

How to deal with plantar fasciitis

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f you get out of bed, put your feet on the floor and feel a searing pain in one or both heels, you may have plantar fasciitis, which often seems to strike out of the blue. It can also be debilitating.

It's "most likely related to an 'overuse injury' affecting runners and those who spend a lot of time on their feet," says Dr. Luke S. Loveys, M.D., chief of orthopaedics at Unity Hospital, but people who experience it rarely can connect it to a specific activity or incident.

The pain runs from the bottom of the heel (plantar) along the inner side of the foot via the flat band of tissue that connects the heel bone to the toes (the fascia). Besides runners and people who spend a lot of time on their feet, those who are flatfooted, overweight, or between the ages of 40 and 60 may be more likely to develop plantar fasciitis. But really, anyone can get it.

The pain is present throughout the day, and for some people it's worse in the morning and any time after getting up from a period of rest.

"Athletes find the pain to be worse after they have completed their athletic activity," says Dr. Daniel Tellem, podiatrist at Westside Podiatry Group and Unity Foot & Ankle Center.

Being able to say when the pain developed and when it comes and goes, and being able to describe what it feels like, all go a long way toward getting a correct diagnosis.

X-rays are often taken to rule out other problems, such as a stress fracture. An X-ray can also reveal a heel spur, which is a sign of plantar fasciitis becoming chronic.

"A heel spur looks like a small tooth-like projection off the heel bone," says Dr. Tellem, who is board-certified by the American Board of Podiatric Surgery and a fellow of the American College of Foot and Ankle Surgeons. "It doesn't change how we treat plantar fasciitis. Patients often think that if they have a heel spur, it needs to be removed, but this is far from the truth."

Instead, it's the fascia that needs to be treated, he says.

Treatment options

There is no one-size-fits-all solution for plantar fasciitis. Different things work for different people. Initially, though, treatment tends to be conservative: stretching, icing, taking anti-inflammatory medication, using a cushioned orthotic insert (which provides the foot with support so that the plantar fascia can rest), and/or modifying daily activities to reduce repetitive impacts.

"Other treatments may subsequently be added to the regimen, including physical therapy, steroid injections and formal immobilization in a cast or short leg walking boot," says Dr. Loveys, a board-certified orthopaedic surgeon who practices at Red Creek Orthopaedics and Unity Foot & Ankle Center. The steroid (or cortisone) injections are often given when the pain is debilitating.

Westside Podiatry Group now frequently uses MLS Laser Therapy to decrease swelling and increase circulation to the area to help with the healing process. The laser therapy is popular among those who want to take a non-invasive, drug-free approach.

If conservative measures have been exhausted and the pain is still present after six to nine months, surgery is an option. The most common surgery for plantar fasciitis is an endoscopic plantar fasciotomy (EPF), a minimally invasive procedure in which small incisions are made in the foot to loosen the inflamed and tightened fascia.

"Surgery is usually the last resort, although some people opt for it sooner because they get frustrated and tire of the conservative attempts," says Dr. Tellem. "It is very effective, and people do quite well after the procedure."

Is it curable?

The good news is that, eventually — one way or another — plantar fasciitis can be cured. Most people are relieved of their symptoms; the rest experience relief that makes symptoms tolerable and allows a return to normal, daily activities.

Although, "Those who have orthotics usually need to maintain their use of the orthotics or sometimes the pain can recur," adds Dr. Tellem.

Regularly stretching the lower extremities, wearing shoes with cushioned support, and taking a thoughtful approach to new activities may help prevent plantar fasciitis. However, it isn't 100 percent avoidable.

"The better question is ... how to prevent it from becoming a big-time issue?" Dr. Tellem says.

The answer is simple: As soon as you start feeling symptoms, make an appointment with your doctor. The longer you wait to be seen, the more painful and more difficult to treat it can become.

"Those who seek treatment in the first couple of months of developing the problem fare much better than those who wait a long time to come in," he says.

"The best thing a patient can do is to be honest about how long they've had the problem, and provide the doctor with a good history." •

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