

Heel pain is most often caused by plantar fasciitis—a condition that is sometimes also called heel spur syndrome when a spur is present. Heel pain may also be due to other causes, such as a stress fracture, tendonitis, arthritis, nerve irritation, or, rarely, a cyst.

Because there are several potential causes, it is important to have heel pain properly diagnosed. A podiatric foot and ankle surgeon is best trained to distinguish between all the possibilities and determine the underlying source of your heel pain.

What Is Plantar Fasciitis?

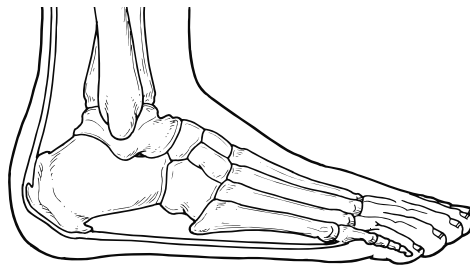
Plantar fasciitis is an inflammation of the band of tissue (the plantar fascia) that extends from the heel to the toes. In this condition, the fascia first becomes irritated and then inflamed—resulting in heel pain.

The symptoms of plantar fasciitis are:

- Pain on the bottom of the heel
- Pain that is usually worse upon arising
- Pain that increases over a period of months

People with plantar fasciitis often describe the pain as worse when they get up in the morning or after they've been sitting for long periods of time. After a few minutes of walking the pain decreases, because walking stretches the fascia. For some people the pain subsides but returns after

spending long periods of time on their feet.



Causes of Plantar Fasciitis

The most common cause of plantar fasciitis relates to faulty structure of the foot. For example, people who have problems with their arches—either overly flat feet or high-arched feet—are more prone to developing plantar fasciitis.

Wearing non-supportive footwear on hard, flat surfaces puts abnormal strain on the plantar fascia and can also lead to plantar fasciitis.

This is particularly evident when a person's job requires long hours on their feet. Obesity also contributes to plantar fasciitis.

Diagnosis

To arrive at a diagnosis, the podiatric foot and ankle surgeon will obtain your medical history and examine your foot. Throughout this process the surgeon rules out all the possible causes for your heel pain other than plantar fasciitis.

In addition, diagnostic imaging studies such as x-rays, a bone scan, or magnetic resonance imaging (MRI) may be used to distinguish the different types of heel pain. Sometimes heel spurs are found in patients with plantar fasciitis, but these are rarely a source of pain. When they are present, the condition may be diagnosed as plantar fasciitis/heel spur syndrome.

Treatment Options

Treatment of plantar fasciitis begins with first-line strategies, which you can begin at home:

- **Stretching exercises.** Exercises that stretch out the calf muscles help ease pain and assist with recovery.
- **Avoid going barefoot.** When you walk without shoes, you put undue strain and stress on your plantar fascia.
- **Ice.** Putting an ice pack on your heel for 10 minutes several times a day helps reduce inflammation.
- **Limit activities.** Cut down on extended physical activities to give your heel a rest.
- **Shoe modifications.** Wearing supportive shoes that have good arch support and a slightly raised heel reduces stress on the plantar fascia. Your shoes should provide a comfortable environment for the foot.
- **Medications.** Nonsteroidal anti-inflammatory drugs (NSAIDs),

such as ibuprofen, may help reduce pain and inflammation.

- **Lose weight.** Extra pounds put extra stress on your plantar fascia.

If you still have pain after several weeks, see your podiatric surgeon, who may add one or more of these approaches:

- **Padding and strapping.** Placing pads in the shoe softens the impact of walking. Strapping helps support the foot and reduce strain on the fascia.
- **Orthotic devices.** Custom orthotic devices that fit into your shoe help correct the underlying structural abnormalities causing the plantar fasciitis.
- **Injection therapy.** In some cases, corticosteroid injections are used

to help reduce the inflammation and relieve pain.

- **Removable walking cast.** A removable walking cast may be used to keep your foot immobile for a few weeks to allow it to rest and heal.
- **Night splint.** Wearing a night splint allows you to maintain an extended stretch of the plantar fascia while sleeping. This may help reduce the morning pain experienced by some patients.
- **Physical therapy.** Exercises and other physical therapy measures may be used to help provide relief.

