

Plantar Fasciitis (Heel Spur Syndrome)

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Plantar fasciitis/heel spur syndrome is a condition that can affect most any age, body habitus, and race. The presenting symptoms are usually pain in the heel that may or may not worsen with activity. Many times people complain that their heel hurts most when they get up from a sitting position or when they get out of bed.

Other possible diagnoses of heel pain not associated with trauma include:

- 1) **Stress fracture.** This is usually associated with but not exclusive to thin females, postmenopausal, who are smokers, or any person who has a strong family history of osteoporosis.
- 2) **Lumbar radiculopathy.** This is a condition that is associated with low back pain, proven disc herniation on MRI, or severe spinal stenosis. Patients with this condition usually complain of a shooting pain that travels up or down the leg.
- 3) **Tarsal Tunnel.** This is a condition that is caused by an entrapped nerve behind the ankle bone. Usually people complain of shooting pain up the leg. People often have varicose veins with this condition as well.

Treatment: The good news is that most people recover well with conservative therapy. Rarely do people need surgical intervention.

- 1) **Stretching exercises:** Perform exercises discussed on page three of the plantar fascia brochure approximately three times a day at 30 seconds apiece.
- 2) **Ice:** We recommend either using a frozen orange juice concentrate can or a frozen soup can for 20 minutes 3 times per day. With some pressure applied on to the can, roll the can back and forth under the arch and into the heel region.
- 3) **Temporary arch supports:** Not heel pads or gel pads, but a supportive arch support. The pharmacy located at Southgate Medical Group or Mercy Ambulatory Care Center has the arch supports I recommend. Otherwise Spenco Orthotics found in most foot sections of drug stores or grocery stores would be fine.
- 4) **Non-steroidal anti-inflammatory drug (NSAID):** Motrin and Aleve are OK, but prescription strength Motrin, Naprosyn, Celebrex, Mobic are good for mild to moderate cases. More painful cases may require a Medrol Dose Pack which is a prednisone like prescription.
- 5) **Injection:** Cortisone injection is reserved for extremely painful heel conditions. This injection consists of Xylocaine which is a local anesthetic as well as Kenalog which is a corticosteroid.

It is important to know that a non-steroidal anti-inflammatory and a cortisone injection may not be a possibility for you due to your past medical history, current use of

other medications, or dislike of medications and/or injections. In these cases, formal physical therapy can be substituted and have shown to provide promising results. Other treatment options include serial casting, custom molded orthotics, night splints, etc..

Rare cases (less than 5%) of plantar fasciitis do not improve with the above mentioned therapies. Fortunately if this is the case there are a few remaining options. Electro-chorpular therapy, a recently introduced non invasive technique that uses ultrasound waves to promote healing of the plantar fascia. Many insurances may not cover this procedure unless you have attempted conservative therapy first for at least six months. Another option is surgical intervention where the plantar fascia is cut and allowed to heal in a lengthened position.