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Plantar Fasciitis (Heel Spur Syndrome)

Plantar fasciitis/heel spur syndrome is a condition that can affect most any age, body habitus, and race. The presenting symptoms are usually pain in the heel that may or may not worsen with activity. Many times people complain that their heel hurts most when they get up from a sitting position or when they get out of bed.

Other possible diagnoses of heel pain not associated with trauma include:

- 1) **Stress fracture** This is most often associated with, but not exclusive to, thin females, postmenopausal, smokers, or any person who has a strong family history of osteoporosis.
- 2) **Lumbar radiculopathy** This is a condition associated with low back pain, proven disc herniation on MRI, or severe spinal stenosis. Patients with this condition usually complain of a shooting pain that travels up or down the leg.
- 3) **Tarsal Tunnel** This is a condition caused by an entrapped nerve behind the ankle bone. Usually people complain of shooting pain up the leg. People often have varicose veins with this condition as well.

Treatment: The good news is that most people recover well with conservative therapy. Rarely do people need surgical intervention for Plantar Fasciitis.

- 1) **Stretching exercises:** Perform exercises discussed on page 3 of the plantar fascia brochure approximately three times a day for 30 seconds at a time.
- 2) **Ice:** We recommend either using a frozen orange juice concentrate can or a frozen soup can for 20 minutes 3 times per day. Apply pressure to the can, roll the can back and forth under the arch and into the heel region.
- 3) **Temporary arch supports:** Get a specified arch support, not a heel or gel pad. The pharmacy located within Southgate Medical Group has the arch supports I recommend. Otherwise, *Spenco Orthotics* found in most foot sections of drug stores or grocery stores are acceptable.
- 4) **Non-steroidal anti-inflammatory drug (NSAID):** Motrin and Aleve may help. Prescription strength Motrin, Naprosyn, Celebrex, Mobic are good for mild to moderate cases. More painful cases may require a Medrol Dose Pack which is a prednisone-like prescription.
- 5) **Injection:** Cortisone injection is reserved for extremely painful heel conditions. This injection consists of Xylocaine which is a local anesthetic, as well as Kenalog which is a corticosteroid.
- 6) **Extracorporeal Shock Wave Therapy (ESWT):** ESWT is a non-invasive solution for conditions not helped by traditional means. Success rates have been quoted as high as 80%+. Most insurance companies do not cover this option.

NOTE: It is important to know that a non-steroidal anti-inflammatory and/or a cortisone injection may not be a possibility for you due to past medical history, current use of other medications, or dislike of medications and/or injections. In these cases, formal physical therapy can be substituted

and have shown promising results. Other treatment options include serial casting, custom molded orthotics, night splints, etc...

Rare cases (less than 5%) of plantar fasciitis do not improve with the above mentioned therapies. Another option is surgical intervention, where the plantar fascia is cut and allowed to heal in a lengthened position.

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