

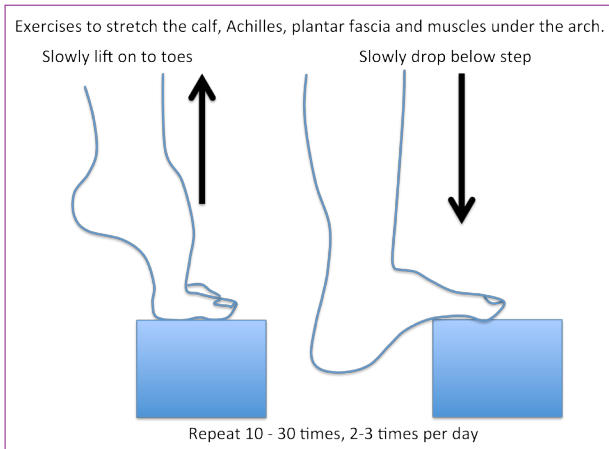
the injury has been present for several months. This treatment is usually performed three times at weekly intervals. Your podiatrist can help with this therapy.

Rehabilitation of Plantar Fasciitis

Once symptoms have settled it is best to commence stretching the calf muscles and strengthening the internal muscles of the feet. This can be achieved by doing gentle toe-raisers on the edge of a step and ten slowly dropping to a calf stretch and repeating ten to 30 times three times per day. To fully rehab the foot it should be completed for about 12 weeks.

BUT don't overdo it! If exercises make the heel more painful then reduce or cease the exercises and maintain stable foot support.

See diagram below.



What to Expect:

Plantar fasciitis can be a difficult condition to cure in a short time frame. Generally the best chance of improving symptoms is to start treatment early to prevent it becoming a chronic condition.

In most short term cases of under 3 months duration, strapping and correct supportive footwear and anti-inflammatory treatment will improve and gradually settle the pain within 2-6 weeks

If the condition is chronic with a duration of 3 or more months then Shock Wave Therapy may assist in improving the symptoms.

If however the heel chronically painful and swollen for more than 3 months and there are signs on X-ray of a late or fractured spur then surgery may be an option to remove the spur and damaged section of the plantar fascia. This is rare and only occurs in under 1% of cases.

It is important to understand that not all cases of Plantar Fasciitis will respond to the same treatment regime. Often different combinations of the above therapies or others may need to be implemented for the best results. Your podiatrist is the best person to offer the most appropriate options for your foot care.

If you have this or any other foot related issue, see us at Shepparton Foot Clinic for a caring professional podiatry opinion.

**Shepparton Foot Clinic,
where we help your 'Feet for Life'**

Shepparton Foot Clinic has been providing top quality, friendly and reasonably priced podiatry to Shepparton and the Goulburn Valley since 1983.

Conveniently located in central Shepparton, we have parking on site and easy wheelchair access to our clinic.

Heel Spurs



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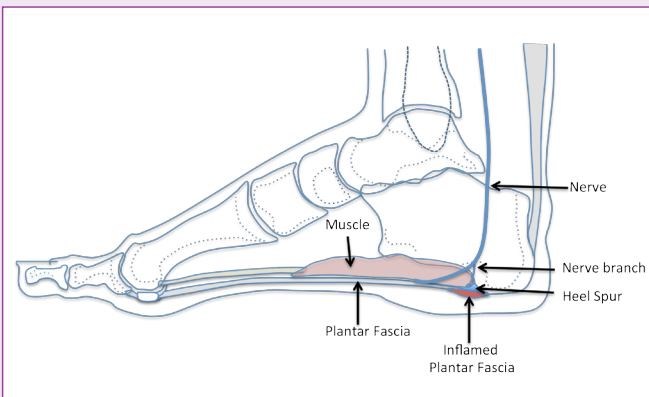


What is Heel Spur Syndrome, Plantar Fasciitis (or Plantar Fasciosis)?

Heel Spur Syndrome and Plantar Fasciitis or Fasciosis are often synonymous. These conditions are due to strain of a ligament which attaches under the heel and fans forward under the arch to attach to the base of the toes. A muscle also attaches on the bone under and along about half of the Plantar Fascia sending tendons to attach to the small toes. This muscle helps the toes grab the ground during walking. The function of the Plantar Fascia is to help to arch the foot by tightening like a pulley as the toes bend during "push-off" when walking or running. Problems arise if the Plantar Fascia tears at the insertion on the heel bone (Heel Spur) or at some point along its length (Plantar Fasciitis).

