

FAMILY FOOT & ANKLE CLINIC

Specialists and Surgeons

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Plantar Fasciitis Home Care Program

Night Splint • Heat & Ice • Foam Rolling • Stretching & Strengthening

This program combines three evidence-based tools — night splint use, foam rolling, and a structured stretching and strengthening routine — into a single daily protocol. Used consistently together, they address plantar fasciitis from every angle: overnight positioning, upstream calf and fascia tissue release, and progressive loading of the plantar fascia itself.

Most patients see meaningful improvement in morning pain within 2–4 weeks. Full recovery typically takes 6–12 weeks depending on how long symptoms have been present and how consistently the program is followed. If your pain is getting worse or not improving after 3 weeks of consistent effort, call us — you may need additional treatment.

❑ **Important:** Perform all exercises gently and within a pain-free range. Mild stretching discomfort is normal. Sharp or worsening pain is not. Stop and contact our office at 763-421-7300 if any exercise causes increased pain. This program does not replace your personalized treatment plan.

Two-Phase Approach

Not all exercises are appropriate from day one. Starting with too much too soon is a common reason home programs fail. Follow this two-phase structure:

Phase	When	What You Do	Goal
Phase 1 — Calm & Stretch	Weeks 1–2 (Start here)	Night splint, Heat before stretching, Ice after activity / flares, Foam rolling (light), Exercises 1, 2, 3, 4, 6	Reduce morning pain and inflammation. Restore calf and fascia flexibility.
Phase 2 — Strengthen & Maintain	Weeks 3+ (Once morning pain is improving)	Continue all of Phase 1, Contrast therapy option, Foam rolling (firmer), Add Exercises 5 and 7	Build calf and foot strength to prevent recurrence. Progress loading gradually.

If you are not seeing improvement by week 3, do not advance to Phase 2 — call our office. Additional treatments such as custom orthotics, injection therapy, or shockwave (EPAT) may be appropriate.

Part 1 — Night Splint

The plantar fascia and calf muscles tighten overnight when your foot rests in a naturally plantarflexed (toes-pointed-down) position. Every morning, that first painful step happens because you are tearing apart tissue that re-tightened while you slept. A night splint interrupts that cycle by holding your ankle at 90 degrees and your toes in a gentle upward stretch while you sleep, so the fascia and calf wake up in a pre-stretched state.

Night splints are most effective for patients whose worst pain is in the first steps of the morning. Research consistently shows they reduce morning pain faster than stretching alone.

How to Use Your Night Splint

1. **Put it on 30–60 minutes before sleep** — not right when you lie down. This gives your body time to adjust.

2. **Wear it every night** for at least the first 4–6 weeks. Wearing it occasionally will not produce meaningful results.
3. **Keep it on through the night** as long as tolerable. Even 4–5 hours provides benefit if a full night is not possible initially.
4. **In the morning, do your Phase 1 stretches before your first steps** — Exercise 1 (seated plantar fascia stretch) or Exercise 4 (towel/strap stretch) while still in bed.
5. **If the splint causes numbness, tingling, or increased pain**, loosen the straps or contact our office.

What to Expect

Most patients notice a reduction in morning pain within 1–2 weeks of consistent night splint use. The first steps of the day should gradually become less sharp. If morning pain has not improved after 3 weeks, contact our office.

Tip: Do Exercises 1 or 4 (below) while still in bed. The combination of overnight positioning and immediate pre-weight-bearing stretching is the most effective sequence for morning pain.

Part 2 — Heat & Ice

One of the most common mistakes patients make is using ice when they need heat, or heat when they need ice. Getting this right speeds recovery. The general rule for plantar fasciitis: heat before activity and stretching to loosen tight tissue, ice after activity or during a flare when the heel is hot and throbbing.

Important context: Plantar fasciitis is almost always a chronic overuse condition, not an acute injury. This means most patients at most times benefit more from heat than from ice — the opposite of what most people assume. Ice is best reserved for acute flares, post-activity soreness, and the first few days of a new onset or re-injury.

When to Use Ice

Ice reduces acute inflammation and numbs pain. Use it when the heel feels hot, swollen, or acutely aggravated.

