

# footprints

An informational newsletter for patients of APMA member podiatrists

Spring 2007

## Heel Pain Is a Real Pain

“I have heel pain” is a comment that podiatric physicians hear nearly every day. Patients complain that their heel hurts when they get out of bed in the morning, or after they’ve been sitting for long periods of time. Heel pain is non-discriminating; just about anyone can have it. For example, runners complain of heel pain and so do kids. Patients with diabetes can also have heel pain. Despite the many causes, it’s a prevalent problem, but one that can have solutions.

Let’s think about that lonely bone in the bottom of our foot, the heel bone. This bone, the largest in our foot, withstands a great deal of abuse as we cram it into our shoes day after day and subject it to our full weight with every step. With such abuse, it’s no wonder that heel pain (most commonly called plantar fasciitis) is a problem for so many of us.

In our pursuit of healthy bodies, we often let our heel pain go without treatment for much too long. Heel pain is generally the result of faulty biomechanics (walking/gait abnormalities), that places too much stress on the heel bone and the soft tissues that attach to it. The stress can also result from injury or a bruise incurred while walking, running, or jumping on hard surfaces. It can also be due to wearing poorly constructed footwear or from being overweight.

Many people complain of heel pain after a night’s sleep. As you walk, the heel pain may lessen or even disappear, but that may be only a false sense of relief. The pain usually returns after prolonged rest or extensive walking.

Heel pain is commonly accompanied by a heel spur, a bony growth on the underside of the heel bone. The spur, visible by x-ray, appears as a protrusion that can extend forward as much as half an inch. Heel spurs are a result of strain on the muscles and ligaments of the foot, or a stretching of the long band of tissue that connects the heel and the ball of the foot. Your podiatric physician can evaluate and treat this condition and recommend options that help to alleviate pain. Plantar fasciitis can usually be treated without surgery, using exercise or orthotics (custom-made or prescription shoe inserts).

There are many other causes of heel pain other than plantar fasciitis. These can include arthritis, Achilles tendonitis or bone bruises. Stress fractures of the heel bone can also occur, although infrequently. Often, heel pain can be attributed to bursitis, a neuroma (a nerve growth), or Haglund’s deformity (or “pump bump”). When children suffer from heel pain, a visit to the podiatrist is imperative because their problems may be quite different from those of adults. Regardless of the cause, evaluation by an APMA member podiatrist is your first step to relief.



To prevent heel pain, try some of these tips recommended by podiatric physicians:

- Always wear properly fitted shoes specific to your activity with shock-absorbent soles, rigid shanks and supportive heel counters.
- Replace shoes frequently and avoid excessive wear and tear.
- Warm up and stretch before and after exercise. Pace yourself when starting new exercise routines.
- Remember that we all need rest and good nutrition to remain healthy.
- If you are overweight, consider losing weight to reduce the stress on your feet and other bones and muscles in your body.
- Avoid walking barefoot on hard surfaces, both inside and out.

Your podiatrist has extensive training in the diagnosis and treatment of all manner of foot conditions and plantar fasciitis is one of the most common ailments. Take advantage of your doctor’s expertise and work together to alleviate heel pain. •

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## Spring is Here: Get Ready to Show Those Toes

With spring coming and our thoughts focused on getting out of the house and enjoying the season, getting our feet ready for flip flops and sandals becomes a high priority. However, when you head off to the salon for a pedicure or when you take out your own scissors and files, there are some serious issues you should consider.

Salon pedicures are meant only for aesthetics and should not substitute for a visit to your podiatrist. A salon technician should never trim corns and calluses, for example. These should always be trimmed by a doctor.

In addition, if you've developed an ingrown toenail, schedule an appointment with your podiatric physician well before you schedule your pedicure. Ingrown toenails can be treated by your doctor in a number of ways, but should not be handled at the salon. Pedicure tools used in many salons may not adhere to standards for health and safety so bringing your own set of tools to each salon appointment will lessen your risk of infection. The American Podiatric Medical Association (APMA) has granted their Seal of Acceptance to the SOS Pedicure Kit, which can be purchased on-line or sometimes directly from your

doctor. APMA member podiatrists can usually recommend good choices for individual tools for home use or kits. A good kit will include nippers, clippers, files, a buffer and toe separators.

Another way to limit your risk for infection is to schedule your salon pedicure first thing in the morning. This way, you are most assured that the foot bath has been cleaned thoroughly. If you're not a morning person, make sure that the salon filters and cleans the foot bath between clients; always ask! Resist the urge to shave your legs before a salon visit. This will keep bacteria from entering any small cuts that may result from shaving.

Polish is great for healthy nails and today's choices are endless. Make sure however, to remove polish regularly using non-acetone nail polish remover. If you suffer from thick and discolored toenails, this could be a sign of a fungal infection. In this case, do not apply polish since it can lock out moisture and keep the nail bed from "breathing." Once you work with your podiatrist to treat the underlying issue that's causing your infection, it will be safe to paint the nails again.

If you have diabetes or poor circulation in your feet, consult an APMA member podiatrist so that they can recommend a customized pedicure that both you and your salon can follow for optimal foot health. Many podiatrists suggest that patients with diabetes never have pedicures; the risks are not worth the benefits. •

## New Year's Resolution Solutions

Each year we make a list of resolutions on New Year's Day and by the spring, most of us have watched those same resolutions go by the wayside. If you're one of the few who are still on track with your list, kudos to you. But for those of us who put exercise on our list in January, but have yet to live up to our commitment, here are some tips to get back on track.

Now that the weather has warmed up, we can all get back outside to exercise. It's a good idea to use this new season as an excuse to update your walking or running shoes. A new pair of shoes can often be just the incentive you need to get an exercise routine started. If you're new to walking or running, you will want to take it slowly at first and build up your stamina and endurance. Walking is great exercise and you can rapidly increase your mileage and see results quickly. A podiatric physician is a great resource for suggestions about the best walking or running shoes. At your next appointment, make sure to ask for his or her suggestions. If you're having foot pain when exercising, mention this to your podiatrist who can recommend solutions that will alleviate your pain and get you back into your exercise routine.

One common mistake often made by beginners is to leave out the stretching before and after exercise. Easy stretches prior to walking or running and a good five minutes of more rigorous stretches after exercise helps alleviate pain on the first day and on all subsequent days as well. Often, stretching can even help you to avoid injury. Common injuries that may be avoided are shin splints, ankle sprains and Achilles tendon pulls.



Find a buddy who has similar goals for exercise. On those days where you "just don't feel up to it," your buddy can give you motivation and get you back on the road. You can be the motivator for your buddy as well. Setting goals (such as walking four days each week) can also motivate you to keep up the good work.

Talk up your exercise routine. Once you tell your friends and family about your goals, you have more people to be accountable to and you can laud your successes every time you see them. The more people who know how hard you're working, the more support you'll get. Keep up the good work! •