



The Plantar Fasciitis Solution



Your Guide to Finally Ending
This Frustrating Problem

Dr. Adam Klein

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Why Now

After over 20 years of treating heel pain, I want to share the ideas in this book so you can understand the process and overcome any concerns you have about starting your journey to a life without pain.

I would like to dedicate this book to my daughter Teigan, for all her support.

Introduction

Who should read this book? If you are experiencing any or all of these symptoms, this book is for you.

- You have suffered from heel pain for more than a month.
- You've tried traditional medical treatments and experienced only temporary relief.
- You have purchased expensive shoes and inserts but only found temporary relief.
- Your life is now being interrupted or restricted because of chronic heel pain.

Unfortunately, it's far too easy to suffer far too long with this pain. It's not just the physical pain alone that is exhausting. It's also the psychological pain of not knowing if the situation will get worse. If you are a long-term sufferer, it is extremely important to have an

accurate diagnosis and personalized non-traditional treatments put into place. It is very common to suffer from plantar fasciitis even after being treated by a doctor.

Unfortunately, I've heard many stories of unfulfilled hope from patients who received short-term relief and many others who experienced no relief at all.

Chronic pain is a constant reminder of all the activities that you are missing. How many activities have you missed this month with your family and friends, all because it's too painful to walk? Beyond the special outings you're missing, it's also mentally frustrating to start every day with heel pain from the second you put your foot on the floor in the morning. Pain is no way to start your day.

Oftentimes, chronic pain is no longer plantar fasciitis but something worse. That is why it's of utmost importance for you to get an accurate diagnosis as soon as possible. An accurate diagnosis is the first step to finally getting back to your active lifestyle.

My desire for this book is to inspire you to see a podiatrist quickly if you've had heel pain for more than a month. I also hope the book inspires anyone who's suffered from pain, even after seeing a doctor, to realize the importance of seeing a podiatrist.

Whether you've had pain for a few weeks or several months (even if some treatments haven't worked yet), your pain can be relieved with the least invasive methods, as long as the condition is diagnosed correctly.

Let's get this frustrating problem solved,

Adam

Chapter One

What Exactly is Plantar Fasciitis?

Plantar fasciitis is essentially inflammation and strain of the plantar fascia ligament, which is a “tendon-like” ligament attaching to the heel bone. This particular ligament-- the longest in the body-- runs from the heel all the way to the toes.

The plantar fascia takes the form of a wide thick support for the bottom of the foot, designed to absorb the tension created with every step.

Unfortunately, the plantar fascia can very easily become strained. According to the American Academy of Family Physicians, about one million people a year get plantar fasciitis. We typically see five to seven people every day in our clinic with this condition.

Causes of Plantar Fasciitis

There are a number of different theories as to the cause of plantar fasciitis. It may be that

flatter arches place more tension on the plantar fascia. Weight could play a role. Take, for example, someone who is slightly overweight or obese; their arch will typically flatten a little bit, creating more tension on the plantar fascia.

It may also occur because of overuse or over activity. Somebody who goes from being a walker or a sedentary person to suddenly becoming a jogger puts extra tension on the plantar fascia.

Many people believe it could stem from a variety of situations. I've heard everything from having an autoimmune condition to wearing bad shoes. I tend to believe bad shoes are probably more often to blame as many shoes today don't provide good support; the heel might turn inward, causing the arch to flatten, creating more tension on the plantar fascia. Any one of these situations could cause problems but put them together, and we can see how easily the plantar fascia can become strained, inflamed, and very painful.

Age of Plantar Fasciitis Sufferers

The usual age for plantar fasciitis starts around 35 to 40 years old; that's when it seems to "suddenly show up." It's usually not seen any earlier because there hasn't been the same amount of wear and tear on the feet as you see in the 30s and 40s.

The Dangers of Self-Diagnosis

Nowadays, it's really easy and pretty common for people to self-diagnose because of the internet.

For example, let's say you get up in the morning and you have pain when you step out of bed. This is a classic sign of plantar fasciitis. So you automatically assume, "Hey, I have plantar fasciitis." So you start doing Google searches, which sends you down multiple rabbit trails!

I can understand that because many people don't want to go to the doctor. They want to be able to take care of it themselves and say, "Oh, I've never had this before. It must be bad shoes."

It must be something I was doing wrong. I can fix this by myself.”

It didn’t use to be that way. Back when I got into practice, it wasn’t the case. People never even heard the term plantar fasciitis, but now, someone who comes in with pain in their heel will say, “Yeah, I believe I have plantar fasciitis,” because they’ve done all this research.