Situation	How to Apply	Duration & Frequency
First 48–72 hours of a new onset or significant flare-up	Ice pack or frozen water bottle wrapped in a thin towel. Never apply ice directly to skin.	15 minutes on, 45 minutes off. Up to 3–4 times per day.
After exercise, walking, or any activity that aggravates the heel	Ice pack to the heel and arch immediately after stopping activity.	15 minutes. Do this within 30 minutes of finishing activity.
Heel that is visibly swollen, red, or warm to the touch	Ice pack wrapped in towel. Elevate the foot if possible.	15 minutes on, 45 minutes off until swelling and warmth resolve.
Exercise 6 — Arch roll with frozen water bottle	The frozen bottle already provides cold therapy during self-massage. This is the preferred ice method for the arch.	5 minutes as described in Exercise 6. Use through a sock.

Ice caution: Do not ice for more than 20 minutes at a time. Patients with diabetes, peripheral neuropathy, or poor circulation should check with us before using ice therapy — reduced sensation increases the risk of frostbite.

When to Use Heat

Heat relaxes tight tissue, increases blood flow, and improves flexibility. Use it when the heel is stiff and achy rather than acutely inflamed.

Situation	How to Apply	Duration & Frequency
Before your evening stretching routine (Exercises 2, 3, and 5)	Warm moist towel or heating pad with a damp cloth over the calf and lower leg. Moist heat penetrates deeper than dry.	10–15 minutes before stretching. Tissue that is warmed first stretches more effectively and with less discomfort.
Before foam rolling in the evening	Same as above — warm the calf before rolling. Heat softens the tissue and makes rolling more productive.	10 minutes before foam rolling session.
Chronic aching and tightness at end of day	Heating pad on low to the calf and arch while seated or lying down.	15–20 minutes. Good as part of the wind-down before night splint application.
Before physical activity in cold weather	Warm pack to the calf and arch for 10 minutes before going outside.	10 minutes. Helps prevent the cold-weather tightening that aggravates plantar fasciitis.

Heat caution: Do not use heat on a heel that is acutely swollen, red, or hot to the touch — this will increase inflammation. Patients with diabetes, neuropathy, or poor circulation should use low settings only and check skin frequently to avoid burns.

Contrast Therapy (Advanced Option — Phase 2)

Alternating between warm and cold water immersion — called contrast therapy or contrast baths — can help patients with chronic plantar fasciitis that has plateaued on heat or ice alone. It works by repeatedly dilating and constricting blood vessels, which improves circulation and reduces chronic inflammation.

1. Fill two basins: one with warm water (100–105°F / comfortably warm, not hot) and one with cold water (55–65°F / cold but not icy).
2. Soak the affected foot in warm water for 3–4 minutes.
3. Switch to cold water for 1 minute.
4. Repeat the cycle 3–4 times, ending with cold water.

Frequency: Once daily, preferably in the evening. Best added in Phase 2 once the acute phase has settled.

Not for everyone: Do not use contrast therapy if you have diabetes, peripheral vascular disease, neuropathy, Raynaud's phenomenon, or open wounds on the foot. Check with us first.

Quick Reference — Ice vs. Heat at a Glance

Situation	Use
First 48–72 hours of new onset or flare	ICE
After exercise or activity that aggravates the heel	ICE
Heel is visibly swollen, red, or warm to the touch	ICE
Arch roll (Exercise 6)	ICE (frozen bottle)
Before evening stretching routine	HEAT
Before foam rolling	HEAT
Chronic morning stiffness (not acutely inflamed)	HEAT
Chronic aching and tightness, end of day	HEAT
Before activity in cold weather	HEAT
Chronic plateau, Phase 2	CONTRAST (alternating)
Not sure? Heel feels tight but not hot or swollen	HEAT
Not sure? Heel feels hot, throbbing, or just exercised	ICE

Part 3 — Foam Rolling

Foam rolling — also called self-myofascial release — loosens the calf and Achilles tissue before stretching, making your stretching routine more effective. Think of it as warming up the tissue before you ask it to lengthen. A tight calf is one of the leading drivers of plantar fasciitis; rolling addresses the problem upstream before it reaches the heel.

The plantar fascia itself is addressed by Exercise 6 (arch roll with frozen bottle or lacrosse ball, in the stretching section). This foam rolling section focuses on the calf complex above the ankle.

