



Dr. Scott O'Connor is founder of Central Illinois Foot & Ankle Center located in Normal and Pontiac. He is Board Certified in Foot and Reconstructive Rearfoot/Ankle Surgery by the ABPS.

Heel Pain Is Real!

“My heel hurts” is one of the most common comments a podiatric physician hears. Patients complain that their heel hurts when they get out of bed in the morning, in the middle of the night, or after sitting for long stretches of time. Heel pain does not discriminate; just about anyone can have it. Runners, diabetics, ‘weekend warriors’ and even kids can have it. Despite the many causes, it’s a common problem, but one that can have solutions.

Let’s think about the heel bone for a moment. This bone, the largest in our foot, withstands a great deal of abuse as it is recommended to take 10,000 steps per day; that’s almost 5 miles. With such abuse, it’s no wonder that heel pain (most commonly called plantar fasciitis) is a problem for so many of us.

In our pursuit of healthy bodies or long work schedules, we often let our heel pain go without treatment for much too long. Heel pain generally results from faulty biomechanics (walking/gait abnormalities), that over-stresses the heel bone and the soft tissues ligaments that bind the heel to the forefoot, bowing the arch. The stress can also result from injury, over-use, or a bruise incurred while walking, running, or jumping on hard or uneven surfaces. It can also be due to wearing poorly constructed or poorly matched footwear or from being overweight.

Many people complain of heel pain on first pressure in the morning. As you walk, the heel pain may lessen or even disappear, providing a false sense of relief. The pain usually returns after pro-longed rest or extensive walking.

Heel pain is commonly accompanied (but not always) by a heel spur, a bony growth on the underside of the heel bone. The spur, visible by x-ray, appears as a protrusion that extends forward.

Heel spurs are a result of strain on the muscles and ligaments of the foot, or a stretching of the long band of tissue that connects the heel and the ball of the foot. Your podiatric physician can evaluate and treat this condition and recommend options that help to alleviate pain. The majority of patients with Plantar Fasciitis can be treated without surgery, using exercise or orthotics (custom-made or prescription shoe inserts).

There are many other causes of heel pain other than plantar fasciitis. These can include arthritis, Achilles tendonitis, bone bruises or cysts, and stress fractures. Often, heel pain can be attributed to bursitis, a neuroma (a nerve growth), or Haglund’s deformity (or “pump bump”). When children suffer from heel pain, it is more commonly associated with an apophysis or growth plate. Regardless of the cause, evaluation by a podiatrist is your first step to relief.



To prevent heel pain, try some of these tips recommended by the APMA podiatric physicians:

- Always wear properly fitted shoes specific to your activity with shock-absorbent soles, rigid shanks and supportive heel counters.
 - Replace shoes frequently and avoid excessive wear and tear.
 - Warm up and stretch before and after exercise. Pace yourself when starting new exercise routines.
 - Remember that we all need rest and good nutrition to remain healthy.
 - If you are overweight, consider losing weight to reduce the stress on your feet and other bones and muscles in your body.
 - Avoid walking barefoot on hard surfaces, both inside and out.
- Your podiatrist has extensive training in the diagnosis and treatment of all manner of foot conditions and plantar fasciitis is one of the most common ailments. Take advantage of your doctor’s expertise and work together to alleviate heel pain. •