SYMPTOM

Heel pain

Heel pain is discomfort under, behind, or around the heel of the foot.

WHAT IT FEELS LIKE
Sharp, aching, burning, or tender pain under or behind my heel

WHERE IT IS FELT
Under, behind, or around the heel

MOST COMMON CAUSES
Plantar fascia strain, Achilles tendon irritation, bruised heel pad

WHEN IT IS URGENT
Hot, red, swollen heel with fever or feeling very unwell

USUALLY LASTS
Days to months, based on the cause and healing

SEE A DOCTOR IF
Pain lasts two weeks, worsens, recurs, or limits walking

Overview

Heel pain can develop under the heel, at the back of it, or around its sides. It may start after an injury, but it often develops gradually after changes in activity, footwear, work, or exercise.

Different tissues can cause pain in the same area. These include the thick band under the foot, the Achilles tendon behind the heel, the heel's cushioning pad, bones, joints, and nearby nerves. The timing and exact location of the pain can offer clues, but symptoms alone cannot confirm the cause.

Most heel pain is not an emergency. Many cases improve with changes to activity, supportive footwear, and time. Persistent, severe, or injury-related pain may need medical assessment.

What it may feel or look like

Pain under the heel may feel sharp during the first few steps after getting out of bed or standing after sitting. It may ease as you move, then return after prolonged walking or standing.

Pain behind the heel may feel stiff or sore during running, climbing stairs, or pushing off the

foot. The area may be tender or slightly thickened.

A bruised heel pad can cause a deep, tender ache in the centre of the heel, especially on hard floors. Nerve irritation may cause burning, tingling, numbness, or pain that travels into the foot.

Swelling, warmth, redness, bruising, or a change in the shape of the heel can occur with some injuries or inflammatory conditions.

Common causes

Plantar fascia pain is one of the most common causes of pain under the heel. The plantar fascia is a strong band that supports the arch of the foot. Pain often develops where this band meets the heel bone. It is commonly called plantar fasciitis, although long-lasting cases may involve tissue wear rather than active inflammation.

Achilles tendinopathy affects the strong tendon connecting the calf muscles to the heel. It can follow a sudden increase in running, jumping, hill walking, or other repeated loading. Pain is usually behind the heel and may be worse at the start of activity.

Heel-pad irritation can follow repeated impact, long periods on hard surfaces, or reduced cushioning from footwear. It often feels like a deep bruise directly beneath the heel.

Less common causes include irritation of a small fluid-filled sac near the Achilles tendon, nerve compression, arthritis, gout, and a stress fracture. A stress fracture is a small bone crack caused by repeated loading rather than one major injury. Children and teenagers may develop heel pain where the growing heel bone meets the Achilles tendon.

A visible heel spur on an X-ray does not always explain the pain. Many heel spurs cause no symptoms.

More urgent causes include a broken bone, a torn Achilles tendon, or an infection. These are more likely when pain is sudden, follows an injury, or occurs with marked swelling, redness, fever, or difficulty bearing weight.

When to seek medical care

Arrange a routine appointment if the pain has not started improving after about two weeks of self-care. You should also book an appointment if it keeps returning, is getting worse, affects sleep or normal walking, or comes with persistent tingling or numbness.

Seek same-day medical advice if:

Go to an emergency department after a major injury if the foot is badly misshapen, a bone is

visible, bleeding will not stop, or the foot becomes cold, pale, blue, or suddenly numb.

- You felt a snap or pop and cannot push off or walk normally
- You cannot bear weight after an injury
- The heel is hot, red, and swollen, especially with fever
- A wound near the heel is becoming red, painful, or draining
- You have diabetes or poor circulation and develop a new heel wound

How the cause is found

A healthcare professional will ask where the pain is strongest, when it began, and what makes it better or worse. Details about recent injuries, exercise changes, work, footwear, health conditions, and medicines can be useful.

The examination may include watching you stand or walk, pressing different parts of the heel, and checking ankle movement, strength, sensation, and circulation.

Imaging is not always needed. An X-ray may be used when a fracture, arthritis, or another bone problem is possible. Ultrasound or MRI can provide more detail about tendons, the plantar fascia, nerves, or a suspected stress injury. Blood tests may be considered when infection or an inflammatory condition is suspected.

Treatment and self-care

Treatment depends on the tissue involved and the reason it is painful. For a recent mild problem, reduce activities that clearly worsen the pain, but avoid prolonged complete rest unless advised. Lower-impact activities may help you remain active while the heel settles.

Wear comfortable shoes with a secure fit and enough cushioning. Avoid worn-out footwear and walking barefoot on hard surfaces if these increase pain. A wrapped cold pack may help after activity; do not place ice directly on the skin.

Gentle calf and foot stretches may help some types of plantar fascia or Achilles tendon pain. Stop if a movement causes sharp pain. A physiotherapist can provide a gradual strengthening plan when pain persists or follows repeated loading.

Non-prescription pain medicine may help some people, but it is not suitable for everyone. Follow the product label and ask a pharmacist if you have other health conditions, take regular medicines, or are pregnant.

Depending on the cause, medical treatment may include shoe inserts, temporary support in a walking boot, physiotherapy, or treatment for an underlying condition. Fractures, tendon tears, infections, and inflammatory joint conditions need their own specific care. Surgery is rarely needed for gradual, uncomplicated heel pain.

What to expect

A mild bruise or short-term overload may improve within days or weeks. Plantar fascia and Achilles tendon problems often improve more slowly and can take several months to settle fully.

Recovery is not always steady. Symptoms may briefly increase after more activity. A gradual return to walking, work, or exercise is usually easier on healing tissues than a sudden return to the previous level.

If pain is not following the expected pattern, a reassessment can check whether another cause or treatment approach should be considered.

Common questions

Should I keep walking on a painful heel?

Light walking may be reasonable if you can walk normally and the pain remains manageable. Reduce distance or impact if you limp or symptoms are clearly worse afterward. Do not walk on a heel that cannot bear weight after an injury.

Are flat shoes better?

Not always. Very flat, thin, or worn shoes may provide too little cushioning or support. The best choice depends on where the pain is and which shoes feel comfortable and stable.

Does heel pain mean I have a heel spur?

No. Heel pain can occur without a spur, and a spur can appear on an X-ray without causing pain.

Can heel pain come from the back or nerves?

Yes. Nerve irritation in the lower back, leg, ankle, or foot can sometimes cause burning, tingling, numbness, or pain near the heel.

Sources

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- American College of Radiology: ACR Appropriateness Criteria - Chronic Foot Pain
- National Institute for Health and Care Excellence: Plantar fasciitis