

Have you ever gotten out of bed and felt a pain in the bottom of your heel? Does the pain seem to decrease the longer you are on your foot? When you sit down in the middle of the day and go to get back up does your heel hurt again? If this sounds familiar, you could have **Plantar Fasciitis**. Plantar fasciitis is a common complaint patients have when they visit a **Podiatrist**.

The ligament on the bottom of the foot that connects the heel to the ball of the foot is known as the Plantar Fascia. This ligament aids in support of the arch. **Plantar fasciitis** is the name given to the condition resulting in inflammation of this ligament. When you stand, the pressure applied to the arch of the foot results in some decrease in arch height. This decrease in arch height places a stretch on the **Plantar Fascia**. This stretch can result in micro-tears of the **Plantar Fascia**, where it attaches to the heel bone. The micro-tears create pain in the heel upon standing that can range from a dull ache, to a sharp stabbing pain. This pain is relieved when you get off of the foot, but returns upon initial stance after periods of rest. **Plantar Fasciitis** can progress resulting in an inability to walk on the foot in the morning. This condition is also commonly associated with heel spurs. The ligament pulling on the heel bone over an extended period of time can create a heel spur. It is not the heel spur that hurts, but the micro-tears in the Plantar Fascia. When you see a **Podiatrist**, they will typically x-ray your foot to rule out other possible causes for the pain.

Treatment options focus on two things: reducing the pain and inflammation and altering the foot function. We can reduce pain and inflammation by: reduced activity, ice, immobilization and medication. Medications consist of non-steroidal anti-inflammatory drugs (NSAID's) like Ibuprofen, steroids and natural homeopathic medicines. These medicines come in a variety of options, and can be used orally, topically or by injection. The second focus of treatment is to alter the mechanics of the foot. We can do this by stretching, avoiding barefoot walking, posterior night-splints, arch supports, custom orthotics, braces, physical therapy and lastly surgery. Surgery is typically a last resort, and is reserved for those patients who have not responded to more conservative treatment measures. For some patients Platelet Rich Plasma (PRP) Injections are also an option. Platelet Rich Plasma (PRP) injections use growth factors in your own blood to "jump start" the body to repair itself. Check to see if your **Podiatrist** offers this as a treatment option. Make sure your **Podiatrist** is Board Certified in Surgery so you get access to all treatment options available.

Plantar fasciitis is a very common condition. No one should accept having pain from plantar fasciitis. If your pain sounds like Plantar Fasciitis see a Podiatrist as soon as possible.

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