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**The internet is full of ideas to help heel pain**

In this fact sheet I look at the points raised by Sports people at HeelThatPain. This is not the only source. I decided to put it to the test and cross check with my own 40-year experience as a UK Podiatrist and podiatric foot surgeon and current literature. For the most part the facts are true, which is good news. Whether the hard sell attached to such articles is valuable, this is another question. I have no vested interest either way except promoting accurate information. I also recommend a great site called <https://footeducation.com/plantar-fasciitis/>for further, reliable information. The site has a great mapping tool that you can click onto to find the most likely diagnosis.

**INTERNET:** Heel Spurs Can Cause Morning Heel Pain: If you have plantar fasciitis, you’re all too familiar with morning pain–those first excruciating steps after getting out of bed. Why? Heel spurs are often enemy #1 as they dig into already-tender tissue for the first time after a period of inactivity. **FOOTLOCKER:***Heel pain in the morning arises due to a swollen heel pad even though rested overnight. Upon standing the pain nerve fibres are activated and settle after a minute or two as the fluid is redistributed with walking. The story around heel spurs is inaccurate. Spurs do not dig into the tissue.*

**INTERNET:** Problems with dorsiflexion: People with Plantar Fasciitis (PF) also typically have trouble with something known as dorsiflexion. That’s the movement in which the foot is brought toward the shin. **FOOTLOCKER:***This is not completely correct; many people believe that you can associate plantar (that means sole) fasciitis with lack of ankle movement upwards (dorsiflexion) but that would make it too simple. You can experience PF with normal ankle movement.*

**INTERNET:** One in ten will struggle with plantar fasciitis: Just about 10% of the population will suffer from Plantar Fasciitis at some point during their lifetime. That’s a lot of people! **FOOTLOCKER:***Actually the authors used Wikipedia, and Wiki said between 4-7%. The fact is that the condition is not uncommon. The authors used different references and some suggested 10%. Studies on population incidence are not reliable but these values cannot be disproved and might be close in some western societies.*

**INTERNET:** Age is a factor in plantar fasciitis: The age group most likely to be struck by Plantar Fasciitis is those between 40-60 years of age. In part, that’s because the tissue in the foot starts losing elasticity as we age! **FOOTLOCKER:***Now I can agree with the age range. You can in fact experience heel pain at any age but the cause of heel pain will vary between age groups.*

**INTERNET:** Weight can also be a factor in heel pain!: In fact, obesity is a factor in 70% of plantar fasciitis cases. In some cases, gaining weight quickly is a given, and even healthy (for example, pregnancy). However, according to a paper published by Dr Rosenbaum in Medical Clinics of North America in other situations it’s important, if at all possible, to maintain a healthy weight in order to keep healthy feet. **FOOTLOCKER:***The hyperlink for Rosenbaum takes you to an abstract, not the full article. If you want the article it would cost $35 The abstract says 10% or 1 in 10 US people suffer from heel pain, so now we know where the value of 10% came from. So, I checked out a different source, Now I’m not knocking Rosenbaum but obesity did not feature in the first page or abstract so I am curious! After looking at 146 people with plantar fasciitis the authors noted 90% (146) improved while 10% did not. This came from Boules 2018 which is more recent than Rosenbaum. So, YES, obesity is a factor but probably due to poor**mobility. There are many people who have normal weight distribution who still have heel pain. One factor alone may not be the cause. Loosing weight cannot harm and we don't want to pillory everyone who is overweight - DO WE?*

**INTERNET:** Plantar fasciitis often heals without medical intervention: An incredible 90% of cases involving Plantar Fasciitis are self-limiting. Meaning, with 6 months of conservative treatment (including stretching, icing, and the use of orthotic inserts) the condition will greatly improve or be fully resolved! **FOOTLOCKER:***Formal medical or podiatric intervention is not required providing that the condition does not become chronic. YES, stretching is good and will help as will night splints that can keep a constant stretch on the band. Orthotic inserts may help but it depends on the design. Heel cup technology is worth trying, such as the Tuli Heel Cup*