Misdiagnosis = More Pain

The *misdiagnosis* is something I see more and more. It’s not as if there are bad doctors out there, although people will go to a non-specialist at times. Maybe their primary care physician or urgent care clinic will assume everything that involves heel pain is plantar fasciitis. But the thing is, that’s not necessarily true. There are a lot of different problems that can cause pain in the bottom of the heel.

The problem with misdiagnosis is months go by, and because of either self-diagnosis or misdiagnosis by a medical professional, now they’re six to 12 months into the pain, and it

becomes a much more difficult situation to resolve.

- Many times another professional will see the back of the heel where people can get Achilles' tendonitis (but if the pain is at the bottom of the heel), the assumption is that it's plantar fasciitis.
- Maybe the doctor saw a heel spur on the X-ray, so they assume the patient must have some type of issue like heel spur syndrome, which involves plantar fasciitis.

That misdiagnosis, unfortunately, can be quite common. There's an assumption that everything which involves pain in the heel is plantar fasciitis, and of course, that's not true.

I would say the sooner the right diagnosis is made, the faster you can get relief and return to normal activities.

Little Problems Turn into Big Problems

Here's the situation, if it's not plantar fasciitis, it's something else. It's important to make sure we're not missing something.

The biggest danger with missing a problem is there could be something like a bone cyst or a small tumor in the tissue. That's why a correct diagnosis is absolutely critical.

However, for some reason, people tend to let foot pain just go and wait until they've had it for a number of months. And only come in after all the home remedies they tried didn't work.

Another big part of misdiagnosis is a condition in which the plantar fascia can turn into something like scar tissue. This could be a degeneration of the plantar fascia.

When that happens, it's much more difficult to remove it, and there's definitely no home remedy for it.

Until we have a proper diagnosis, we don't know what we're dealing with, making it impossible to decide which specific treatments we can use.

Unfortunately, it's all too common for patients to come to us after they've had five different treatments that really did nothing for them.

All because there was a misdiagnosis or a self-diagnosis; when, if there had been an accurate diagnosis, one or two treatments could have gotten rid of the pain within a very short amount of time.

The “Finally Relief” Story

This story has to do with a patient that was needlessly suffering because of a misdiagnosis. The patient had symptoms for a good six to eight months; that’s always a red flag for me. I’m thinking we’re probably dealing with a scar tissue situation and degeneration.

Because this patient had been in pain for six to eight months before receiving treatment, when he did get treated, he received the typical plantar fasciitis treatments. He did get a little bit of relief, but the pain persisted.

Finally, I saw the patient about a year into his symptoms and used a *diagnostic ultrasound*. Surprisingly many podiatrists don’t have this technology, and certainly, a primary doctor or urgent care clinic isn’t going to even think about using this tool.

What I saw was quite a thick plantar fascia; a light bulb went off, that this is probably a condition called plantar fasciosis, which is different from plantar fasciitis. The suffix “itis” means inflammation, while “osis” means thickening or degeneration. If we had discovered that earlier, we could have instituted the treatments for plantar fasciosis, and this patient could’ve gotten relief a lot sooner.

Although the misdiagnosis made this case more difficult, it probably took a good three to four months to get the pain to go away. We were able to finally get the patient his orthotics and other necessary things to prevent inflammation and scar tissue from developing again. All in all, it was a great success in relieving him of pain.

Chapter Two

Top Seven Critical Mistakes Plantar Fasciitis Sufferers Make

The #1 Mistake

One of the first mistakes made by plantar fasciitis sufferers is, after just having pain for a few weeks, they make some changes and start to think the pain is going to go away permanently.

Again, they never had pain in the heel before. They just expect that someday, the pain will just go away if they back away from certain activities that are putting too much strain on their heel. So they rest it, put some ice on it, and maybe follow some of the online remedies they can find.

Unfortunately, if you've had plantar fasciitis for more than a few weeks, it's likely you will need a specific type of treatment for the pain to go away. Maybe less than 5% of the time, the pain will go away by itself.

The #2 Mistake

This critical mistake is just waiting too long to see a podiatrist. The patient knows they need to do something about it, yet they're waiting and thinking, "When I get there eventually, they will be able to do something and fix the problem immediately."

The longer people live with this situation, oftentimes, it gets more difficult to solve. The biggest risk is scar tissue can form in the heel, and degeneration of the plantar fascia can happen. Typically, if you've had the pain for more than three to six months, there's a higher likelihood you will end up with something like that. You just don't want to wait that long.