If the injury occurs at the insertion on the heel bone, the ligament, muscle and bone will become inflamed and there is often thickening and separation of the fibres between the muscle and ligament. This leads to swelling in the area and new bone formation between the muscle and the ligament as the bone repairs itself. This is why the condition is referred to as "Heel Spur Syndrome". However the "spur" itself is not usually the primary reason for the pain, it's the inflammation and swelling caused by the injury within the muscle-ligament compartment that causes the pain.

If Plantar Fasciitis lasts more than about three months the ligament can develop a stagnant healing process where it becomes swollen but the collagen within the ligament is no longer repairing. This chronic state of the injury is referred to as Plantar Fasciosis and is similar to other chronic tendon injuries such as Tennis Elbow. See diagram below.



Symptoms

When the Plantar Fascia is injured pain is more evident when first standing after rest. This is due to the build up of swelling in the area of the injury. This swelling is often "squeezed" out of the area when walking which causes the symptoms to diminish after a short distance. However symptoms often never totally go away or get worse during and after prolonged walking and standing.

Causes

Strain to the Plantar Fascia can occur through either acute or chronic injuries. Generally Plantar Fascia injury at the heel bone insertion or "Heel Spur Syndrome" is more common than within the main fascia. This usually effects people older than forty with a normal or higher arched foot, particularly if they are over weight and have recently taken up a new job or activity which requires more time on their feet.

The condition usually starts with a gradual onset which at first causes minor discomfort such as a "bruised heel sensation first thing in the morning." These symptoms are often preceded by a particular heavy day on their feet or wearing poorly supportive footwear on hard concrete surfaces.

Plantar Fascial strain occurring within the arch area of the ligament is more commonly an acute injury. This usually occurs in active people during sport or at work with an stretch injury of the arch of the foot.

Treatment

As Plantar Fasciitis is caused by strain of the Plantar Fascia, effective treatment is therefore aimed primarily at reducing this strain and then reducing the inflammation. The cause of the strain is usually due to excessive flattening of the arch of the foot during push-off when walking. Thus the arch of the foot should be supported during propulsion. This can be achieved in a number of ways.

1. Strapping the arch of the foot with adhesive tape to support the Plantar Fascia. This type of strapping is called a 'False Fascia' and can be applied by your podiatrist.
2. Wearing higher heel shoes has the effect of raising the arch and reducing strain on the Plantar Fascia when walking.

3. Arch Supports can help to improve the alignment of the foot and the function of the Plantar Fascia and the muscles of the arch. Unfortunately not all commercially available arch supports offer enough support to stabilise the feet. Consult your podiatrist for more advice.
4. Custom made insoles or orthoses can be made specifically to your feet. This is an effective way to offer more reliable way of stabilising feet and reducing strain if commercial arch supports are ineffective.
5. Avoid wearing flat or soft shoes or thongs and bare feet. Also avoid activities which may strain the Plantar Fascia such as running or climbing ladders.

Reduction of inflammation is also an important part of the treatment of Plantar Fasciitis. This can be achieved in several ways.

1. Rest the feet, particularly in an elevated position preferably above heart level. This helps to reduce swelling in the feet by encouraging blood flow toward the heart.
2. Cool foot baths or cold packs cause constriction of blood vessels thus forcing blood away from the feet.
3. Anti-inflammatory medication causes a reduction of inflammation. It is best to consult your podiatrist or doctor for advice before consuming these drugs as they can cause side effects and stomach disturbances in some people. Some anti-inflammatories include Aspirin and Ibuprofen. Consult your podiatrist for others.
4. Cortisone injections into the area of inflammation. This can be an effective way of reducing inflammation at the site of injury. This should not be done without some form of support of the foot after the injection as there may be a risk of further damage to the ligament after repeated cortisone infiltration.
5. Shock Wave Therapy is used for chronic cases of Plantar Fasciosis. This treatment is not an anti-inflammatory treatment but is aimed at stimulating the repair process of the ligament if