Fact Sheet

Heel Pain | Plantar Fasciitis | Heel Spur

What is Heel Pain?

Heel pain is the most common foot complaint, experienced by thousands of Australians every day. It can affect one or both heels and is often worse first thing in the morning and then eases later in the day.

There are two common conditions associated with heel pain - Plantar Fasciitis and Heel Spurs.

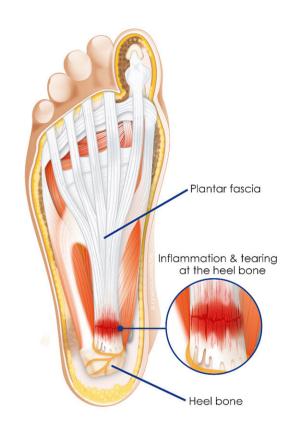
Plantar Fasciitis

Plantar Fasciitis is the Latin term for "inflammation of the plantar fascia".

The plantar fascia is a thick, fibrous ligament that runs under the foot from the heel bone to the toes. It forms the arch of the foot and functions as our natural shock-absorbing mechanism. Unlike muscle tissue, the plantar fascia is not very elastic and therefore is very limited in its capacity to stretch or elongate.

When too much traction is placed on the plantar fascia (for various reasons) micro-tearing will occur, resulting in irritation, inflammation and pain.

Plantar Fasciitis usually causes pain under the heel. However some people may experience pain under the arch of the foot. Both heel pain and arch discomfort are related to Plantar Fasciitis, with heel pain being far more common than arch pain.





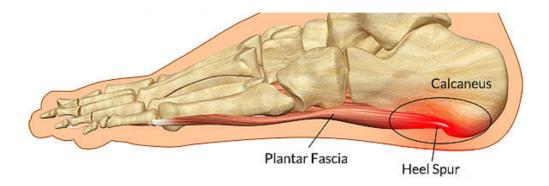


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Heel Spur

A heel spur is a bony growth at the front/underside of the heel bone. It is a type of calcifcation also referred to "calcaneal" (Latin for heel bone). Spurs develop due to the body responding to the constant traction and pulling from the plantar fascia ligament away from the heel bone.



After diagnosis of the Plantar Fasciitis, you may be required to have an X-Ray taken. A heel spur will show clearly on an X-Ray of your foot. Calceneal spurs are not painful. Pain is only caused because of inflammation of the tissue surrounding the heel spur.

Many who suffer from Plantar Fasciitis do not have a heel spur and vice-versa. Spurs take many years to develop, they can also be found at the back of the heel (near the Achilles Tendon) or in other parts of the body.

Symptoms

Heel pain is more intense with your first steps out of bed in the morning or after sitting for a while. During rest, our muscles and ligaments tend to shorten and tighten up. The tightening of the plantar fascia means more traction on the ligament making the tissue even more sensitive. With sudden weight-bearing the tissue is being traumatised, resulting in a stabbing pain.

After walking around for a while, the ligament warms up, becomes more flexible, eliminating the pain or becoming more of a dull ache. After walking a long distance or standing for hours the pain is likely to return.



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Causes

Different contributing factors can overstretch the plantar fascia ligament under the foot including:

- Over-use sports, running, walking or standing for long periods
- Weight gain excess weight places great pressure on the bones, nerves, muscles and ligaments in the feet. Often common in pregnancy.
- Age as we get older ligaments become tighter & shorter and muscles become weaker
- Unsupportive footwear
- Walking barefoot especially on hard surfaces like concrete or tiles.
- Low arch/flat feet/over-pronation where feet roll over, arches collapse and foot elongates.

Treatment

Listed below are the most common forms of short and long term treatments:

- Massage An effective way to warm up the tissue prior to walking.
- Stretching Calf muscle stretches can allow your foot to function more effectively.
- **Strapping** Supports the arch of the foot and take the load off the plantar fascia and reduce stress on the heel.
- **Ultrasound** Can help reduce swelling and stimulate blood flow.
- Anti-inflammatories Check with your pharmacist before beginning treatment.
- Orthotics Can help offload and support the heel and improve long term foot mechanics.
- Footwear Correct footwear can improve foot mechanics that may be over-working.
- **Injection Therapy** can aid in the reduction of inflammation and swelling and encourages blood flow to the affected area.



ALWAYS CONSULT A TRAINED PROFESSIONAL

The information in this resource is general in nature and is only intended to provide a summary of the subject matter covered. It is not a substitute for medical advice and you should always consult a trained professional practising in the area of medicine in relation to any injury or condition. You use or rely on information in this resource at your own risk and no party involved in the production of this resource accepts any responsibility for the information contained within it or your use of that information.