

## **Jerry A Cohn, D.P.M.**

### **Heel Pain**

A common problem: simple treatment often is best.

It may be hard to pinpoint just when the pain in your heel began. You might have noticed it for several days. Then, as you get out of bed one morning, the pain may seem stronger than before.

Lifting your heel, reducing the pressure upon it, gives temporary relief. But if you continue applying weight to the heel, pain increases: it can be mild or, in the worst case, make walking unbearable.

This problem is called plantar fasciitis (plantar- sole of foot, fascia- band, it is- inflammation). It's also called "painful heel syndrome," and it's a common source of disability. Simple treatments usually bring relief. But there is no quick cure, so patience is essential.

### **What Causes Heel Pain?**

Think of you heel pad as a cushion. It contains columns of fatty tissue that allow the pad to retain its contour despite the repeated impact of walking or running. This "shock absorber" design also protects underlying structures within your foot. One such structure is called the plantar fascia. It is a dense, fibrous band that extends from the bottom of your heel bone (the calcaneus bone) to the undersurface of your toes.

Physicians sometimes disagree about the precise cause of heel pain. Most believe the pain comes from an inflammation or tear in the plantar pain, there rarely is a clear cause-and-effect association. Heel pain can take the form of a sharp, burning or aching sensation. In most cases, the pain occurs on only one heel, although both feet can be affected. Men and women seem to be equally vulnerable; most patients are middle-aged people who tend to be overweight.

### **How Is It Diagnosed?**

Several other conditions produce similar symptoms, so your doctor may wish to do a thorough examination to rule out disorders such as neuritis, arthritis and tendonitis.

To verify the problem, your doctor may apply thumb pressure over the inner part of you heel pad. Blood tests and other diagnostic studies will produce normal findings, unless you have a complicating condition.

X-rays may show a bony spur arising from the surface of your heel at the site where the plantar fascia is attached. But most orthopedic surgeons doubt there is a direct link between the spur and the pain. (About half of those individuals with heel pain have no spurs, and 15 percent of normal adults without heel pain do have spurs.) Some experts argue that the problem is more common among people with flat feet, but this theory has not been proven.

### **Treatment Options:**

Simple therapy usually gives relief. Sometimes, however, weeks or even months may be required for complete recovery. Mayo physicians recommend the following approaches to treatment:

- ❖ Take the pressure off your heel pad. If you walk or jog for exercise, swim or bicycle instead.
- ❖ Try simple physical therapy at home. Massage the bottom of your heel with ice for five to seven minutes, or until the area becomes numb. Foot baths that alternate hot and cold water can help. Also, try exercising your calf muscles to gently stretch you Achilles tendon, which attaches to the heel.
- ❖ Running shoes with soft heels may help, or select dress shoes that have rubber (not leather) heels.
- ❖ Shoe appliances can help. A common folk remedy places a rubber sponge pad (with a portion removed under the painful site) beneath the heel pad. Prefabricated heel cups can help cushion the heel pad. A custom-made, molded heel insert made of polyethylene foam ("Plastazote") or other shock-absorbing material may work in stubborn cases.
- ❖ To reduce pain and inflammation, take over-the-counter drugs such as aspirin or ibuprofen (Advil, Haltran, Medipren, Nuprin). These drugs work best if you use them regularly for as long as symptoms persist.
- ❖ If simpler measures don't help, your doctor may advise injection of a cortisone-type drug into the painful area. The injection can give prompt, but sometimes only temporary, relief. We usually do not advise more than two injections because the procedure can lead to a long-term damage.

### **Avoid Surgery; Be Patient:**

In the past, surgery was an option, particularly for pain thought to arise from a spur on the heel bone. Today, Mayo physicians rarely advise surgery. An operation can disrupt delicate structures within you heel pad. As a result, tiny tumors can form at the end of severed nerves, leading to additional pain from this new source.

Often, the methods we've outlined will provide relief from heel pain. But remember: "tincture of time," that old, reliable treatment method for so many ailments, is the single best therapy for heel pain. Be patient; your body probably will heal itself.

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