

Plantar Fasciopathy and PRP: How Does It Compare to Steroid Injections?

The evidence on heel pain relief, short and long term

Plantar fasciopathy (often still called plantar fasciitis, though the underlying process is degenerative rather than purely inflammatory) is one of the most common causes of heel pain, causing sharp discomfort with the first steps after rest. Corticosteroid injection has traditionally been used for cases that fail conservative care, but its benefits are known to be short-lived — which is where PRP research has focused most of its attention.

What the research shows

A systematic review and meta-analysis published in the American Journal of Physical Medicine & Rehabilitation in early 2025 compared PRP against corticosteroid for plantar fasciitis and found a now-familiar pattern in tendon and fascia research: corticosteroid may offer similar or slightly faster short-term relief, but PRP shows superior longer-term pain relief, without significant differences in short- to intermediate-term outcomes.

A randomised clinical trial found PRP produced better six-month outcomes than corticosteroid, including a significantly greater reduction in plantar fascia thickness on ultrasound — a structural marker that corresponds with symptomatic improvement.

A retrospective cohort study of 152 patients comparing PRP (75 patients) with corticosteroid (77 patients) over six months adds further real-world data to this comparison, consistent with the broader finding that PRP's advantage tends to emerge over the medium-to-long term rather than immediately.

What this means for you

- For chronic plantar fasciopathy that hasn't responded to stretching, orthotics and load management, PRP has reasonable evidence of long-term superiority over corticosteroid.
- Corticosteroid still has a role for rapid short-term relief but carries a small risk of fascia rupture with repeated injections, particularly relevant for anyone needing ongoing management.
- Ultrasound-guided injection technique improves accuracy and outcomes regardless of which agent is chosen.
- As with other tendinopathies, a structured loading and stretching program remains foundational rather than optional.

This article summarises published research for general information and does not replace individual medical advice. Outcomes vary between patients — talk to your treating specialist about whether PRP is appropriate for your specific condition.

References

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