

Patients' evaluation of the results

After completion of the trial, we first presented the trial results at 12 weeks to six participants and then conducted an interview. Five participants would recommend heavy-slow resistance training to a friend, four would recommend a corticosteroid injection but not as a first-line treatment due to reservations regarding the general use of corticosteroid, and two would recommend better shoes when asked which treatment they would recommend to a friend. When asked how many FHSQ pain points of added improvement performing heavy-slow resistance training would require for making it worthwhile, three patients said that it would only require 2 points which was the difference between PA and PAX at 12 weeks in the mean group comparison, one participant said that it would require an added benefit of 10 points, and one participant said that it would require only a few points. The participants agreed that performing heavy-slow resistance training was acceptable since they saw it as a small investment to make for the potential of an improvement despite it being small because they were in so much pain that any improvement would be desirable. Furthermore, the heavy-slow resistance training did not involve financial costs and did not require medication. One of the six participants mentioned that it would be easier to assess whether performing heavy-slow resistance training was worthwhile if it was associated with higher odds of better functioning such as if you would be able to walk further or if you did not have to wear a specific pair of shoes. This participant believed that this was more meaningful than a number on a scale. After presenting the results to the participants, we asked them in which group they would have preferred to participate. Both participants in the PAXI group would still have preferred to be in PAXI, one from PAX would still have preferred to be in PAX and the other would have preferred to have been in PAXI, one from PA would still have been in PA and the other would have preferred to have been in PAXI. After presenting the long-term results (26 and 52 weeks) to the participants, only two would recommend the use of a corticosteroid injection and this was conditional on a high pain intensity and a strong desire for an acute pain reduction. Two would recommend heavy-slow resistance training as their preferred treatment. Four participants highlighted that the choice of treatment was not important when the long-term results were the same, indicating that there is no need for treatment if individuals suffering from plantar fasciopathy are patient enough. In general, the participants were surprised that the three groups did not improve more overall. After seeing the results from the GROG, one participant said that it was like flipping a coin when you try to predict whether your condition will improve or not.