Although most patients with plantar fasciitis respond to non-surgical treatment, a small percentage of patients may require surgery. If,

after several months of non-surgical treatment, you continue to have heel pain, surgery will be considered. Your podiatric foot and ankle surgeon will discuss the surgical options with you and determine which approach would be most beneficial for you.

Long-term Care

No matter what kind of treatment you undergo for plantar fasciitis, the underlying causes that led to this condition may remain. Therefore, you will need to continue with preventive measures. If you are overweight, it is important to reach and maintain an ideal weight. For all patients, wearing supportive shoes and using custom orthotic devices are the mainstay of long-term treatment for plantar fasciitis. ▲



Melissa J. Lockwood, D.P.M.

Melissa J. Lockwood, D.P.M. – As founder of Heartland Foot and Ankle Associates, P.C., Dr. Melissa J. Lockwood happily returns to central Illinois after seven years in Cleveland, Ohio. She is a graduate of Providence Catholic High School in New Lenox, Illinois. Dr. Lockwood completed her undergraduate degree from the University of Illinois (Urbana/Champaign) in 2001 with a Bachelor of Science in Biology and a minor degree in Chemistry. Dr. Lockwood has a great interest in archaeology and also received a minor degree in Anthropology from the U of I in 2001.

Dr. Lockwood went on to the Ohio College of Podiatric Medicine and matriculated with her Podiatric Medical Degree in 2005. While at OCPM, Dr. Lockwood served as both a delegate to the student branch of the APMA

as well as President of the Student Government organization (OPMSA). Dr. Lockwood was the recipient of several awards while attending OCPM, including the Ohio Podiatric Medical Association Dr. James Conforti Community Relations Award and the OCPM Mildred Kaufman Memorial Award for Proficiency in Orthopedics and Biomechanics.

Dr. Lockwood arrives in Bloomington following a three year residency in Cleveland, Ohio. Dr. Lockwood completed a 36 month Podiatric Medical and Surgical Residency Program based out of the University Hospital System/Richmond Heights Medical Center. Dr. Lockwood has extensive training in both forefoot (bunions, hammertoes, neuromas) elective surgical procedures as well as rearfoot reconstruction. She has a special interest in the treatment of chronic wounds as well as diabetic palliative care. Dr. Lockwood enjoys working with patients one on one in a clinical setting and chatting about her favorite sports teams!

Dr. Lockwood and her husband Scott are pleased to be back in their home state and rooting on the Illini, Redbirds, Chicago Bears, and White Sox! Scott is a 2000 Illinois State University Alumni with a BS degree in Accountancy. He is a CPA working in Bloomington.

EDUCATION

University of Illinois, Urbana-Champaign, BS Biology (01)
Professional: Ohio College of Podiatric Medicine, (05)
Residency: University Hospital Richmond Medical Center (05-June 08)

PROFESSIONAL ACCREDITATION

NBPME Part I (03) NBPME Boards Part II & Part III - PM Lexus (05)
State of Illinois Licensure (08)

HONORS AND AWARDS

Illinois State Scholar (1997)
OCPM Academic Scholarship (01) OCPM Dean's List (04)
OPMA Dr. James Conforti Community Relations Award (05)
OCPM Mildred Kaufman Memorial Award for Proficiency in Orthopedics and Biomechanics (05)
University Hospitals Richmond Medical Center Outstanding Podiatric Resident (08)

PROFESSIONAL ORGANIZATIONS

President, Ohio Podiatric Medical Student's Association (02-04)
Delegate, American Podiatric Medical Student's Association (02-04)
Chairman, President's Committee, American Podiatric Medical Student's Association Feb. 2004
Member - OCPM Board of Trustees (02-04)
APMA/IPMA, AAAPP, AAAP member at large

RESEARCH/PUBLICATIONS

Sesamoid Pathology, coauthored with
Dr. Joseph Favazzo, D.P.M., December 2005. Compilation of forefoot pathology edited by Vincent J. Hetherington, D.P.M.



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American College of Foot and Ankle Surgeons

This information has been prepared by the Consumer Education Committee of the American College of Foot and Ankle Surgeons, a professional society of 5,800 foot and ankle surgeons. Members of the College are Doctors of Podiatric Medicine who have received additional training through surgical residency programs.

The mission of the College is to promote superior care of foot and ankle surgical patients through education, research and the promotion of the highest professional standards.

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