Equipment

- **Foam roller** — a standard 6-inch diameter foam roller is fine. A firmer roller (black high-density) provides more pressure; a softer roller (white or blue) is gentler for Phase 1.
- **Phase 1 (weeks 1–2):** use a softer roller or place less body weight on the roller. Gentle pressure only.
- **Phase 2 (week 3+):** progress to a firmer roller or increase body weight on the roller as tolerated.

Roll 1 — Gastrocnemius (Upper Calf)

1. Sit on the floor with your legs extended. Place the foam roller under your mid-calf, just below the back of the knee.
2. Place your hands on the floor behind you and press up slightly so your body weight loads onto the roller.
3. Slowly roll from just below the back of the knee down to about mid-calf. Avoid rolling directly over the back of the knee.
4. When you find a tight or tender spot, pause on it for 20–30 seconds before moving on.
5. For more pressure, cross your opposite leg on top of the one being rolled.

Duration: 60–90 seconds per leg

Sessions: Once daily, ideally in the evening before Exercises 2 and 3

Roll 2 — Soleus (Lower Calf / Above Achilles)

1. Same starting position as Roll 1.
2. Move the roller lower — between mid-calf and the top of the Achilles tendon. Do not roll directly over the Achilles tendon itself.
3. Roll slowly in this lower zone, pausing on tight spots.

Duration: 60 seconds per leg

Sessions: Paired back-to-back with Roll 1

Important: Do not roll directly over the Achilles tendon or the heel. If you have insertional Achilles pain (right at the back of the heel), avoid pressure in that area and ask us before foam rolling the lower calf.

Foam Rolling Frequency

Phase	When to Roll	Pressure Level
Phase 1 (Weeks 1–2)	Evening, before Exercises 2 and 3	Light — soft roller or reduced body weight on roller
Phase 2 (Week 3+)	Evening, before Exercises 2, 3, and 5. Can also add a short morning session.	Moderate to firm — progress as tolerated

Part 4 — Stretching & Strengthening Exercises

These seven exercises were selected and are recommended by our podiatrists at Family Foot & Ankle Clinic. Exercises 1–4 and 6 form the Phase 1 foundation. Exercises 5 and 7 are added in Phase 2 once morning pain is improving.

When to stretch: The single most important time is before your first step in the morning. The fascia tightens overnight and stepping out of bed without stretching is a major cause of sharp morning pain. Keep a stretch strap on your nightstand as a reminder.

Exercise 1 | Seated Plantar Fascia Stretch

Phase 1 — Start here. Most important exercise. Do this before your first step every morning.

The plantar fascia runs from the heel to the base of the toes. This stretch directly targets it at the point of maximum tightness — which is why doing it before standing is so effective.

1. Sit on the edge of your bed or a chair before standing.
2. Cross your affected foot over your opposite knee so the sole faces you.
3. Using your hand, gently pull your toes back toward your shin until you feel a firm stretch along the arch and bottom of your foot.
4. Hold the stretch. You should feel a firm pull, not pain.
5. Release and repeat.

Hold	Reps	Sessions per Day	When
30 seconds	3 reps	3 times daily	Always before first morning steps, after sitting, before bed

Pro tip: Massage the arch with your thumb while holding the stretch for added benefit.

Exercise 2 | Standing Calf Stretch — Straight Knee (Gastrocnemius)

Phase 1 — Targets the upper calf muscle. Pair back-to-back with Exercise 3.

Tightness in the gastrocnemius — the large upper calf muscle — increases tension on the Achilles and plantar fascia with every step. This stretch directly addresses it.

1. Stand facing a wall, arm's length away. Place both hands flat on the wall at shoulder height.
2. Step your affected foot back 12–18 inches with your back knee straight and heel flat on the floor.
3. Lean gently toward the wall, keeping the back heel pressed down firmly.
4. Feel the stretch in the middle to upper calf. Hold, return, repeat.

Hold	Reps	Sessions per Day	When
30 seconds	3 reps per leg	2–3 times daily	Evening as primary session. Add midday or morning as able.

Important: Keep the back heel flat throughout. Lifting it reduces the stretch significantly. Stretch both legs even if only one heel is painful.

Exercise 3 | Standing Calf Stretch — Bent Knee (Soleus & Achilles)

Phase 1 — Targets the deeper lower calf and Achilles. Always do after Exercise 2.

