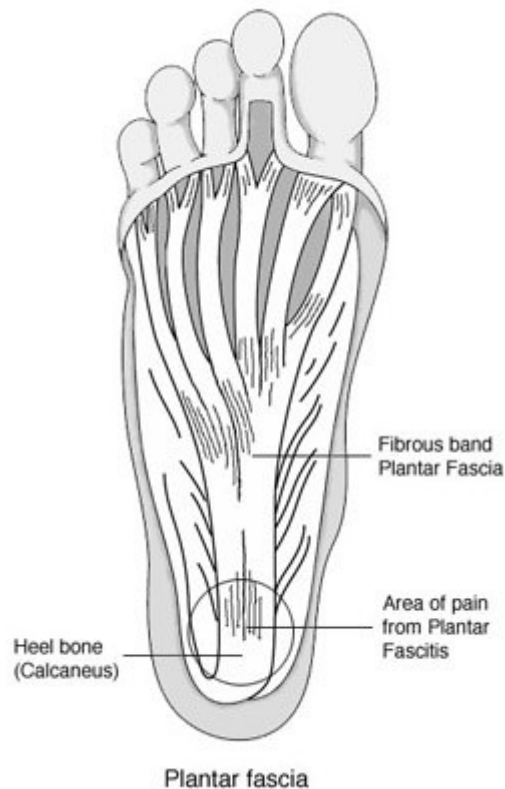


Plantar Fasciitis-Heel pain Syndrome

Plantar Fasciitis is an overuse injury affecting the sole or plantar surface of the foot. A diagnosis of plantar fasciitis means you have inflamed the fibrous band of tissue (fascia) connecting your heel bone to the base of your toes. Common signs of the condition include arch-heel pain on getting out of bed in the morning, arch pain on the commencement of activity which improves as exercise continues and arch pain which returns at the end of the day.



If the condition is not treated, the condition may become chronic and develop into heel pain. Plantar fasciitis & heel pain syndrome is common with individuals who have pronated or flat feet, are overweight, work in occupations which require prolonged periods of standing on hard surfaces (eg. retail, hospitality, factory floor). Foot biomechanics are highly implicated in the condition (walking gait abnormalities) that place too much stress on the heel bone and the soft tissues that attach to it. Other causes are the result of injury, or a bruise incurred while walking, running, jumping on hard surfaces and poorly constructed footwear.

The condition starts gradually with mild pain at the heel bone often referred to as a stone bruise. You're more likely to feel it after (not during) exercise. The pain classically occurs again after arising from a midday lunch break.

If you don't treat plantar fasciitis, it may become a chronic condition. You may not be able to keep up your level of activity and you may also develop symptoms of foot, knee, hip and back problems because of the way plantar fasciitis changes the way you walk.

Treatment

Rest is the first treatment for plantar fasciitis. Try to keep weight off your foot until the inflammation goes away. You can also apply ice to the heel and arch for 20 minutes (x 2 times/day). Calf-achilles and plantar fascia stretching is of benefit and rolling a tennis ball, bottle or frozen bottle along the arch of the foot should be performed daily. Nonsteroidal anti-inflammatory medication such as ibuprofen can aid the inflammatory process (only to be taken with medical supervision). Night splints are also commonly used.

A program of home exercises to stretch the achilles tendon, calf and plantar fascia are the mainstay of treating the condition and lessening the chance of recurrence.

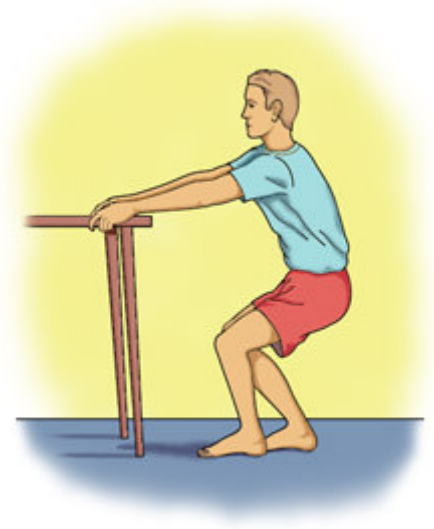


1st exercise: Lean forward against a wall with one knee straight and heel on the ground. Your other knee is bent. The Achilles, calf and foot arch stretch as you lean. Keep toes pointing straight ahead. Do not turn the foot outward.

Hold for 30 seconds, relax and straighten up. Repeat 5-8 times for each sore heel.

2nd exercise: Lean forward onto a countertop, spreading your feet apart with one foot in front of the other. Flex your knees and squat down, keeping your heels on the ground as long as possible. The calf, achilles and arches of the foot will stretch. Keep toes pointing straight ahead. Do not turn the foot outward. Hold for 30 seconds, relax and straighten up. Repeat 5 times.

3rd exercise: An alternative to the above exercise is to lift the heel slightly off the ground, until you feel a stretch at the heel and plantar fascia.



About 90 percent of people with plantar fasciitis improve significantly after two months of initial treatment. You may be advised to use shoes with shock-absorbing soles or fitted with a standard orthotic device like a rubber heel pad. Your foot may be taped into a specific position. Prescription foot orthotics may be necessary depending upon the extent of the condition, foot biomechanics and injury history. If your plantar fasciitis continues after a few months of conservative treatment, a cortisone injection or lipotripsy (ultrasonic shock-wave) may be required.

This article has been modified by from information provided by The American Academy of Podiatric Sports Medicine & American Academy of Orthopaedic Surgeons.