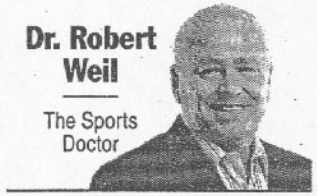
Knowledge can bring foot problems to heel



Whether it's the best athletes in sports, recreational and fitness enthusiasts, senior citizens or kids and teenagers, heel and arch problems are among the most frequent issues we deal with at our office. Even in the inactive category, heel problems are common. Here's some good information regarding these conditions and what to do about them.

The running boom brought millions to the activity of heel-toe jogging, with its greater impact on the heel. Much of the sophisticated running and walking shoe technology is designed to lessen shock and increase stability. Walking generates about 50 percent of our weight through the heel and up the leg, knees and back, and jogging can triple that.

Plantar fasciitis is the medical term for inflammation of the plantar fascia, a large fibrous band of tissue on the bottom of the foot attaching from the toes to the heel. Plantar fasciitis is by no means limited to athletes. Anyone with discomfort on the bottom of the heel where the arch area attaches could be dealing with this. Barring an injury to the heel like landing from a fall, plantar fasciitis often is gradual. Excessive flattening of the foot can mechanically stress these areas. Often when heel and arch problems are persistent, foot type and mechanics are examined.

High arch feet can also be prone to these problems because of a tight fascia and prominent heel shock. Heel spurs — or bony projections on the bottom or back of the heel bone — are common in people in their late 30s or older. Spurs can be the result of excessive and abnormal pulling of tendon or ligament attachments common with foot imbalances such as flat feet or high arches. X-rays can identify bone spurs.

Heel pain can be associated with other conditions, like arthritis or a stress fracture, but most are fascia related. The back of the heel is where the powerful Achilles tendon attaches. The Achilles meets the calf muscle, which runs up to the back of the knee. Achilles tendon ruptures are serious injuries, usually the result of explosive motions or actions.

Achilles tendonitis — or irritation and discomfort to the area — however, can often be much more gradual, and tendonitis, like fasciitis, is often a result of overuse. Too much, too soon or increases in activity levels too aggressively can cause this problem. Gradual increases in the amount of activity is always smart.

Heel pain with kids ages 7 to 15 is more common with so many serious sports activities. Whether it's playing soccer three times a week or tennis, skating or basketball, these kids go at it. There's a large, active growth center at the back of the heel — almost like a cartilage sponge layer that will fuse into solid bone at skeletal maturity (14- to 16-year-olds). Almost every kid we see with heel pain that's not directly the result of injury has inflammation of this growth center. Calcaneal apophysitis is the medical term. Years ago we called this "young boy's jumping heel," but that has changed.

With Title IX, there are as many young female athletes as boys. Backing off running and jumping activities for a few weeks and using heel pads and ice a few times every day can help. Use shoes with heel cleats and allow moderation in return to sports.

Some recommendations for heel and arch problems:

- Find the cause. If the problem is persistent and recurring, look at foot type and foot mechanics.
- Always wear proper-fitting, sport-specific shoes in good shape and replace them often.
- Practice "intelligent rest. Stop running and jumping activities for one to two weeks.
- If it's your kid, insist on reduced or no running and jumping for a few weeks. Gradual resumption of intensity is best.
- Pay attention to foot type and mechanics — high arches, flat feet, bowed legs — when heel or arch problems persist or don't respond to "intelligent rest." Over-the-counter heel pads or supports can be helpful. Orthotics (prescription-molded shoe inserts) are successful when discomfort persists. Physical therapy also is beneficial.

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