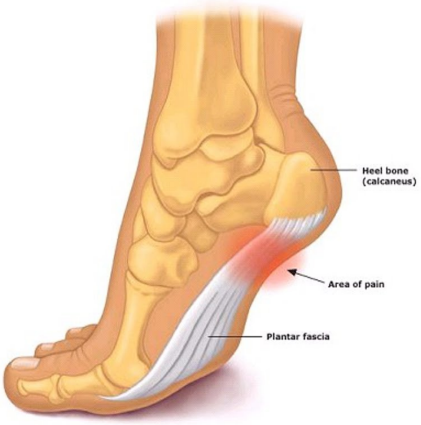
PLANTAR HEEL PAIN

WHAT IS IT?

Simply – it is a pain under your heel. It is a common condition affecting up to 7% of the adult population. Diagnosis is often made clinically but can be confirmed by an ultrasound or MRI. If you have not succeeded in treatment in the past, given the number of structures at the heel imaging may be appropriate.



Ultimately, heel pain is an overuse injury due to carrying too much load. It develops over time, without having adequate capacity to tolerate those loads. Most often people complain of discomfort getting up in the morning, touching the base of your heel and an ache after long periods of strenuous activity on your feet. It can affect one or both feet, although more commonly affects one.

There was a belief that it can self-resolve in 12 months. However, that has since been refuted, so finding a strategy to keep you moving is essential to your wellbeing.

WHY ME?

A list of possible aggravators includes:

- **Weight gain** is the single most common cause of heel.
- **Repeated loading.** Increases in running/walking, standing on hard surfaces, etc.
- **Arthropathies** (especially psoriatic arthritis). It can be connected to as many as 10% of heel pain cases.
- **Ineffective foot mechanics.** Every time you take a step, the plantar fascia helps to propel your foot and body when walking/running.

HOW CAN I FIX IT?

Part of successfully treating your heel pain is ensuring the most accurate diagnosis and treating accordingly. Most treatment is designed to stop aggravating the cause and to improve load tolerance. Treatment can include, but is not limited to; taping, orthoses, strength exercises, stretching, massage, shockwave therapy, dry needling, prolotherapy, and cortisone injections (surgery is very rarely indicated). **Treatment should always be based on you, your problem, and your presentation. Different treatment options** will be used dependant on your diagnosis and situation.

If you have any concerns or queries or to book an appointment, please contact me at john@theagilefoot.com.au or 9795 4011 or 1300 855 044.

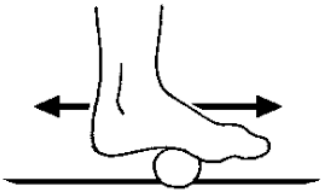
Self-massage

When: Before getting up – out of bed/off a chair

How: Pull big toe back. Find a tight band with fingers. You can use sorbolene or an anti-inflammatory gel, if necessary, and gently rub the length of the fascia for approximately 30sec before standing.

Why: Increase blood flow to the area and make standing more comfortable.

Ice water bottle



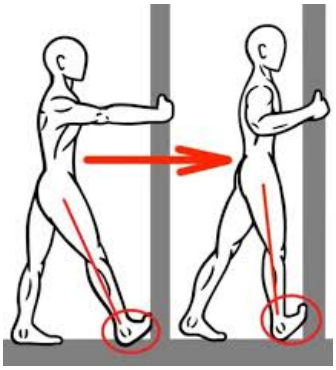
When: End of the day

How: 15mins then 10mins rest x 3

Apply pressure to the frozen item with your foot. The object is to give yourself a cold high-pressure massage.

Why: Reduces the acute inflammation from the day being on your feet.

Stretching



When: Minimum 4x daily e.g., turning on the kettle, brushing your teeth.

How:

- Toes flexed against a wall
- Start with a straight leg
- Push hips towards the wall
- Feel stretch at the back of leg/calf/underfoot
- Hold while the kettle boils (1 min.)
- Repeat with bent leg too

Tape

- Leave on for the next 2-3 *days*.
- Monitor pain levels /10 for the next week with and without tape. This helps guide your treatment plan.
- The tape may feel tight or uncomfortable; consider the pain at your heel rather than the feel of the tape. The tape is temporary.
- Your response to taping may indicate your response to orthotic therapy, generally those that respond well to taping respond well to orthoses. Orthoses provide a similar mechanism of offloading as the tape but is sustainable long term.

Reaction: If you have a reaction to the tape – please remove immediately. In some cases, you may need to use a cortisone cream to settle any symptoms. Consult your podiatrist if any concerns.