

*Dr. Cal D. Baize*

# **Step Ahead Foot & Ankle Clinic**

## **Plantar Fasciitis or Heel Spur Syndrome**

Plantar fasciitis, is also referred to as, “Heel Spur Syndrome”. Heel pain is common, painful and difficult to treat. The exact cause is not known but we understand that many factors can influence or cause heel pain. Plantar fasciitis can be considered a tendinitis of the ligament that spans and supports the arch. It is not a true tendon or ligament but more specifically an aponeurosis or fascia. Simple walking may be enough to cause micro-tears, pulling the plantar fascia away from the heel bone. Symptoms vary but many experience severe or sharp pain after having been seated for a while or the first steps in the morning. Every time you sit or lay down the fascia is not as tight and attempts to heal back to the bone. The next time you stand up the ligament is pulled loose once again. This type of pain is referred to a post-static dyskinesia. It means increased pain after a period of non-weight bearing. This repeated healing followed by trauma is accompanied by inflammation and as a result calcium can be deposited layer after layer forming a bone spur. The spur forms slowly over time and is not the source of the pain. Many patients are not-ed to have large spurs that have never had heel pain. Plantar fasciitis maybe aggravated by improper shoes, flat feet, being overweight, running or any stressful sport. You may also feel an ache or burn after having been on your feet for long periods. Heel pain may cause you to alter the way you walk aggravating other areas of your body, foot, knees, hips or back. Sometimes heel pain will resolve on its own with simple over the counter arch supports, or changes in shoes or activities. Other patients experience significant pain and need to seek medical treatment. We choose to use any or all modalities that are practical and applicable during the initial visit. Padding and special strapping’s can help to bind and support the arch. Physical therapy can be effective, along with cortisone injections. Custom made orthotics are hands down the best long-term treatment attempting to correct the biomechanical abnormalities, which places tension upon the plantar fascia. Night splints and oral anti-inflammatories are also available and as a last resort surgery is available to those who do not respond to conservative treatment.