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HEEL PAIN

Heel pain is a common problem. It can represent 10% - 20% of the patient's complaints who seek treatment in a podiatry practice. Though heel pain may be due to stress fracture, tumor, infection, arthritis, and nerve entrapment, most heel pain is due to mechanical causes.

The usual story is that heel pain comes on gradually and worsens as time goes by. The pain is described as sharp and aching, and is at its worst upon initial weight-bearing. When you first step out of bed, you may limp to the bathroom holding on to the dresser along the way. Then you hobble downstairs to the kitchen. After that, it may warm up and cause a dull ache during the day. But if you ride in the car for a while or if you sit down for dinner, when you get up, the whole process starts all over again.

The pain comes from an abnormal pulling of the plantar fascia on the calcaneus (heel bone). The plantar fascia is a fibrous band of tissue that originates on the bottom of the heel and goes along the arch before attaching in the ball of the foot. If the foot pronates, or flattens out abnormally, the plantar fascia pulls on its heel attachment, and pain is the result.

Another cause of heel pain is a tight plantar fascia and tight muscles. This can also lead to excessive pulling of the plantar fascia on its heel attachment resulting in pain.

Interestingly, a heel spur is not always present. In many cases, a heel spur may have no relationship to heel pain. A person without heel pain can have a heel spur on their X-ray.

Treatment for heel pain usually consists of stretching exercises and shoe inserts. The stretching exercises are designed to lengthen the tight plantar fascia. Stretching must be performed several times a day to have the desired effect.

Shoe inserts, called orthotics, are also a mainstay of treatment. The shoe inserts may be something purchased off the shelf based on shoe size, or they may be custom-made devices made from an impression of a person's foot.

Other treatments for heel pain may include heel pads or heel cups, a cortisone injection, wearing supportive shoes, icing, anti-inflammatory medicine, and physical therapy. Treatment can be effective in alleviating the problem quickly, or it can take several months to see improvement. Rarely, surgery is necessary for patients who do not respond to conservative care.