plantar fascia symptoms. Treating the fascia when the diagnosis is wrong is unlikely to help.

Can PRP help plantar fasciitis?

The plantar-fascia evidence is more supportive than the Achilles evidence. A 2025 meta-analysis of 24 randomised trials involving 1,653 participants found PRP produced better pain scores than corticosteroid at 3 and 6 months and better AOFAS functional scores at 3, 6 and 12 months, although pain was not significantly different at 12 months and heterogeneity was high. The practical message is that PRP may provide a medium-term benefit in chronic plantar fasciopathy, but diagnosis, mechanical loading, footwear, calf function and rehabilitation still matter. [12]

How is the confirmed?

Ultrasound can measure plantar fascia thickness, show fibre abnormality and guide the procedure in real time. MRI may be useful when symptoms are atypical or when stress injury, deep soft-tissue pathology or another cause is suspected.

What happens after PRP?

Walking may be more uncomfortable for several days. High-impact is reduced early, while a staged return to calf and plantar-fascia is planned. Footwear, calf capacity, body weight where relevant and training errors can all influence recurrence.

Frequently Asked Questions

Is a heel spur the cause of plantar fasciitis?

Not necessarily. Heel spurs are common and can be incidental. The diagnosis should be based on the full clinical and imaging picture.

Is cortisone faster?

Corticosteroid can reduce *symptoms* quickly in some patients, but does not aid in healing, while PRP is generally assessed over a longer timeframe and is used to heal the injury causing the pain. Repeated steroid around the plantar fascia also carries tissue-specific risks that should be discussed.

How many PRP injections are needed?

There is no universal number. The plan should depend on chronicity, tissue findings, PRP dose and response rather than an automatic package.

Important: Severe swelling, inability to bear weight, neurological symptoms, systemic illness or pain after a significant impact may require assessment for stress fracture, nerve or other pathology.

Related MBR Health resources

- PRP
- Tendon, Ligament & Muscle
- Ultrasound
- 3T MRI
- PRP Aftercare

Related Patient Guides

Explore the complete MBR Health condition-specific PRP patient-guide series:

- PG8000 – PRP for Knee Osteoarthritis
- PG8001 – PRP for Hip Osteoarthritis
- PG8002 – PRP for Shoulder Tendon and Rotator Cuff Problems
- PG8003 – PRP for Tennis Elbow and Golfer's Elbow
- PG8004 – PRP for Achilles Tendinopathy
- **PG8005 – PRP for Plantar Fasciitis (this guide)**
- PG8006 – PRP for Gluteal Tendinopathy and Greater Trochanteric Pain
- PG8007 – PRP for Hamstring, Adductor and Tendon Injuries
- PG8008 – PRP for Ligament Injuries
- PG8009 – PRP for Meniscus and Cartilage-Related Knee Pain
- PG8010 – PRP for Sacroiliac Joint Pain

- PG8011 – PRP for Facet Joint Pain
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- PG8013 – PRP for Neck Pain and Cervical Spine Conditions
- PG8014 – PRP for Foot and Ankle Pain

For other FAQs, please visit the MBR Health FAQs page.

References

[12] Zuo A, Gao C, Jia Q, et al. Platelet-Rich Plasma Versus Corticosteroids in the Treatment of Plantar Fasciitis: A Systematic Review and Meta-analysis. Am J Phys Med Rehabil. 2025;104(7):613-621. doi:10.1097/PHM.0000000000002677.

Searching for the Best Plantar Fasciitis PRP or Advanced Heel Pain Clinic on the Gold Coast?

Patients comparing specialist plantar fasciitis treatment on the Gold Coast or Brisbane should ask whether the clinic can distinguish plantar fascia degeneration from stress injury, nerve entrapment and heel-pad pain. MBR Health uses advanced ultrasound and MRI, image-guided injection and a diagnosis-first regenerative pathway so treatment is directed to the structure that is actually abnormal—not simply the place where the heel hurts.

General information only. PRP suitability, medication changes, dosing, procedure choice and rehabilitation require individual clinical assessment. Evidence and regulatory requirements continue to evolve.

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