

THE FOOT AND ANKLE CENTRE

ABOUT HEEL PAIN



Pain in the heel and inside arch area of the foot is very common. In the majority of these patients it can be treated quite easily. There are a number of names given to conditions affecting the heel, including:

Plantar Fasciitis

Heel Spur Syndrome

Enthesopathy

The pain from this condition is often worse first thing in the morning when getting out of bed. This is because the tendon like structure, which attaches to your heel bone becomes tight when you are sat down. When you then stand up you suddenly stretch this, which is painful. There are some more uncommon causes of pain in this area. Your Podiatrist will tell you if your heel pain may be caused by one of these.

X-Rays and Heel Spurs

An x-ray is not often necessary to diagnose this condition as many people who do not have heel pain may have a heel spur. Many people who have heel pain do not have heel spurs. The size of the spur is not usually an indication of how severe the condition is. X-rays are mainly used in difficult cases to exclude other causes of heel pain.

Treatment

A treatment plan has been developed which should help your condition though you may need to be patient as symptoms can sometimes take a while to settle.

1. Stretching - It is vital you follow any stretching programme given by your Podiatrist. You should do ten stretches to each side three times a day. Each stretch must last 20 seconds to work properly.
2. Strapping - This can be used to rest the painful tendon. The strapping needs to be kept dry and is usually applied weekly. If this helps reduce your symptoms it provides a good guide as to whether a foot splint will be of benefit to you.
3. Foot Splint / Orthoses - These devices are designed to support your foot thereby resting the painful area. To wear these devices you usually have to wear laced shoes with adequate depth. If your symptoms settle you may not have to always wear the splint. Some people have feet which are predisposed to this condition, in this case you will probably be advised to continue using your splint.
4. Injections - You may be offered an injection into the heel with an anti-inflammatory drug/anaesthetic. These injections work well on some people and poorly on others.

Unfortunately it is difficult to know who will be helped and who won't. Rarely will your Podiatrist offer you more than three injections if you have seen no improvement.

5. Night Splints - Should your condition not respond favourably with the treatment described you may be given a splint to wear at night. This splint helps keep the ligaments/tendons under stretch at night thereby reducing your discomfort.
6. Walking Cast - As a last resort before surgery is considered, severe cases of heel pain may respond to being placed in a below knee cast for 6-12 weeks. This will naturally cause you a degree of inconvenience. Only a small number of patients (less than 20%) reach this stage of treatment.
7. Surgery - If all conservative measures fail to cure your heel pain you may be offered an operation to try and help. The operation is easily performed under local anaesthetic. It involves releasing part of the attachment of the painful structures at the heel. Most patients can go home the same day though a period of rest is necessary.

NOTES: This information is provided as a guide only to the symptoms and management of this condition.