**(**[**video 33secs US**](https://www.bing.com/videos/search?q=tuli+heel+cup&&view=detail&mid=91DF12F38B3356ED7AED91DF12F38B3356ED7AED&rvsmid=86AFB0C844448A8891D386AFB0C844448A8891D3&FORM=VDQVAP)**).**

**INTERNET**: In fact, stretching alone can improve or eliminate heel pain!: In a study published in the Journal of Bone and Joint Surgery, heel pain was either eliminated or much improved at eight weeks in 52% of patients who were treated with an exercise program to stretch the plantar fascia. Stretching to relieve symptoms of plantar fasciitis doesn’t work immediately–but for many people it does work in the long-term. Incorporate stretching into your daily routine for best results. **FOOTLOCKER:***Again, stretching is a useful method which does help. The paper cited is 2003 contains some complex data which has been pruned. But, by 8 weeks some who stretched did find some relief. I took a look at a later paper by Sweeting et al 2011. Stretching the PF maybe more effective than stretching the achilles alone in the short-term. This means that some may benefit, others may not but also, persistent heel pain needs a different approach. Sweeting also add there were too few studies that had sufficient scientific rigour in their design.*

**INTERNET:** Plantar fasciitis misdiagnosis is common: Plantar Fasciitis isn’t always the culprit when it comes to heel and foot pain. If your pain isn’t going away, or if insoles and stretching make it worse, you might not have plantar fasciitis. Ligament tears and plantar fibromas are two of the leading conditions that masquerade as plantar fasciitis, or if you’re experiencing a lot of foot pain during the night, you may have Tarsal Tunnel Syndrome. **FOOTLOCKER:***YES, there is truth in this whole paragraph. My recommendation would be seeking help after 6 weeks maximum if no improvement is achieved. Six months is too long to leave this problem if you want an early fix.*

**INTERNET:** Heel Spurs are found in about [50% of plantar fasciitis](https://www.aafp.org/afp/2011/1015/p909.html#afp20111015p909-b4)cases[.](https://www.aafp.org/afp/2011/1015/p909.html#afp20111015p909-b4)Contrary to common belief, heel spurs are caused by plantar fasciitis–not the other way around! Heel spurs develop in response to trauma of the plantar fascia, which can ultimately cause a great deal of pain when walking. Treating plantar fasciitis early is the key to avoiding heel spurs. **FOOTLOCKER:***Heel spurs are NOT caused by fasciitis and if they are seen this is often an inconsequential finding. However, heel spurs can be seen in patients suffering from fasciitis. I disagree with the comment from 'Heelthatpain'.*

**INTERNET:** One in four has flat feet – also a factor in plantar fasciitis: On the other end of the spectrum, 60 million Americans (about 25% of the population in the United States) have flat feet–another major red flag for Plantar Fasciitis. Neither flat feet nor high arches absorb impact as well as balanced arches, and cause extra strain and trauma to the fascia.**FOOTLOCKER:***While there is some truth here, flat and high arch feet do not always cause PF as occupational factors are also an important factor.*

**INTERNET:** Custom orthotics are ineffective for plantar fasciitis pain anyway!: A breakthrough study found that after three months, custom orthoses only improved pain 11% as compared to placebo orthotics. Going custom can be incredibly expensive–and might not be worth the extra money! **FOOTLOCKER:** *The breakthrough study by Hawke and others was published in 2008 and is available through the Cochrane Library in full. here is a summary of the positive findings about orthoses*

**ORTHOSES TO ASSIST WITH HEEL PAIN**

* are more effective than sham orthoses for improving function, but not for reducing foot pain, after three and 12 months;
* are not more effective than night splints but do increase the effectiveness of a standard intervention of night splints for reducing foot pain or improving function, after six weeks or three months;
* are not more effective than non‐custom foot orthoses for reducing foot pain or improving function, after two to three months or 12 months;
* do not increase the effectiveness of a standard intervention of Achilles' tendon and plantar fascia stretching or night splints for reducing foot pain, after six to eight weeks;
* are less effective than a combined treatment of manipulation/mobilisation/stretching for reducing foot pain after two weeks, but not after one or two months.

