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Information Sheet

HEEL PAIN

What are the causes of heel pain?

The most common cause is plantar fasciitis. There are, however, other conditions that can cause heel pain, including compression of the tibial nerve or its branches around the inner part of the ankle (known as tarsal tunnel syndrome), arthritis, stress fractures and infection of the heel pad (particularly in diabetics). It is clearly important, when treating heel pain, to ensure the correct diagnosis is made in order that the appropriate treatment is begun.

What is Plantar Fasciitis?

Plantar fasciitis, or 'policeman's heel', is a common condition that begins with pain in the heel whilst weight-bearing. The plantar fascia acts as a support to the bottom of the foot and runs from the heel bone (the calcaneum) to the toes (see picture, right). Overload of the fascia results in inflammation, which causes pain. Occasionally, an x-ray will demonstrate a heel spur. It is, however, generally becoming accepted that the spurs themselves are not painful and that it is the inflammation in the plantar fascia that causes the symptoms.



How is heel pain investigated?

As well as a thorough history and clinical examination, it may be appropriate to arrange x-rays, nerve studies (if nerve compression is suspected) or an MRI scan (see right) to confirm the cause of the heel pain. The arrow on the MRI scan (right) shows thickening and inflammation in the attachment of the plantar fascia and is able to exclude the presence of any stress fractures.



What is the treatment of plantar fasciitis?

Treatment of plantar fasciitis is almost always non surgical. A combination of orthotics (insoles), biomechanical assessment, cushioned heel pads, activity modification and physiotherapy stretches to stretch both the Achilles tendon and the plantar fascia, will usually be sufficient to settle symptoms. Occasional use of anti-inflammatory tablets or injections may be needed to help with symptom control. Surgical release of the plantar fascia is reserved for the most resistant cases. The results of surgery are often unpredictable and we would therefore tend to reserve operative intervention only for those patients for whom all other treatments have failed.

What does the surgery involve?

The surgery to treat plantar fasciitis involves an incision on the inner side of the foot and part of the plantar fascia is released. We may also release a small nerve in this region if this is felt to be trapped and therefore causing symptoms. Recovery can be slow and it can take a couple of months for the aches and pains and swelling to settle. It may be up to six weeks or more until your activity level is returned to normal.

Are there any complications of surgery?

There are risks with all surgical procedures. Risks of severe complications are increased in heavy smokers. Surgery is performed under general anaesthetic. With modern techniques, the risk from the anaesthetic itself is now very low. There are also general risks of the surgery, which include infection, pain, swelling, stiffness, blood clots, nerve and blood vessel damage and a risk that the surgery may not fully cure the pain. There is also the risk that the remaining plantar fascia may weaken and this can occasionally cause flattening of the arch of the foot.