

footprints

An informational newsletter for patients of APMA member podiatrists

Spring 2012

Heel Pain

Do you feel a stabbing pain in your heel with your first steps out of bed in the morning? You're not alone! Every day, thousands of Americans suffer from this condition. Plantar fasciitis, more commonly known as heel pain, is by far the most common complaint patients bring to podiatric physicians.

Aching heels can truly affect your lifestyle and disrupt essential activities and prevent you, to a large extent, from playing sports or simply going for a walk. An accurate and expedient diagnosis of the cause of your symptoms will help you receive the appropriate treatment.

There are several causes of heel pain. The most common include:

- ❁ **Plantar Fasciitis** – Inflammation of the band of fibrous connective tissue (fascia) running along the bottom (plantar) surface of the foot, from the heel to the ball of the foot. Both heel pain and heel spurs are frequently associated with plantar fasciitis.
- ❁ **Heel Spurs** – A bony growth on the underside of the heel bone. The spur, visible by X-ray, appears as a protrusion that can extend forward as much as half an inch. Heel spurs can result from strain on the ball of the foot and repeated tearing away of the lining or membrane that covers the heel bone. Contrary to popular belief, heel spurs are generally not the cause of pain—the pain you may feel is from inflammation of the plantar fascia.
- ❁ **Excessive Pronation** – Excessive inward motion can create an abnormal amount of stretching and pulling on the ligaments and tendons that attach to the bottom back part of the heel bone. Excessive pronation may also contribute to injury to the hip, knee, and lower back.
- ❁ **Achilles Tendinitis** – Pain at the back of the heel is associated with Achilles tendinitis, which is inflammation of the Achilles tendon as it runs behind the ankle and inserts on the back surface of the heel bone.

Other possible causes of heel pain include *rheumatoid arthritis* and other forms of arthritis (e.g., gout); *Haglund's deformity* (a bone enlargement at the back of the heel bone in the area where the Achilles tendon attaches to the bone); *inflamed bursa* ("bursitis"), a small, irritated sac of fluid; neuromas (nerve growths) or other soft-tissue growths; and *bruises or contusions*, which involve inflammation of the tissues that cover the heel bone. A bone bruise is a sharply painful injury caused by the direct impact of a hard object or surface on the foot.

Some contributing factors associated with heel pain are age (with increasing age, often there is decreasing flexibility); any sudden change in activity (particularly activities that increase weight bearing or pressure on the foot); flat, pronated feet or high-arched feet; a sudden increase in weight; pregnancy; stress from an injury; a bruise incurred while walking, running, or jumping on hard surfaces; or medical conditions such as tarsal tunnel syndrome.

Seeking medical attention from your podiatric physician is the first line of defense in treating heel pain. However, there are several steps you can take to avoid heel pain in the first place:

- ❁ Wear shoes that fit well and have shock-absorbent soles, rigid shanks (the part of the shoe that supports the foot and helps give a shoe its structure), and a supportive heel counter (the rear-most part of the shoe, at the back of the heel above the sole).
- ❁ Wear the proper shoes for each activity.
- ❁ Do not wear shoes with excessive wear on heels or soles.
- ❁ Begin exercises slowly. Consult with your podiatric physician before beginning a new exercise program.
- ❁ Wear athletic shoes with good shock support in the heels.
- ❁ Purchase shoes that fit.
- ❁ Avoid activities that may put constant strain on the foot.
- ❁ Avoid going barefoot on all surfaces.
- ❁ If obese, lose weight.

A variety of treatment solutions are available to provide short and long-term pain relief. Begin treating heel pain by avoiding all sorts of pressure or tension on the inflamed area, giving your feet ample rest. Applying ice and heat packs in alternating fashion will greatly accelerate the process of healing. Another option is the use of custom insoles created by your podiatric physician. Custom insoles may assist with treating active conditions of heel



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pain and likewise reduce the risk for reoccurrence. The custom insole will restore body balance and prevent the plantar fascia from experiencing strain when you walk. If all non-invasive treatment solutions do not work, surgery is probably the best next option.