The #3 Mistake

Is thinking a new pair of shoes is the answer. It's so common to point to that and say, "I just need better shoes." Oftentimes, when they buy a new pair of shoes, they get something with decent support. Maybe they found something online recommending a particular brand of better shoes, and they might get relief for a week or two weeks at the very most. In a few

weeks, they think, “Well, maybe I should go get a different pair of shoes.” They do that and realize, “Well, that didn’t solve it.” I’ve even heard from people who buy three or four different pairs of shoes, and certainly, none of those shoes cured the problem. They just made an unfortunate mistake. Again, it’s just the lack of knowledge that the shoes really aren’t going to solve the entire problem. They may not necessarily be the reason for the problem.

The #4 Mistake

The next mistake people make is just purchasing a heel cushion or an over-the-counter insert. It’s so common to think, “My heel probably just needs more cushion. Maybe my shoes aren’t giving the heel enough cushion.” I’ve never seen a cushion solve that problem.

I joke with my patients if we could solve the issue with a cushion inside your shoe, away you would go; you wouldn’t need someone like me. Unfortunately, a cushion will never do that.

Then there are the Dr. Scholl's stands in pharmacies. You can put your feet on the machine, and it will tell you what kind of insert you can get. Sadly it's just a lot of marketing.

Those things won't necessarily harm you, but it's very rare they will make that big of a difference.

I think the worse thing is buying into ads, on the radio or TV or newspaper, about going to a retail store where you can get these great, wonderful inserts that will solve your problem.

Unfortunately, they cost about \$1,000. In reality, they might help a few people, but they're not custom-made. They're certainly not going to fit your feet and your arches in the right way. In most cases, they won't help. I've had many patients walk into the office, very upset about spending that kind of money, and it didn't even help them. We try to educate the public that a cushion, an over-the-counter insert, or a store-bought insert costing \$1,000 often won't solve your problem.

The #5 Mistake

Soaking your feet in warm water is the next mistake. It feels so good to put your feet in warm water, yet this is often a cause of inflammation unless it has become scar tissue. In that case, ice will be better for it.

Any time you have an injury or inflammation, especially if it hurts later in the day, ice will be the best thing for it. The mistake here is that using heat can actually make it feel worse, though it might feel good at that moment.

Most people will say, “My foot felt really good when it was in the water, and then later it hurt more.” They didn’t realize the pain that had intensified to some degree might have a little bit to do with the warm water. We never recommend warm water when somebody has plantar fasciitis.

The #6 Mistake

Plantar fasciitis sufferers continue their normal activity levels that put pressure on their feet: jogging, power walking, taking an aerobics class, jump roping, etc. Unfortunately, they

don't realize even if they're not having pain during the activity that they're still straining the tendon, the plantar fascia. They're just not going to get better with those types of increased activities or persisting with the activities that caused the problem.

They're warmed up, and they're feeling pretty good. They're going for that long jog, and they're not having pain, so it's common to think everything is going to be okay. My question is, "What did it feel like the next morning?" Oftentimes, they'll reply, "It definitely hurt more." The answer is to back off on those activities.

The #7 Mistake

Plantar fasciitis sufferers spend money on alternative methods such as acupuncture or dry needling, or even chiropractic treatments.

Again, I have nothing against all of those treatments; they can work for a lot of different conditions, but it's very rare they work for the plantar fascia. It needs very, very specific treatments. If you're self-diagnosing or you've

been misdiagnosed, if you really truly do have plantar fasciitis, it doesn't respond to those things very well.

So many patients come in who have tried a number of those things. They spent money and time without getting relief. To me, it's a mistake to do those things when a specialist, who could diagnose it and institute particular treatments, could have gotten them relief a lot faster. It's actually going to save them money as well.

The “Home Remedies” Story

This is a story about trying a number of home remedies and acupuncture because of self-diagnosis.

One particular patient of mine spent money on acupuncture and dry needling, as well as going to a chiropractor. She bought a splint and an over-the-counter insert online and just never really got relief. The thing is, she just didn't realize going to a podiatrist was the right thing. She had pain for a long period of time, and actually, it only took one or two treatments before she was feeling a lot better. She said,

“Wow, I wish I would’ve come to you right away.” If I had a nickel for every time I have heard that, I’d be a rich man.

