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Heel Pain

The plantar fascia is a tough fibrous tissue that runs from the heel of the foot out to the toes. This tissue helps to support the arch of the foot, acts as a shock absorber when standing, walking and running, and helps propel the body forward when walking and running. When this tissue becomes overworked, inflamed and painful it is called plantar fasciitis.

Plantar fasciitis typically occurs with chronic overload of the muscles within the foot and the plantar fascia. When this tissue becomes stressed for long periods, calcium deposits can occur in the plantar fascia causing a heel spur. Most individuals, when they think of a heel spur, envision a sharp piece of bone pointing down toward the ground causing pain when standing. However, the heel spur actually points along the length of the foot toward the toes. The heel spur is not the source of pain, but is the result of the plantar fascia trying to protect itself from chronic irritation. Most of the pain is usually localized to the heel of the foot and the pain can be quite debilitating. The pain is the result of inflammation and damage to the tissues in the foot and is usually greatest upon arising from sleep and decreases throughout the day. The pain is usually elicited with standing, pressing in on the heel of the foot or with extending the toes towards the head.

Individuals who are susceptible to plantar fasciitis are athletes who do a lot of running, or individuals with tight calf and/or hamstring muscles, weak buttock muscles, flat feet or a high arch in the foot. Plantar fasciitis can also be the result of a change in training technique, an increase in intensity or duration of training, a new pair of shoes or an injury to another region of the body.

Diagnosis of plantar fasciitis is made with a history and physical examination. X-rays of the foot may demonstrate a heel spur. More advanced tests or blood tests are usually not needed unless the individual does not respond to treatment and other conditions need to be ruled out.

Treatment initially consists of decreasing the stress on the plantar fascia. Limiting walking and training is important in decreasing the chronic overload to the plantar fascia. Using ice repeatedly for 20 minutes at a time and using anti-inflammatory medications can be beneficial. Cortisone injections can decrease the pain in the bottom of the foot, but should be used judiciously since they can decrease the amount of fat on the bottom of the foot which is used to help cushion the foot when walking. The entire leg should be examined to determine what is contributing to the increased stress on the plantar fascia. Orthotics may be necessary for someone with a flat foot or a high arch. Usually the calf muscles and hamstrings need to be stretched and the muscles of the foot and buttock need to be

strengthened. Active Release Techniques should be performed on the plantar fascia to help break down scar tissue and encourage the tissue to heal. Exercises such as squeezing a towel with the toes and rolling a golf ball under the affected foot while sitting are beneficial. Surgery is rarely indicated and is a last resort.

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