What is pain in the bottom of the heel? Discomfort in the heel which is more than skin deep can have any of several causes:

1. A bone bruise or contusion is an inflammation (swelling) of the covering of the heel bone. It is painful either in walking or in running.

2. A stone bruise is a sharply painful injury caused by the direct impact of a hard object or surface against the foot.

3. Plantar fasciitis is a swelling of the fibrous tissue band where it originates at the bottom of the heel bone. The pain often extends to the inside of the arch area, and if you a runner, it is usually more severe when you're running faster or on the ball your foot.

5. Heel bursitis is the formation of a protective sac of fluid, call a bursa, resulting from irritation caused by the spur. When this bursa becomes inflamed, it is called bursitis.

6. Nerve irritation or inflammation is a condition which often afflicts the nerve on either side of the heel bone extending down to the bottom of the heel. Heel bursitis and heel spurs are often accompanied by pain and stiffness in the bottom of the heel, especially when you're getting out of bed in the morning.

Practical Pointers for Prevention

1. Wear athletic shoes with good shock absorption in the heel, with a good heel counter for motion control, and with good flexibility in the sole.

2. Make sure the shoes do not have excessive wear in the heel area.

3. Do not use every day shoes of more than 1.5 inches in heel height. They can cause problems with your feet. If you have a heel problem and are stretching the back of the legs in order to alleviate it, the use a built up heels in your walking shoes will work against everything you are trying to accomplish with your stretching.

4. If you are overweight or have gained weight in the last year, lose weight.

So, what you do at home if you develop pain in your heel?

1. When the first have pain, apply ice to the bottom of the heel for five minutes on, and five minutes off for three times during the day.

2. If swelling is present, elevate the leg on two pillows above the level of the heart as much as possible until the swelling diminishes. Plan on at least two days of rest from excessive standing, walking, or running once the swelling has disappeared. If you swell up when you try to walk or run, double the amount of rest.

3. Take two Aleves twice a day for ten days. Do not take Alleve if you have asthma, an allergy to aspirin, or have stomach problems!

4. Buy a pair of Dr. Scholl's Pro-Walker Inserts at Wal Mart ($9.97). These will help to prevent your arches from falling, and prevent the fibrous band from tearing. If you still have pain in the heel, you can add sponge rubber heel pads, 1/4" felt, or a piece of indoor/outdoor carpeting cut in the shape of a horseshoe or a circle with a hole in it. This is placed on top of the Energy Gel insert. Whenever you add a heel raise to a shoe, you should do so for both feet, unless you're compensating for a leg length difference. The pad may be more comfortable if it is shaved down so the front part is a bit thinner (lower) than the back. An additional aid to use with or without the insoles would be a plastic or rubber heel cup.

5. Use a heating pad on your heel at night, or when you first get up. This will prevent the tearing of the fibrous band when you first step down onto it in the morning.

6. You should do a series of stretching exercises daily. If they irritate the problem, they should be stopped or done with less intensity. Do the stretches slowly, avoid bouncing or jerky motions, and hold them for two minutes at a time. If you feel a burning in the back of the leg-ease off a bit. Sit on the floor with your legs out straight, and grasp with your toes and hands and pull. You can also use a towel behind your feet for a better stretch.

7. Use a rolling pin or bottle, and roll your foot over it to stretch out the fibrous band.

8. If you have followed all or most of these steps and are still having trouble with pain, redness, heat or swelling, then please give me a call. Ninety percent of all patients do not need surgery if the problem is treated early.

9. Treatment of the mechanical component includes: a heel cup, taping, orthotics (custom arch supports), physical therapy such as ultrasound light therapy or interferential, a night splint, and proper shoe gear (tie athletic shoes with no more than 1.5 inches of heel raise).

10. Treatment of the inflammatory component includes oral anti-inflammatory medications, cortisone injections (three per year maximum), and home icing and stretching.

11. If the pain persists, other causes must be ruled out. Surgery may be necessary.