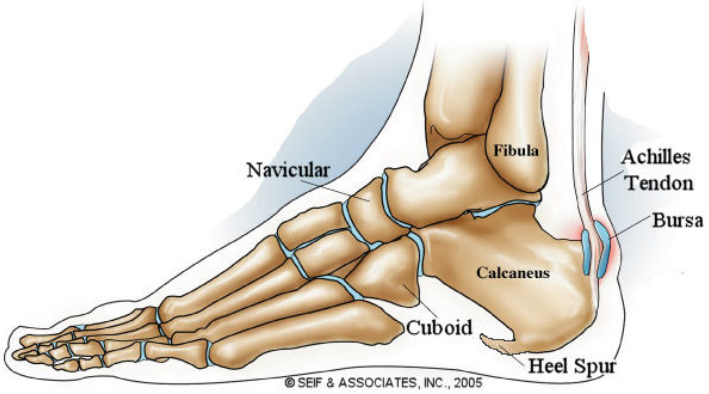
Heel Spur

A heel spur is a hook of bone that can form on the *calcaneus* (the heel bone and the largest bone of the foot). Heel spurs are often associated with plantar fasciitis and usually come in people who have had the problem for an extended period of time. The cause of the relationship is unknown. The pain associated with them is thought to be caused by an *inflammation* (soreness and redness) of the plantar fascia rather than the spur itself. The plantar fascia is a thick fibrous like tissue that runs from the *calcaneus* (heel bone) to the ball of the foot. This strong, tight tissue helps maintain the arch of your foot. It helps distribute the weight across your foot as you walk or run. Stresses placed on the plantar fascia can be tremendous. When it is inflamed normal activities become painful. Pain is worse in the morning after sleeping. After sleeping the plantar fascia is tight. The first movements stretch the fascia and this causes pain. As the tendon loosens, the pain usually gets better. It often returns with too much standing or walking. About 70% of patients with plantar fasciitis have a heel spur. About half of people without foot pain also have heel spurs.



DIAGNOSIS

The diagnosis of a heel spur is made by X-ray. The X-ray shows a hook of bone protruding from the bottom of the calcaneus at the point where the plantar fascia is attached to the heel bone.

TREATMENT AND PREVENTION

- It is necessary to find out what is causing the stretching of the plantar fascia. If the cause is *over-pronation* (flat feet), orthotics and proper foot ware may help.
- Stretching exercises, losing weight, wearing shoes that have a cushioned heel that absorbs shock, and elevating the heel with the use of a heel cradle, heel cup, or orthotics may all help. Heel cradles and heel cups provide extra comfort and cushion to the heel, and reduce the amount of shock to the sore area.

AVOIDING THE PAIN OF PLANTAR FASCIITIS AND HEEL SPURS

- Consult a sports medicine professional before beginning a new exercise program.
- Walking programs offer a good workout. There is a lower chance of overuse injuries common to the runners. There is less impact and less jarring of the joints.
- Begin all new exercise programs slowly. If problems or pains develop, decrease the amount of time or distance until you are at a comfortable level.
- Wear good shoes and replace them regularly.
- Stretch your foot and the heel cords at the back of the ankle (Achilles tendons) both before and after exercise.
- Run or exercise on even surfaces that are not hard. For example, asphalt is better than pavement.
- Do not run barefoot on hard surfaces.
- If using a treadmill, vary the incline.
- Do not continue to workout if you have foot or joint problems. Seek professional help if they do not improve.

HOME CARE INSTRUCTIONS

- Avoid activities that cause you pain until you recover.
- Use ice or cold packs to the problem or painful areas after working out.

- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- Soft shoe inserts or athletic shoes with air or gel sole cushions may be helpful.
- If problems continue or become more severe, consult a sports medicine caregiver. Cortisone is a potent anti-inflammatory medication that may be injected into the painful area. You can discuss this treatment with your caregiver.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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