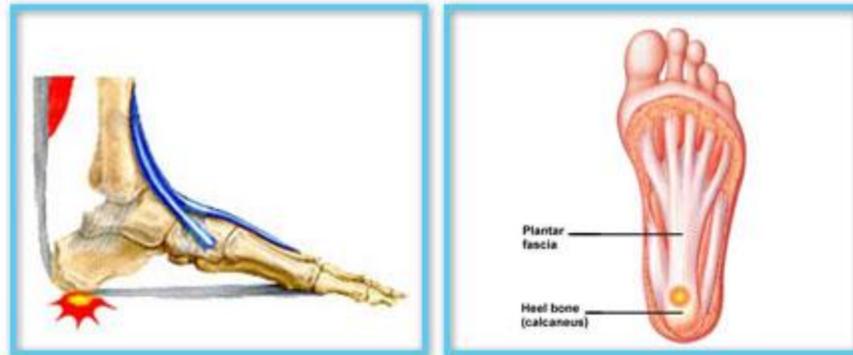




Heel Pain (Plantar Fasciitis)



Heel Pain is one of the most common disorders we treat at **Capital Foot & Ankle Centers**. Usually it occurs beneath the heel or behind the heel. If it hurts under your heel, you may have one or more conditions that inflame the tissues on the bottom of your foot:

- **Plantar fasciitis (subcalcaneal pain):** Doing too much running or jumping can inflame the tissue band (fascia) connecting the heel bone to the base of the toes. The pain is centered under your heel and may be mild at first but flares up when you take your first steps after resting overnight.
- **Heel spur:** When plantar fasciitis continues for a long time, a heel spur (calcium deposit) may form where the fascia tissue band connects to your heel bone. Your doctor may take an X-ray to see the bony protrusion, which can be 1/4" or longer.

Plantar Fasciitis

When your first few steps out of bed in the morning cause severe pain in the heel of your foot, you may have **plantar fasciitis** (fashee-EYE-tiss). It's an overuse injury affecting the sole or flexor surface (plantar) of the foot. A diagnosis of plantar fasciitis means you have inflamed the tough, fibrous band of tissue (fascia) connecting your heel bone to the base of your toes.

You're more likely to get the condition if you're a woman, if you're overweight, or if you have a job that requires a lot of walking or standing on hard surfaces. You're also at risk if you walk or run for exercise, especially if you have tight calf muscles that limit how far you can flex your ankles. People with very flat feet or very high arches are also more prone to plantar fasciitis.

The condition starts gradually with mild pain at the heel bone. You're more likely to feel it after (not during) exercise. The pain classically occurs again after arising from a midday lunch break. If you don't treat plantar fasciitis, it may become a chronic condition. You may not be able to keep up your level of activity and you may also develop symptoms of foot, knee, hip and back problems because of the way plantar fasciitis changes the way you walk.

Treatment for Plantar Fasciitis

Rest is the first treatment for plantar fasciitis. Try to keep weight off your foot until the inflammation goes away. You can also apply ice to the sore area for 20 minutes three or four times a day to relieve your symptoms. Often a doctor will prescribe nonsteroidal anti-inflammatory medication such as ibuprofen. A program of home exercises to stretch your Achilles tendon and plantar fascia are the mainstay of treating the condition and lessening the chance of recurrence, along with proper arch supports.

About 90 percent of people with plantar fasciitis improve significantly after two months of initial treatment. You may be advised to use shoes with shock-absorbing soles (like a walking or running shoe) or fitted with a temporary arch support. Your foot may also be taped into a specific position. If the taping or temporary arch supports are helpful, then you are a candidate for custom-molded arch supports, also called orthotics.

If your plantar fasciitis is extremely swollen and tender, your doctor may inject your heel with steroidal anti-inflammatory medications (corticosteroid). If you still have symptoms, you may need to wear a walking cast for 2-3 weeks or positional splint when you sleep. In a few cases, you might need surgery to release your ligament.

Heel Spurs

Patients with heel spurs usually have the same complaints as those with plantar fasciitis. This is due to the fact that the heel spur is actually a result of the continuous strain on the plantar fascia. Therefore, the treatment of heel spurs is the same as the treatment for plantar fasciitis.

In about 10% of patients, the heel spur may be impinging on a nerve or may actually be fractured. Therefore, after exhausting the above-mentioned treatments, surgery may be necessary to remove the spur.

The doctors at [Capital Foot & Ankle Centers](#) specialize in treating advanced plantar fasciitis and heel spurs.