

ON YOUR FEET? WATCH FOR PLANTAR FASCIITIS

By Dr. Derek Conte

I have always been on my feet. Playing sports, running, hiking, you name it. When I was in high school and college had jobs as a salesman in a clothing store and as a factory custodian. I was always on my feet, punishing them. In my thirties, my feet began to feel tight. In my forties they would cramp badly during my hikes up Kennesaw Mountain. Eventually, I couldn't place my full weight on my right heel in the mornings. It was so painful I brushed my teeth on one foot!

Millions of Americans suffer from this problem. Plantar fasciitis is inflammation caused by a tightening of the sinewy bottom of the intrinsic muscles (inside) of the feet that flex the toes (flexor digitora). Also frequently involved are extrinsic (outside) muscles like the flexor hallucis longus (great toe), tibialis posterior (helps point the foot down) and the gastrocnemius/soleus (calf). The pain can occur almost anywhere on the bottom of the foot but mostly in the heel, where all these muscles attach. As a result, pressure, walking or even flexing the foot upward toward the knee can be painful. Sometimes the problem can be caused by a bad pair of shoes or just being overweight.

When we punish and neglect our feet our risk goes up. Plantar Fasciitis is not a disease per se but an aggravation that is usually treatable without drugs or surgery, depending on severity and past response to conservative treatment. What is important in evaluating plantar fasciitis is to examine not only the foot, but the lower leg as well.



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The calf muscle is the powerful muscle that drives the gait and attaches to the back of the heel by the Achilles tendon. In plantar fasciitis the Achilles and calf are usually tight as are the others described above. The muscles are usually knotty and sensitive even to moderate pressure. The foot loses its usual suppleness. A good manual/massage therapist can then begin to gently loosen these exquisitely sensitive areas. My problem began to ease after two or three sessions of fifteen minutes over two weeks. It has never returned after 10 years.

There are many conservative and inexpensive ways to care for plantar fasciitis that are that have worked for my patients.

- 1) Stretching the calf and the foot.
- 2) Store-bought cock-up splints (available at drugstores).
- 3) Manual therapy (my favorite).
- 4) Orthotics.
- 5) Combinations of the above.

The medical solutions available are:

- 1) Non-Steroidal Anti-Inflammatories or Corticosteroids.
- 2) Shockwave Therapy (similar to what is done for kidney stones).
- 3) Surgical Release of the plantar fascia.

This second group of treatments may be necessary in some cases but they carry risks that should be looked into. The main thing is to get a good evaluation and take action today. You really CAN get better!

Dr. Derek Conte is co-founder of Chiropractic Specialists on Concord Rd. in Smyrna. For Questions or comments call: 404-784-6008, or visit him on Facebook: Chiropractor Smyrna GA | Derek Conte DC