

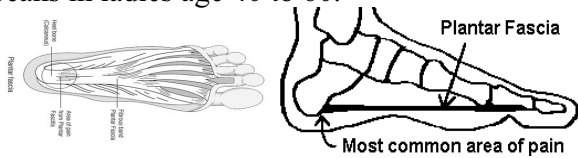


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WHAT IS PLANTAR FASCIITIS? It is an inflammation of the fibrous band in the bottom of your foot that connects the heel bone to your toes. It is also called a heel spur. This is not always accurate since a bone spur of the heel bone may or may not be present. This fibrous band acts like a shock-absorbing bowstring supporting the arch of your foot. Incidence peaks in ladies age 40 to 60.



CAUSES. Too much tension applied to the bowstring formed by the *plantar fascia* can produce small tears (similar to paper cuts) that get inflamed and are very painful. The most common causes fall into three categories:

Exercise overload. Activities like long distance running, jogging, stair climbing, walking long distances and ballet dancing. In general any activity that stresses the bowstring.

Poor foot mechanics. Being flat-footed or having a very high arch or very short Achilles tendon can alter the way you walk increasing stress to the fascia.

Improper footwear. Shoes that have thin soles, are loose or have poor arch support. High-heeled shoes shorten the Achilles tendon and alter mechanic increasing stress on the fascia.

WHAT YOU FEEL AND WHAT THE DOCTOR LOOKS FOR. If you experience pain in your heel when you first step out of bed in the morning or if your heel hurts after playing tennis or jogging, you most likely have plantar fasciitis. This pain worsens if you stand on your tiptoes or you climb stairs. The pain usually develops gradually and usually affects one foot. It is described as a stabbing or burning pain that is usually worse in the morning because the fascia contracts during the night. When you first stand up in the morning the pain is excruciating but then it gets better after a short time. However if you continue standing for a long period it again worsen.

When the doctor examines you he will look for the aforementioned complaints. He will try to reproduce the pain by stressing the fascia and applying pressure on the inside part of the bottom of your heel. Mild swelling of your affected heel may also be present.

Other causes of foot pain such as arthritis, neuralgia, stress heel fracture, tendonitis, bone spurs, etc. need to be rule out.

TESTING.- Any sort of testing is rarely needed after a good history and physical examination is performed by your doctor. If the onset of the pain is acute and occurs after any trauma, your doctor may order an x-ray to rule out any fracture. At times your doctor may suspect a heel spur and it can be visualized by an x-ray.



On rare occasions, your doctor may order an MRI of the foot if he suspects occult fracture of the foot, tendonitis or cystic formation.

TREATMENT.

Conservative treatment is all that is required most of the time. The duration of treatment however can range from several months to two years. About 90% of patients will be better in nine months' time. It is a very difficult and persistent problem to treat.

Self-care at home. The following can help:

- * Apply ice. Freeze a water-filled bottle and roll your foot on it.
- * Decrease your miles. Stay off your feet as much as possible.
- * Stretch your arch in your foot with a towel or by locking your knee and bringing your toes up.
- * Ware a rubberized heel cup.

Conservative therapy.

- * Anti-inflammatories medication.
- * Using a splint that keep your plantar fascia from contracting overnight.



- * Supports and insoles
- * Physical therapy that includes stretching of the fascia and Achilles tendon, massage and strengthening of the lower leg muscle.

- * Short leg cast or boot

Medical treatments and intervention.

- * Steroid injections. One or two injections provide relief to about 50% of patients.
- * Surgery to release the fascia is needed at time if all else fails.
- * Electrotherapy and ESWL. Is used to increase blood flow and stimulate healing.