

Injury Timeout Heel Pain



By Dr. Jamie Nuwer

Plantar fasciitis is the most common cause of heel pain and is frequently found among Ultimate players. Ten percent of running and 11-15% of all foot problems brought to medical personnel are caused by plantar fasciitis. This article will discuss the symptoms, causes, and treatment of heel pain, focusing on plantar fasciitis. This column is not meant to replace medical evaluation for your health problems. Always seek medical help for worrisome or persistent symptoms.

Common symptoms of plantar fasciitis include a gradual onset of heel pain, usually located to a specific area of maximal tenderness, and pain worse on the first few steps in the morning. Morning pain typically decreases with gradually increased activity, but returns at the end of the day from successive pounding on the heel. Calf tightness can also be present. The plantar fascia is shown in Diagram 1.

The causes of plantar fasciitis are not well understood. Ultimate players frequently develop heel pain during increases in training regimens. Plausible causes include abrupt increases in training, wearing shoes and cleats with poor arch support and heel padding, and running on hard surfaces.

The good news is that 80% of plantar fasciitis cases resolve within a year regardless of treatment.

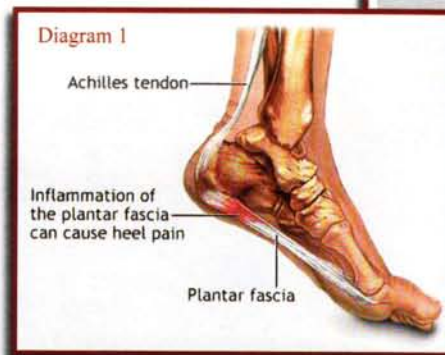
The bad news is that statistic doesn't matter when you're in-season and need to recover quickly. There are many treatment options that may help alleviate heel pain caused by plantar fasciitis, but none are well-proven.

Most treatment regimens include the therapies listed in Table 1. You can stretch your plantar fascia by standing on a step barefoot with your heel hanging off the edge. Slowly lower your heel as far as it will go. This will stretch your calf too. If the symptoms just started within a week, you can try a 5-day course of anti-inflammatory drugs. Do not exercise strenuously during the 5-day course. Take 600-800 mg of ibuprofen three times a day or naprosyn 500 mg twice a day. Don't miss any doses and take the medication with food to avoid stomach pains. Do not use high doses of these medications for an extended period of time unless recommended by a physician.

For severe cases some physicians will inject steroids. Although

Table 1: Treatment of Plantar Fasciitis

- Do not walk barefoot or wear flat shoes/sandals
- Wear arch supports and/or heel cushions
- Decrease strenuous physical activity
- Replace track workouts with swimming workouts
- At least once-a-day:
 - Stretch calves
 - Stretch plantar fascia (as described in the text)
 - Roll plantar fascia over a water bottle with frozen water inside
 - Place a towel flat on the ground and scrunch the towel with your toes
 - Perform ankle strengthening exercises (heel raise, theraband exercises)
 - Perform one-legged balancing exercises (try with your eyes closed)



this can be helpful, there is a risk of damaging the fat pad on your heel. Damage to the fat pad may lead to permanent pain. You may also be prescribed orthotics, night splints, or a cast for severe plantar fasciitis.

Other common causes of heel pain include stress fracture, bone bruise, and bursitis. With a stress fracture your pain is not usually localized to one point, but over a broader area of the heel. If you squeeze the sides of the heel you'll have more pain. Make sure to see a physician if you think you might have a stress fracture. Bone bruises also have pain in a broader area of the heel and occur after excessive exercise or a direct hit to the heel. Bursitis usually has swelling and redness.

Worrisome symptoms of a more severe heel problem include pain at night, a sudden onset of tearing pain and inability to walk, burning pain, and accompanying bone pain elsewhere in the body. If any of these symptoms occur, make sure to consult a physician.

References

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