The soleus sits beneath the gastrocnemius and attaches directly into the Achilles tendon. Tightness here is often missed by the straight-knee stretch alone. This variation is especially important for patients with both plantar fasciitis and Achilles symptoms.

1. Start in the same position as Exercise 2.
2. This time, slightly bend your back knee while keeping the heel flat on the floor.
3. Lean forward gently until you feel a stretch lower in the calf, near the Achilles and upper heel.
4. Hold, release, repeat.

Hold	Reps	Sessions per Day	When
30 seconds	3 reps per leg	2–3 times daily	Always paired immediately after Exercise 2. Together under 4 minutes.

Exercise 4 | Towel or Strap Stretch

Phase 1 — Best alternative morning stretch. Ideal for patients who cannot cross their leg for Exercise 1.

This exercise can be done lying in bed before sitting up — making it ideal as the very first thing you do each morning. It stretches both the plantar fascia and calf simultaneously.

1. While lying in bed, loop a towel, exercise band, or stretch strap around the ball of your foot.
2. Holding both ends, gently pull your foot toward you so toes point toward your shin.
3. Keep your knee as straight as possible.
4. Feel the stretch along the bottom of the foot and into the calf.
5. Hold, release, repeat.

Hold	Reps	Sessions per Day	When
30 seconds	3 reps	Once daily	Every morning before getting out of bed. Keep the strap on your nightstand.

Equipment: A folded towel, bath sheet, or dedicated stretch strap works well. A stretch strap with loops offers the most control.

Exercise 5 | Stair Heel Drop (Eccentric Calf Lowering)

Phase 2 only — Add once morning pain is consistently improving (typically week 3+). Do not start during a pain flare.

This is the most powerful exercise in the program. It uses eccentric loading — controlled lengthening under load — to strengthen the calf and Achilles while also stretching them. It is one of the most clinically supported interventions for both plantar fasciitis and Achilles tendinopathy.

1. Stand on a step with the balls of your feet on the edge and heels hanging off. Hold a railing.
2. Slowly lower both heels below the level of the step over 3 seconds.
3. Hold briefly at the lowest point.
4. Raise back to starting position using both feet.
5. **Progression:** once comfortable, lower with both feet but raise back up using only the affected foot.

Hold at bottom	Sets x Reps	Sessions per Day	When
2–3 seconds	3 sets x 10–15 reps	Once daily or every other day initially	Evening, after foam rolling and before Exercises 2 and 3

Safety: Always hold a railing. Stop if you feel sharp pain — mild muscle fatigue and burn is expected and normal. Advance the single-leg progression slowly over 2–3 weeks.

Exercise 6 | Arch Roll — Frozen Water Bottle or Lacrosse Ball

Phase 1 — Quick pain relief. Use frozen bottle for acute pain; lacrosse ball for chronic tightness.

This is self-massage of the plantar fascia itself. The cold from a frozen bottle reduces inflammation while the rolling motion loosens the tissue. It provides faster relief than stretching alone and is particularly useful during a pain flare.

1. Sit in a chair with both feet flat on the floor.

2. Place a frozen water bottle (or lacrosse/tennis ball) under the arch of your affected foot.
3. Apply gentle downward pressure and slowly roll from heel to ball, spending extra time on tight or tender spots.
4. Keep the pressure gentle — this should feel relieving, not painful.

Duration	Sessions per Day	When	Tool Choice
5 minutes	1–2 times	Morning and/or midday. Good before Exercise 1 if very sore.	Frozen bottle = acute pain/inflammation. Lacrosse ball = chronic tightness (Phase 2).

Note: Do not apply the bottle directly to bare skin without a sock. Do not press with full body weight.

Exercise 7 | Towel Toe Curls (Intrinsic Foot Strengthening)

Phase 2 only — Add at week 3+. A maintenance and prevention exercise as much as a recovery one.

The small muscles inside the foot (intrinsic muscles) help offload the plantar fascia during walking and standing. Strengthening them reduces the likelihood of recurrence and complements the calf work in Exercise 5.

1. Sit in a chair. Place a small hand towel flat on a smooth floor in front of you.
2. Place the ball of your bare foot on the near edge of the towel.
3. Curl your toes to scrunch and gather the towel toward you, then spread toes to push it back.
4. Repeat in a slow, controlled manner.

