Consensus statements	GRADE	Strength of recommendation	Consensus
A) Diagnosis and investigations			
1. PF is diagnosed via history and physical examinations.	A	Strong	100%
2. Other differential diagnoses of plantar heel pain should be considered before the conclusion of the diagnosis of PF.	A	Strong	100%
3. Bedside US can be useful to confirm the diagnosis of PF.	A	Strong	100%
4. If the history and physical examinations are indicative of PF, radiographic imaging has a limited role in the diagnosis of PF.	B	Strong	91%
5. If the history and physical examinations are indicative of PF, MRI is not necessary in the diagnosis of PF.	B	Strong	100%
B) Risk factors			
6. Risk factors for PF should be assessed and addressed.	A	Strong	100%
C) Treatment modalities			
7. The following should be instituted as first-line interventions in all cases of PF: I. Explanation by the doctor on the biomechanical etiology of PF, to enhance compliance to the management plan II. Activity modification III. Analgesia IV. Ice massage V. Plantar fascia stretching VI. Footwear education	A	Strong	91%

Consensus statements	GRADE	Strength of recommendation	Consensus
C) Treatment modalities			
8. The following may be instituted as initial interventions in all cases of PF: I. Gastrocnemius/soleus stretching II. antipronation taping	A	Strong	100%
9. If one or more of the indications below are met, a referral to the podiatrist for prefabricated or customised orthotics should be considered. Indications include: I. Moderate to severe PF II. Increased pain from using off-the-shelf insoles III. Significant foot deformity, including pes planus or pes cavus IV. High body mass index	A	Strong	100%
10. A trial of night splint as an adjunct therapy may be considered for patients who are symptomatic despite 6 weeks of first-line interventions.	B	Weak	100%
11. Shockwave therapy is a safe and effective adjunct therapy in the treatment of PF. If one or more of the indications below are met, a course of shockwave therapy can be considered: I. US evidence for PF II. Not better with first-line interventions listed in "Statement 7" after 6 weeks III. Symptoms for more than 6 weeks	A	Strong	100%
12. Injection of PRP is not a first-line treatment and may only be considered if the following conditions are met: I. No improvement or worsening of symptoms for at least 3 months after one or more courses of shockwave therapy II. Evidence of partial plantar fascia tear contributing to plantar heel pain III. Counselled for off-label use, based on current Ministry of Health guidelines	B	Strong	91%
13. Perifascial corticosteroid injection under US guidance may be considered if the patient has persistent severe plantar heel pain and has failed other conservative therapies.	B	Weak	100%
14. Surgery for recalcitrant PF may be offered to patients who have symptoms for more than 6 months and have failed conservative treatment.	C	Weak	91%
D) Monitoring of condition			
15. Follow-up visits should be scheduled from 2 to 4 weeks and 3 to 4 months post-procedure.	D	NA	100%
16. The response to treatment can be monitored via US from 2 to 4 weeks and 3 to 4 months post-procedure.	D	NA	100%
17. At the initial doctor's visit and at each doctor's follow-up visit, the following should be documented: I. VAS pain score II. Functional score III. Activity level	B	Weak	100%
E) Return to work/play			
18. The patient may progressively return to lower limb impact activities or sports when any of the following criteria are met: I. At least 2 weeks after procedure II. VAS pain score less than 2 out of 10 III. Lesion is isoechoic/hyperechoic on US IV. Accustomed to walking in his/her new orthosis	D	NA	100%

GRADE: Grading of Recommendations, Assessment, Development and Evaluations; MRI: magnetic resonance imaging; PF: plantar fasciitis; PRP: platelet-rich plasma; US: ultrasonography; VAS: visual analogue scale.