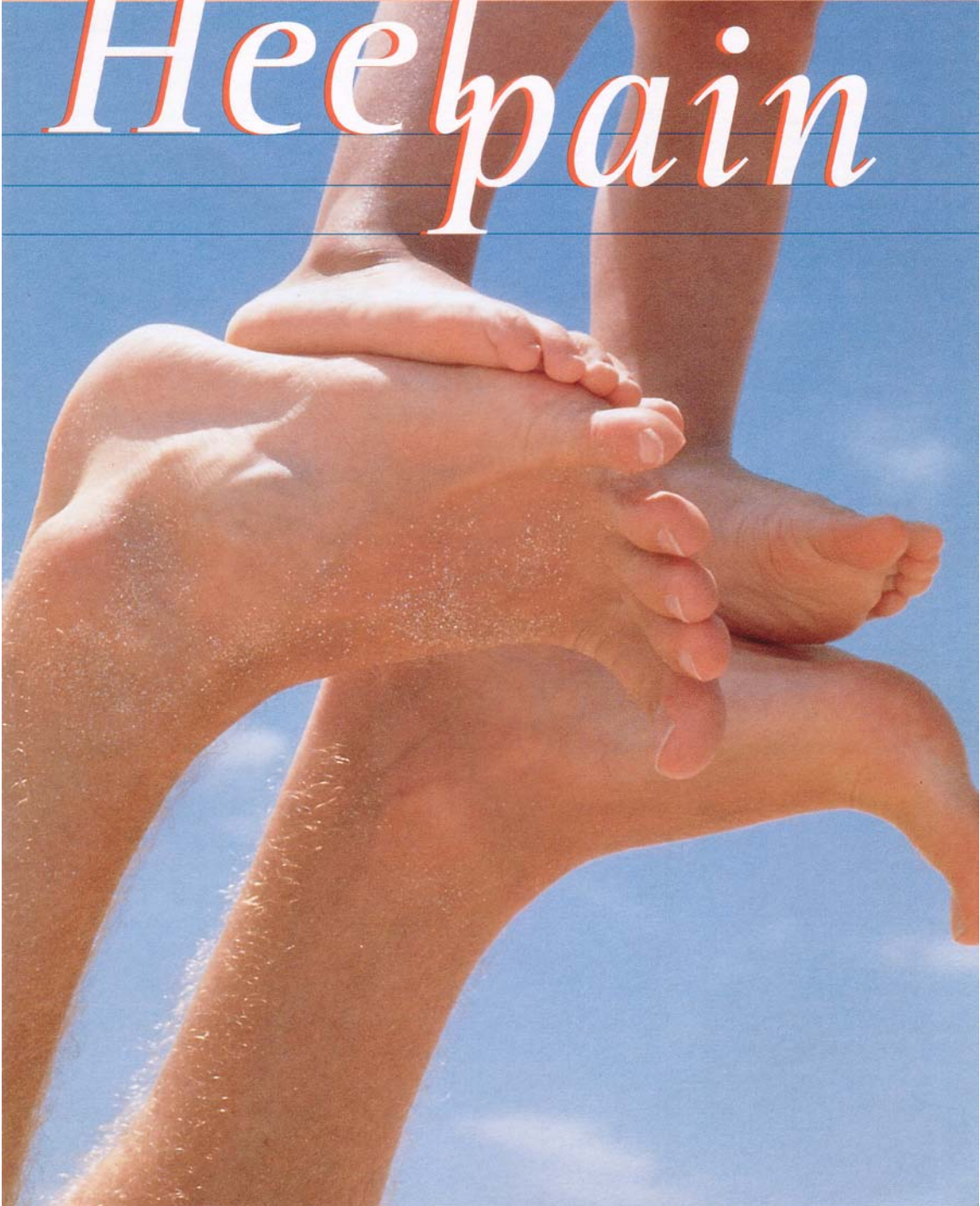


Your Podiatrist Talks About

Heelpain



Heel Pain

Heel pain is one of the most common conditions treated by podiatrists. It is often a message from the body that something is in need of medical attention. Pain that occurs right after an injury or early in an illness may play a protective role, often warning us about the damage we have suffered.

Who gets heel pain?

The greatest incidence of heel pain is seen in middle-aged men and women. It is also seen in those who take part in regular sporting activities and those significantly overweight and on their feet a lot. Heel pain can also occur in children, usually between 8 and 13, as they become increasingly active in sporting activities.

The causes of heel pain

While heel pain has many causes, it is usually the result of faulty biomechanics (abnormalities in the way we walk). This can place too much stress on the heel bone and the soft tissues attached to it.

The stress may also result from injury, or a bruise incurred while walking, running or jumping on hard surfaces; wearing poorly constructed footwear; or being significantly overweight.

Systemic diseases such as arthritis and diabetes can also contribute to heel pain.

Common complications

HEEL SPUR

A common cause of heel pain is the heel spur, a bony growth under the heel bone. There are no visible features on the heel, but a deep painful spot can be found in or around the middle of the sole of the heel (see diagram).

Approximately 10 per cent of the population may have heel spurs without any pain.

Heel spurs result from strain on the muscles of the foot. This may result from biomechanical imbalance, a condition occurring in many people.