Regular exercise for calf muscles and the plantar fascia is necessary to alleviate pain and improve flexibility of the affected muscle. These exercises are advised for both legs even if the pain is in one heel only. Some of the most beneficial exercises are:

- ✿ **Towel stretches** – This exercise should be done every morning before you leave your bed. Make a loop with a towel and use it to pull your toes toward your body, while keeping the knee straight. Stretch each foot three times, and hold each stretch for 30 seconds, if possible.
- ✿ **Stair stretches** – Stand tall on a staircase with the balls of both feet on the edge of the step. Place hands on the railing or the wall for balance and support. Slowly lower heels toward the floor until you feel a stretch in your lower leg and heels. Maintain the stretch for 10 to 15 seconds. Repeat this exercise six times, and perform the stretches twice every day.

- ✿ **Wall-leaning Stretch** – Stand an arm's length away from a wall, place both hands on the wall at shoulder height, with the feet slightly apart and one foot in front of the other. Your front knee should be bent, but the back knee should be straight while you lean toward the wall. Hold the position for 10 seconds at a time for up to 15 or 20 repetitions per leg.

If you are unsure of the cause of your symptoms, if pain is severe, or if you have the following symptoms, call a podiatric physician immediately:

- ✿ Inability to bend your foot downward.
- ✿ Inability to rise on your toes.
- ✿ Inability to walk comfortably on the affected side.
- ✿ Swelling or discoloration of the back of the foot.
- ✿ Heel pain that occurs at night or while resting.
- ✿ Heel pain that persists beyond a few days.

Heel pain does not always subside quickly after medical attention is received. Unfortunately, it may take several months before the pain is actually gone. In most cases, heel pain can be treated at home under a podiatric physician's supervision.

Fungus Got Your Toes? Zap It!

Do you have thick, yellowish, brittle, and easily cracked or broken toenails without having injured them? They are likely discolored due to a fungal infection called onychomycosis, which is the most common disease of the nails.

The nail weakens as fungi continue to grow through the nail tissue. Since fungus grows faster than the nail, damage increases and the nail becomes more and more unsightly, with the infection spreading to the root or base of the nail.

Yeast and molds are also suspected to cause toenail fungus. These types of fungi exist in warm and moist environments, like shower areas, locker rooms, swimming pools, and even your shoes (as toes are usually encased in shoes). People with circulatory problems, weak immune systems, or diabetes are at greater risk of developing fungal infections as well.

Nail fungus has been difficult to treat with success. The only options in the past have been topical or oral medications, which provide limited benefit. In addition, oral medication may cause liver damage. Now there is a safe, effective laser treatment for nail fungus. The laser destroys the fungus that causes onychomycosis with very little effect on the surrounding tissues. Treatment normally takes fewer than 20 minutes and there is no pain, although sometimes you may experience a warm or tingling sensation. There are no age or health restrictions for laser treatments.

Laser toenail treatment is considered aesthetic (cosmetic). Therefore, most health insurance plans do not cover treatment, and it can be costly. Consult with your podiatric physician to determine if this course of treatment is right for you.



Student Recruitment Videos

If you know a student who is interested in medicine and is undecided on his or her medical career path, podiatric medicine may be the right choice!

The American Podiatric Medical Association is proud to introduce two new student recruitment videos. The quick pace, modern music, movie production quality, and surgical focus are all intended to grab the ever-fleeting attention of young people between the ages of 18 and 25.

The first student recruitment video, titled "A Day in the Life of Dr. Jeff DeSantis: Today's Podiatrist," features an established, practicing podiatric physician. The second student recruitment video features a current podiatric medical student; its title is "A Day in the Life of Brett Waverly: Tomorrow's Podiatrist."

Students can view the videos on APMA's website,

www.apma.org/careers, as well as obtain more career information. For an opportunity to shadow a podiatrist in your area, send a request to www.todayspodiatrist.com/students.



Doctors of podiatric medicine are podiatric physicians and surgeons, also known as podiatrists, qualified by their education, training, and experience to diagnose and treat conditions affecting the foot, ankle, and related structures of the leg.