MEDICAL & TRAINING



HEEL TREATMENT

JAILHOUSE BLUES

Q: I'm in prison, and running has become my means of coping with the stresses of this place. Now I have to stop because of pain in my heels. X-rays show I have bone

spurs. One doctor suggests cortisone injections, another says it's my running shoes and a third says it is the constant living on these hard floors. What causes bone spurs, what treatment will promote healing and how can I prevent a recurrence? R.F., Georgia State Prison, Reidsville, Georgia

A: Your heel pain is related to the plantar fascial ligaments that run along the bottom of your foot from the heel bone to the toes. Strains to these ligaments from abnormal twisting of the foot (common in runners during foot plant) can cause the pain and swelling referred to as plantar fasciitis. This strain, along with tightness acquired from running, causes a pulling effect on the

ne ball: Rolling a

golf ball under your foot can reduce pain

from heel to toe.

heel bone, which eventually results in the formation of a calcium deposit called a heel spur.

Here is a treatment plan:

1. Check your running shoes for good arch support, a firm heel cup, flexibility and adequate shock absorption.

2. Apply heat to your heels (with a heating pad or warm water) for 20 minutes in the morning and before running to reduce stiffness. Apply ice after running and

before bed to reduce swelling.

3. Roll your foot from heel to toe over a golf ball or soup can, massage your foot with your hands or stretch your foot and calf using the ProStretch device (to order, call 800-535-3629).

4. To reduce excessive strain, tape the arch of your foot (like a stirrup) and use a heel-cup insert, or try a fulllength, over-the-counter arch support or prescription orthotic insert.

5. Corticosteroid injections help reduce pain and inflammation but don't correct the cause of the problem. To prevent recurrence, make sure your foot plant is straight when running. Your heel should neither roll too far inward (overpronation) nor outward (supination) when

landing, but motion should proceed from heel to toe in a straight path.

6. Surgery may be an option but is seldom necessary when the above measures

-Dr. Richard Braver, D.P.M., former 3:51 1500-meter runner



Dr. Richard T. Braver Reconstructive Foot & Ankle Surgery Podiatrist/Orthotic Specialist

140 Grand Avenue Englewood, NJ 07631 Fax (201) 569-3536

4-14 Saddle River Road Suite 103 Fair Lawn, NJ 07410 (201) 791-1881

51 Route 23 South Riverdale South Bldg. Riverdale, NJ 0745 (973) 831-1

E-mail:DrRun@aol.com

Please forward all correspondence to the Englewood Address WEBSITE: WWW.DRRUN.COM