



Dr. Irina A. Tsyganova Xrays patient's feet to determine the best form of treatment. Don't hesitate to contact her for a thorough foot exam! As the saying goes . . . "an ounce of prevention is worth a pound of cure."

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They are great for that purpose, but will not help treat plantar fasciitis. The stress on the fascia needs to be decreased to allow the fascial band to heal. This is accomplished by wearing a semi-rigid insert designed to control abnormal motion, mainly pronation. Sport orthotics, semi-rigid orthotics and custom made orthotics can accomplish this. For individuals with severe flatfoot or plantar fasciitis resistant to treatment, a prefabricated orthotic is not recommended.

6 Lose weight.

"AHHHHHHH. Don't say that! How am I suppose to lose weight when I can't walk?" Yes, you are right, and as the saying goes, you are caught between a rock and a hard place. It is very difficult to lose weight when you are told to decrease your activity and you are in pain. In fact, most people gain weight when they develop plantar fasciitis. Unfortunately, the increased weight gain puts even more stress through the arch and the heel, making the problem worse. This is why it is so important to take the necessary steps to lose some weight. Even losing five or ten pounds will make a difference.

7 Wear supportive shoes.

This may sound obvious, but many people wear thin, flimsy shoes and wonder why they have heel pain. Your shoes should have a supportive sole which is rigid from the heel to the ball of the foot. The shoe should only bend at the toes, not in the middle. To test this, take your shoe and grab the heel. Place the toe box on the

floor and press down. If the shoe collapses, it is much too flexible and should be thrown away.



When Is It Time To See A Doctor?

If your pain hasn't resolved within a few weeks, it is recommended to make an appointment with a podiatrist. Other possible causes of heel pain will be ruled out, an X-ray may be taken and a review of the treatments listed above will be given. Conservative therapy is always tried initially.

❖ Steroid Injections

These are not the type of steroids which build up muscle, but the type which decrease inflammation. The steroid is injected right into the area of the most inflammation, at the heel. A steroid injection does not heal the fascia, it decreases the inflammation. It is important to remember this. Steroid injections work the best when they are used in conjunction with all the conservative therapy mentioned above.

❖ Does the injection hurt?

The short answer is yes, it does. But, the good news is that the injections are quick and the pain you feel when you get out of bed in the morning is far worse.

Know When To See A Doctor

❖ Taping

Because taping is difficult to do on your own foot, this therapy is commonly done by a podiatrist or physical therapist.

❖ Custom made orthotics

Custom made orthotics are devices which are molded specifically to your feet. A plaster mold is taken while you are sitting or lying on your stomach. Another method for casting is placing the foot in a foam box and taking a mold. The most common type of foot needing an orthotic is a flatfoot. But, any foot with abnormal motion may benefit from a custom made orthotic. To know if you need an orthotic, you should visit a podiatrist and be evaluated. Custom made orthotics are rigid devices, with a soft cover. The rigidity is necessary to hold the weight of the body and control the abnormal motion. A soft orthotic will collapse under the weight of the body and be no better than a cushion.

❖ Physical therapy

Physical therapists play an integral part in the treatment of plantar fasciitis. Most therapists are well trained in treatment of this condition because it is so common. Physical therapy may involve ice baths, contrast soaks, stretching, strengthening, ultrasound and iontophoresis. Some therapy can be done at home, other therapy may involve twice weekly visits to the therapist for a number of months for good results.

❖ Shockwave therapy

The term shockwave therapy usually makes people jump. No, this is not electric shock therapy. It is extracorporeal shockwave therapy (ESWT). Shockwaves are sound waves that create vibrations. The theory is that the vibrations cause controlled injury to the



tissue, in this case the plantar fascia and surrounding structures at the heel. The body responds by increasing its healing ability at that area, stimulating a repair process.

For over twenty years, extracorporeal shockwave lithotripsy (ESWL), a non-invasive procedure, has been successfully used in the treatment of kidney stones. The shockwave stimulates and reactivates healing through revascularization and other elements necessary to advance normal tissue healing.



Irina A. Tsyganova, DPM is a graduate of the Temple University of Podiatric Medicine. She completed residency training in Podiatric Medicine and Surgery at Kennedy Memorial Hospital - University Medical Center. She is trained in all aspects of foot and ankle medicine and surgery. She is also an actively involved Associate of the American Society of Podiatric Dermatology, American Professional Wound Care Association, American Academy of Podiatric Practice Management, and American Podiatric Medical Association

Studies have shown a 92% success rate with just one 18 minute treatment. This procedure is FDA approved, requires no surgery, and is safe and effective. ESWT can also be used in cases where heel surgery was performed and failed. Also, there is no time lost from work.

❖ EPF: Endoscopic Plantar Fasciotomy

EPF is a minimally invasive surgical treatment for chronic plantar fasciitis. The procedure involves making a small incision on the inside and outside of the heel. A small camera is inserted into the heel which allows the surgeon to visualize the plantar fascia. The success rate with this procedure ranges from 80-90% good to excellent results and the complications are reduced in comparison to an open heel surgery.

If you are suffering from heel pain, a thorough evaluation by a podiatrist is a must. Acute and chronic heel pain can have many causes and may not necessarily be plantar fasciitis. By identifying the cause of your pain and making a correct diagnosis, it can be treated appropriately. I see heel pain patients every day and know how debilitating it can be. Through thorough and compassionate care, most of these patients are back to a pain-free life.

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