PLANTAR FASCIITIS

Both heel pain and heel spurs are frequently associated with an inflammation of the long band of tissue that connects the heel and the ball of the foot. The inflammation of this arch area is called plantar fasciitis.

The inflammation may be aggravated by shoes that lack appropriate support, especially in the arch area, and by the chronic irritation that sometimes accompanies an athletic lifestyle.

OTHER CAUSES OF HEEL PAIN

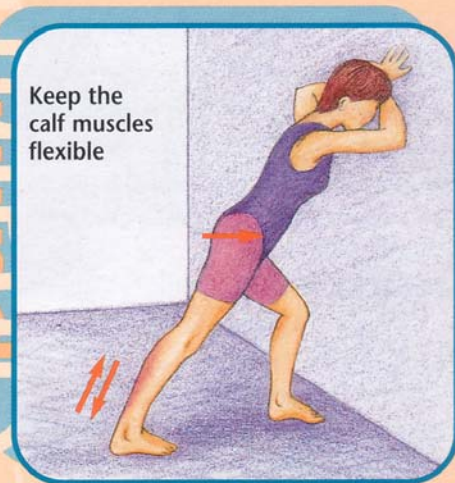
- Excessive rolling in of the feet when walking.
- An inflamed bursa (bursitis), a small, irritated sack of fluid at the back of the heel.
- A neuroma (a nerve growth).

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STRETCHES AND EXERCISE

Prepare properly before exercising. Warm-up before running or walking, and do some stretching exercises afterward.

Pace yourself when you participate in athletic activities. If overweight, try non weight-bearing activities such as swimming or cycling.



ADDITIONAL CONTROL

Your podiatrist may also use taping or strapping to provide extra support for your foot. Orthoses (shoe inserts) specifically made to suit your needs may be also be prescribed.

How your podiatrist can help

Podiatrists are highly skilled foot health professionals trained to deal with the prevention, diagnosis, treatment and rehabilitation of medical and surgical conditions of the

feet and lower limbs. Podiatrists have completed a Bachelor of Podiatry or higher degree, and are continually upgrading their skills and knowledge through further education and training.

Regular visits to your podiatrist can help prevent recurrences of heel pain and other associated foot problems.

Where can I find a podiatrist?

Refer to your Yellow Pages™ for a list of podiatrists in your area, or contact the Australian Podiatry Association in your state.

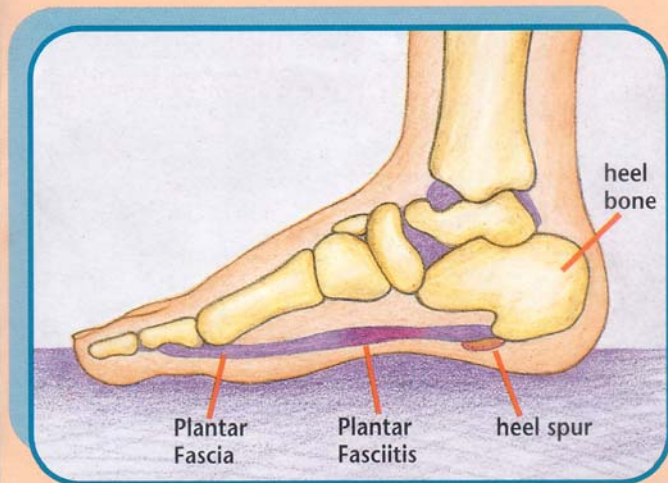
Many health funds in Australia provide cover for podiatry services on their ancillary tables and government funded services are available through the Department of Veterans' Affairs, some public hospitals and community health centres.

*This information should not be used as a substitute for podiatric or medical attention.

MY PODIATRIST IS:



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- ▶ Other soft-tissue growths.
- ▶ Heel bumps or 'pump bumps', a bone enlargement at the back of the heel bone.
- ▶ Bruises or stress fractures to the heel bone.

Overcoming the problem

If pain and other symptoms of inflammation – redness, swelling, heat – persist, you should limit normal daily activities and consult your local podiatrist.

Your podiatrist may conduct a number of x-rays to look for heel spurs or fractures.

TREATMENT

Early treatment might involve exercise and shoe recommendations, taping or strapping and anti-inflammatory medication (such as aspirin). Taping or strapping supports the foot, placing

stressed muscles in a restful state and preventing stretching of the plantar fascia. Other physical therapies may also be used, including ice-packs and ultra-sounds.

These treatments will effectively treat the majority of heel and arch pain without the need for surgery.

Only a relatively few cases of heel pain require surgery. If required, surgery is usually for the removal of a spur, but also may involve release of the plantar fascia, removal of a bursa, or a removal of a neuroma or other soft-tissue growth.

RECOVERY

Your recovery will depend on the cause of your heel pain and your individual health. If you are suffering with a heel spur or plantar fasciitis, it normally takes about six to eight weeks for a healthy individual to fully recover. That is when the injured area is fully rested or properly strapped.

Preventing future problems

FOOTWEAR

Wear shoes that fit well – front, back and sides – and have shock-absorbent soles, rigid uppers and supportive heel counters. Do not wear shoes with excessive wear on heels or soles.