The fact regarding cost is true. Custom orthoses (prescription) should only be tried under guidance from a qualified registered professional

**INTERNET:** Sometimes all it takes is standing still to develop heel pain: Ever wondered why standing all day for work can feel so much more tiring than walking, even though you haven’t gone anywhere? It’s not all in your head! Standing in place is much more conducive to the development of plantar fasciitis, since strain is being placed on a few muscles over a long period of time, rather than spread over numerous muscles. Standing for long periods of time can put you on the fast-track to developing Plantar Fasciitis. **FOOTLOCKER:** *This fact is true. Many patients are employed in occupations where standing is dominant, but equally it is the middle aged person who upon deciding to become fit develops PF. PF is an overuse syndrome and the lack of pliability in tissues as we age contributes to the problem.*

**INTERNET:** Surgery is the answer for a small number of people. **FOOTLOCKER:***Maybe 5% of patients with intractable heel pain benefit from surgery.  Spur surgery should be avoided unless there is good reason to have this. Key hole surgery is best but you must engage in 6 months’ treatment before surgery. Surgery can be around 75-80% effective but also needs a change of activity if this caused the original problem.*

**INTERNET:** Heel Spurs Become More Common As We Age: Studies across the board reveal that heel spurs are far more common in both men and women as they age. Large heel spurs are much more prevalent in people who are older than 40. **FOOTLOCKER:***The article cited - Hechmi et al 2014 is a sound paper and only shows that during a study of 1030 feet and x-rays the finding fitted into age patterns. A further study was recommended to see if this was associated with pain. So, having a heel spur does not imply that you have pain.*

**INTERNET:** Heel Spurs Don’t Always Cause Pain: Approximately 38 percent of the population has a heel spur–but many don’t even know it! One study that spanned 45 years found that that heel spurs weren’t ever the cause of pain for many people who had them:**FOOTLOCKER:***The source was Hechmi again. This fact is true. We often x-ray patients’ feet and find the foot that doesn’t hurt has a spur of no consequence.*

**INTERNET:** Heel spurs are the body's attempt to protect the fascia: Interestingly enough, researchers believe that heel spurs are actually the body’s attempt to protect the plantar fascia and other tissue from damage and strain. When damage occurs, cells are called to the area and begin depositing calcium. Over time, these deposits can build up into sharp protrusions that hurt, not help, scrambles to compensate for the loss of cartilage, it may develop painful bone spurs. **FOOTLOCKER:***Spur development arises due to traction or pull forces at a time when the main bone joins the smaller bone section (epiphysis) at the back of the heel. These are actually normal development variations. The calcium deposits and damage to the bone lining however do arise with some conditions, and can be seen commonly as a cause for instance the bump of a bunion (hallux valgus) and back of the heel (Haglund’s).*

**Other anecdotal heel pain stories published on the web.**

**Bill**

‘August*27, 2018 at 10:48 am*  Got plantar fasciitis from running with poorly cushioned shoes. Went back to running when I thought it was nearly healed, trying to protect the heel by putting more weight on the front of my foot. Got a fractured second metatarsal. Seven months injured in total. The moral: wear well cushioned shoes; give injuries a chance to heal; don’t change one part of your running style without advice.’

**Lesley**

‘August 26, 2019 at 7:02 am  I have had heel pain for 3 months now. I have rung the Dr and he said that it was most likely Plantar facitis (*spelling mistake*). I have spent a fortune on insoles etc and taken paracetamol, ibuprofen and co. codamol to no avail. Also done stretching exercises etc. This morning I went to A & E and was given an X-ray which showed that I had a heel spur. It is now difficult to walk now except on my toes on the right foot. I have been told to go back to my Dr and he will hopefully refer me to a specialist.’

**Both of these stories suggest poor diagnosis and advice. Accident & Emergency Departments should not be used for this type of problem.**

The reader is reminded that fascia and heel pain may be wrapped up as a single condition but there are other conditions that lead to similar heel pain.

### **References**

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