



Heel Pain

Heel pain also goes by the medical term plantar fasciitis. This refers to pain on the bottom of the heel that often is felt in the first step out of bed in the morning or when walking after having rested for a period of time. However, plantar fasciitis pain can be felt at any time when a person is walking, running or jumping. The pain can also radiate down the entire bottom of the foot towards the toes.

The plantar fascia consists of dense bands of tissue deep in the foot below the skin that extend out from the heel to the toes.

The condition is thought to be caused by repeated stretching of these tight bands, which result in small tears as the bands arise from the heel. These don't occur from a single event, but occur gradually causing chronic irritation or inflammation.

Pulling of the plantar fascia on the heel bone during activity can result in the formation of a bone spur on the heel bone at the origin of the plantar fascia. A spur is not the cause of pain, but rather the result of chronic irritation caused by stretching.

The most common cause of heel pain is tightness in the Achilles tendon which limits extension of the ankle, causing stress on the plantar fascia.

Other causes include recent increase in activity, improper shoes and certain types of arthritis.

Treatment is usually effective and in most cases surgery can be avoided. Stretching program of the Achilles tendon is basic often started by a physical therapy program. Non steroidal anti inflammatory medications are used as well as a good heel cup or pad and good supporting shoes with rubber soles.

More elaborate treatment could include orthotic support for the feet (even custom orthotics), night splints or injection of Celestone into the painful area of the heel.

ADDENDUM

Bipolar magnets have been a popular device placed in insoles to treat heel pain, which is also referred to medically as plantar fasciitis.

Cushioned insoles have long been a main stay in the treatment of heel pain. As magnets have become more popular in recent years in the treatment of various orthopaedic conditions, they have been used in cushioned insoles.

A recent published study comparing magnetic insoles against non-magnetized insoles found that there was no significant difference in pain when the groups were studied. Each group of patients wore the insoles in their particular study group for 8 weeks. They were evaluated at 4 and 8 weeks periods.



Online Orthopaedics

Medical Article



Researchers repeatedly found that the physiologic effects of static magnets on pain are unknown. They seem to work in some patients and are apparently effective in relieving pain in a number of patients with various orthopaedic problems. The exact mechanism of pain relief is not understood, although it seems that there is more than a purely placebo effect.

In this particular study which was published in the Journal of American Medical Association, a highly respected medical journal, researchers found no benefit in using bipolar magnets in cushioned insoles.



Online Orthopaedics

Thank you for using the Online Orthopaedics Library.

We hope it was useful to you. Please check back frequently because new topics and information are being added continuously by Dr. Haverbush.

Please feel free to print, download, and use/distribute this information (as long as you are not reselling it in any form). Remember, it is the property of Online Orthopaedics and we retain all rights regarding its content. Alteration of this document in any way is a violation of the copyright.

This material does not constitute medical advice. It is intended for informational purposes only. No one associated with Online Orthopaedics will answer medical questions via email.

Please consult Dr. Haverbush or a physician for specific treatment recommendations.

Thomas J. Haverbush, MD. P.C.

**Office Address:
315 E. Warwick Dr., Suite A
Alma, Michigan 48801
989-463-6092
Fax 989-463-8914**

**Website Address:
www.orthopodsurgeon.com**