

Common injuries:

heel pain



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Pain in the heel is a frequent complaint for patients attending physiotherapy, sports physicians and also personal trainers. Pain and discomfort in this region can be due to conditions such as plantar fasciitis, and fat pad syndrome. The prevalence of these conditions in the fitness industry is due to the large amount of running and jumping in many health club and personal training activities.

Terminology

Plantar fasciitis has been referred to previously as 'heel spurs', however, the presence of an actual spur of bone coming from the calcaneus may not be the cause of the patient's pain. Many people with no heel pain may have bony spurs and, conversely, many people with the symptom of heel pain do not actually have a spur at all. The fat pad syndrome has been described as 'bruised heel' due to the uncomfortable sensation produced on weight bearing.

Signs and symptoms

Plantar fasciitis is a condition that involves irritation of the plantar fascia at or near its insertion into the calcaneus. The pain with plantar fasciitis often comes on without obvious cause and is felt deep in the heel. Symptoms are usually worse first thing in the morning, can ease with gentle exercise, and are often aggravated by prolonged standing on hard surfaces. The pain of a fat pad contusion often develops following a fall which transfers force through the heel or from heavy heel striking when walking and running - it is a common condition in the military services where long distance marching is involved.

Management

As with all episodes of pain, it is essential the client is examined by a physiotherapist or sports physician as soon as possible. The medical professional will evaluate the extent of the injury, make an accurate diagnosis and chart the most appropriate management strategy to return the client to full function.

The most important step in the initial management of heel pain is to replace the major aggravating activities with low impact options to reduce the amount of stress through the foot and heel. This may involve reducing the running duration, or substituting running and walking for a period of stationary cycling until the symptoms ease.

Local physiotherapy treatment may involve massage of the plantar fascia, post exercise icing, stretching of the fascia itself (see photo), as well as stretching of the gastrocnemius and soleus muscles. Many heel symptoms are also related to poor lower limb biomechanics, especially excessive pronation, thus a full biomechanical assessment is recommended. There may also be a need for corrective orthotics, foot taping techniques to reduce the load on the fascia, as well as high quality and correctly prescribed footwear.

Treatment of the fat pad syndrome also involves a reduction in the amount of impact, as well as good footwear, and the possible use of a rubber heel cup that fits in the heel of the shoe to act as a



Transverse friction massage to the plantar fascia is a common treatment modality used in physiotherapy.



Plantar fascia stretching is an important component of the total injury management program

cushion to reduce load on the painful area.

The progression of the rehabilitation program should always be overseen by the treating physiotherapist or sports physician, as re-injury and poor recovery are often caused by over enthusiastic patients and premature return to sport. ♦



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Stretching of the gastrocnemius and soleus is an important component of the plantar fasciitis treatment program.



Orthotic therapy is often required for patients with poor lower limb biomechanics. In this photo a Get Active patient is using the Foot Alignment System (FAS) to construct a weight bearing mould from which to cast the orthoses.



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