

## A GUIDE TO HEEL PAIN (HEEL SPUR SYNDROME)

### OVERVIEW

Heel pain is a common patient complaint with a long list of differential diagnoses. The source of heel pain may be skeletal, soft tissue, vascular, neurological, or systemic in nature. The vast majority of heel pain, however, is the result of a common condition called heel spur syndrome. Heel spur syndrome is a triad that may involve any combination of the following: 1) heel spur, i.e., infra-calcaneal exostosis, 2) plantar fasciitis, and/or 3) infra-calcaneal bursitis.

### APPEARANCE

Oftentimes there is no distinguishing outward appearance that characterizes heel spur syndrome. Significant swelling, bruising or systemic symptoms indicate that the patient may not be suffering from typical heel spur syndrome, and that additional diagnostic testing is in order.

### SYMPTOMS

- Classic presentation: Heel spur syndrome is characterized by a gradual onset of sharp or dull pain deep in the bottom of the heel or arch. Pain is usually more intense with the first few steps in the morning or when trying to walk after extended periods of sitting. Symptoms may decrease after walking for a few minutes.
- Pain may return or increase toward the end of the day.
- Positional pain, especially with flexion or extension of the foot or toes.
- Possible sensations of burning, tingling, or numbness
- Interestingly, the spur itself is rarely the cause of pain.

### DIAGNOSIS

- The classic presentation of heel spur syndrome makes initial diagnosis based on history of illness fairly reliable. Treatment, on the other hand, is contingent upon which components of the triad (spur, plantar fasciitis, bursitis) are actually present.
- X-rays are used to identify and evaluate the spur as well as other osseous causes of heel pain.
- Diagnostic ultrasound is used to evaluate changes in the plantar fascia, and to identify bursas or inflammation.

### TREATMENT

Conservative treatment is over 90% effective and consists of:

- Oral anti-inflammatory medicine or steroid injections.
- Physical therapy
- Functional orthotics (shoe inserts that maintain proper biomechanics)

Anti-inflammatory medication and orthotics are key to long-term successful treatment.

If conservative treatment does not provide relief from heel pain, surgery may be necessary.

- The most common procedure is an endoscopic plantar fascia release, which reduces the pulling tension of the structures around the heel.
- Unless very large and projecting downward, the spur usually does not need to be removed, since the tension on the plantar fascia, not the spur, causes the symptoms.



Bone spurs may gradually form as connective tissues pull away from the heel. Heel spurs can irritate surrounding soft tissues.



Diagnostic Ultrasound may be used to detect any abnormalities in the plantar fascia.



Diagnostic Ultrasound can detect soft tissue abnormalities such as this bursa.



Chicago Podiatric Surgeons is dedicated to providing the best possible podiatric care for your patients. This care includes answering patient questions and ensuring they understand their treatment options. Of course, the understanding of treatment options starts with you, the primary care physician. We hope that you find this overview of common podiatric disorders to be helpful in the care of your patients, and that you look forward to receiving future topics from us.

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