

PLANTAR FASCIITIS

Description

Heel pain is one of the most common complaints seen in the podiatrist's office. While there are many causes of heel pain, the problem is more often than not something called plantar fasciitis. To the general public, the outdated (and inaccurate) term "heel spur" is often used for this condition. While there may be a spur present, it is rarely the reason for the pain. Studies have shown that as many as 60 percent of people with no heel pain have spurs.

The plantar fascia is a thick band of tissue that originates at the heel bone, runs along the arch and inserts into the ball of the foot. Plantar fasciitis is inflammation with scarred thickening of any portion of this tissue. The weakest link in this tissue is where it originates at the heel bone, and this is where most pain develops. The onset of pain is usually gradual and may develop following a period of over-activity, walking on hard surfaces, wearing unsupportive shoes, or walking barefoot. Patients have even developed plantar fasciitis from little more than having porcelain tile installed in the home. This unforgiving surface is notorious for causing heel pain.

Although excessive body weight can make any foot complaint more painful, it is not a major factor in the onset or perpetuation of this condition. Weight loss is only a small aspect to the treatment of plantar fasciitis.

Signs/Symptoms

The classic sign of plantar fasciitis is "first step pain". Pain is worse when the person stands up first thing in the morning or after sitting for a while. Walking causes the pain to subside, but it does not usually disappear completely. As the day progresses the pain may return and grow worse. The pain is usually not unbearable, and patients will often live with their pain for months if not years before seeking treatment. This is unfortunate as treatment is much more successful if started early. In addition, patients may make alterations in gait and stance to avoid pain, resulting in a series of secondary problems.

Treatment

Successful treatment of plantar fasciitis involves decreasing the inflammation and scarring around the heel and relaxing tight plantar fascial tissues pulling on the heel. Anti-inflammatory treatment plans often include oral NSAIDS, ice, and rest. In more persistent cases, decreasing the scarring in the heel is best accomplished with a series of cortisone injections given every 3 weeks for a total of 3 injections. These shots are not as painful as they sound. The needle is very small, and the cortisone is mixed with a numbing agent. In addition, prior to injection, the skin is numbed with a cold spray.