Sets x Reps	Sessions per Day	When	Progression
2–3 sets x 10–15 curls	Once daily	Evening routine, after stretching	Progress to picking up small objects (marbles, a pen) with toes once curls feel easy.

At-a-Glance Daily Routine

Use this as your reference card. Phase 1 is in bold. Phase 2 additions are marked with ►.

Phase 1 Daily Routine — Weeks 1–2 (Start Here)

☐ Morning — Before Your First Step Out of Bed

Step	What to Do	How Long
1	Exercise 4 — Towel/strap stretch (while still lying in bed)	3 x 30 sec
2	Exercise 1 — Seated plantar fascia stretch (sitting on bed edge before standing)	3 x 30 sec
3	Exercise 6 — Arch roll with frozen water bottle (cold therapy + massage, first 5 min if acutely sore)	5 min
4	Put on supportive shoes or house shoes before walking anywhere.	

☐ Midday — Before Standing After Sitting (Any Time You've Sat for 20+ Minutes)

Step	What to Do	How Long
1	Exercise 1 — Quick plantar fascia stretch before putting weight on foot	3 x 30 sec

Step	What to Do	How Long
2	Exercise 6 — Arch roll if pain is flaring or after long periods on your feet	5 min as needed

☐ Evening — Main Stretching Session

Step	What to Do	How Long
1	HEAT — Warm moist towel or heating pad to calf and lower leg before rolling and stretching	10–15 min
2	Foam Roll — Upper calf (Roll 1: Gastrocnemius), light pressure	60–90 sec per leg
3	Foam Roll — Lower calf (Roll 2: Soleus), light pressure	60 sec per leg
4	Exercise 2 — Standing calf stretch, straight knee	3 x 30 sec per leg
5	Exercise 3 — Standing calf stretch, bent knee (immediately after Exercise 2)	3 x 30 sec per leg
6	Exercise 1 — Plantar fascia stretch (third daily session)	3 x 30 sec
7	ICE — If heel was aggravated during the day, ice pack to heel/arch after stretching	15 min as needed

☐ Before Bed

Step	What to Do	How Long
1	Put on night splint 30–60 minutes before sleep	Wear all night

Phase 2 Daily Routine — Week 3+ (Add Once Morning Pain Is Improving)

Continue everything from Phase 1 and add the following:

☐ Morning Additions

Step	What to Do	How Long
► Add	Exercise 6 — Switch from frozen bottle to lacrosse ball for firmer pressure as pain allows	5 min
► Add	ICE — After any activity that aggravates the heel, ice immediately after stopping (not before)	15 min post-activity

☐ Evening Additions

Step	What to Do	How Long
1	HEAT — Warm moist towel or heating pad to calf and lower leg	10–15 min
2	Foam Roll — Upper calf (firmer pressure)	90 sec per leg
3	Foam Roll — Lower calf (firmer pressure)	60–90 sec per leg
► 4	Exercise 5 — Stair heel drops (add BEFORE Exercises 2 and 3)	3 sets x 10–15 reps
5	Exercise 2 — Standing calf stretch, straight knee	3 x 30 sec per leg
6	Exercise 3 — Standing calf stretch, bent knee	3 x 30 sec per leg

Step	What to Do	How Long
7	Exercise 1 — Plantar fascia stretch	3 x 30 sec
▶ 8	Exercise 7 — Towel toe curls	2–3 sets x 10–15 reps
▶ 9	CONTRAST THERAPY (optional) — Warm/cold foot soak alternating 3–4 cycles ending cold	~20 min total
10	ICE — If heel is sore or throbbing after the session	15 min as needed

When to Call Our Office

Most patients begin to notice improvement in morning pain within 2–4 weeks of consistent effort across all three parts of this program. Contact us if:

- **Pain is getting worse** rather than better after 2–3 weeks of consistent home treatment
- **You develop new pain, numbness, or tingling** in the foot, ankle, or leg
- **You cannot bear weight** on the foot or pain is preventing normal daily activity
- **You have followed this program for 4–6 weeks** without meaningful improvement — additional treatments such as custom orthotics, cortisone injection, or shockwave therapy (EPAT) may be appropriate
- **The night splint causes numbness, tingling, or increased pain**

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