It’s different than going to a dentist. We all start going to a dentist when we’re young because we need one on a consistent basis. People don’t need a podiatrist regularly or necessarily know somebody who has seen a podiatrist if they’ve never had a foot problem before.

It’s so easy to try so many different home remedies because they’re not dealing with a big, life-threatening medical situation like losing a tooth or having an abscess. It’s so easy to do all these home remedies and spend money on alternative types of things, hoping to get relief.

I wish I could just shout it to the world that not making any of these mistakes and getting the right diagnosis and seeing a specialist faster can save them time, pain, and money.

What it really comes down to is that we all want things fast. Oftentimes, we’re looking in the wrong places for the right things. We really cherish resources like time and money, yet a lot of people end up wasting the two of those when

they could've gotten the answer a lot faster by seeing a podiatrist and getting a correct diagnosis followed by the proper treatment.

Chapter Three

Home Remedies, Do They Work?

We are absolutely a country of Do-It-Yourselfers! The problem with doing this to relieve a bothersome pain or discomfort, if you don't know what you're treating, how can you properly treat it and get relief?

Icing

Let's jump into some home remedies, this is not in any particular order, but icing and stretching are two of the more common things people will do, especially after going online and finding multiple resources that say the same thing. Both can help inflammation in certain situations.

Some people put a water bottle into the freezer and get it iced up and then roll their foot over it and do some stretching exercises. Others buy an expensive splint and wear it at night with the goal of stretching it out.

One of the most common things people do is roll their foot on something really cold or that has some ice; they're trying to relieve the plantar fascia by getting the inflammation to go down.

Again, it'll help a little bit, but it won't necessarily stop the pain. If it were that easy, we would just tell our patients to go home, apply ice, and stretch, and everything would be great, but it doesn't work that way.

Gel Inserts

A gel inserts or gel-filled heel cushion is another common-sense thing people use. The thought process goes a little like this, "My heel hurts, I should put a cushion in the shoe, and that should solve the problem. Let's get something a little bit thicker, maybe something with gel in it."

Believe it or not, our heels have enough cushion. Most of us were born with enough cushion and retained it throughout our lifetimes, so just adding an extra cushion is not going to solve the problem. Certainly, if you're 60 to 70

to 80 years old, you're going to have less cushion in your heel. In a situation like that, maybe adding some cushion in your shoe can make a difference.

What's the Problem?

Remember, the plantar fascia is a horizontal structure, so it's the tension and pulling on it that causes issues. It's not a problem from direct, straight-down pressure. We have to address tension and pull. Typically, a good custom insert in our arch, which we call an orthotic, will be the best thing for that. Again, buying better shoes is a common-sense thing: "It must be my shoes. I haven't purchased shoes in a while. I'm not wearing good enough shoes. I'll just go out and purchase a pair of shoes."

Get Measured

One of the mistakes is many people just buy off- the-shelf shoes without getting measured. I truly believe getting measured at least once a year is helpful; even better is getting measured every time you buy a pair of shoes. It's so easy to buy shoes online without getting measured or

necessarily knowing which shoes are best for you, which I think is a mistake. You're not getting measured or interacting with the salesperson.

I'm still a little bit old-school about that. If you have a question about a shoe, isn't it nice to have someone there in person to answer your question? Instead of a chatbot!

Buying shoes is a little bit different than buying a shirt or a pair of pants. I have bought those online, but the shoes are different. Just picking something out is not going to help your feet or your plantar fascia at all. Studies have indicated more than 70% of the population is wearing the wrong size of shoes. If it's the wrong size, it won't match your arch correctly, and it certainly won't help your plantar fascia situation.

Home Remedy Dangers

I believe the biggest danger with doing home remedies is the fact you get a false sense of security.

You know it's helping a little bit, and spending time trying the next thing will be the answer,

and then you wait too long. When it comes to plantar fasciitis, I can't emphasize enough the importance of early diagnosis and then early treatment targeted to that particular diagnosis.

I've seen more and more of this thickness, scar tissue, and degeneration situation with the plantar fascia because people are waiting longer. They're just busier now, and they have more resources to research. They're not getting the right diagnosis and the right treatment. They would've been well on their way toward doing the things they like to do without being frustrated if they sought professional help earlier.

So many people come in after spending six, eight, or 12 months in pain; they're very frustrated, partly because they've spent a lot of time and money and maybe because they weren't able to solve the problem on their own. Maybe they're frustrated they got treatment, and the treatment didn't actually work, and now they're further along. When they find out the diagnosis wasn't accurate, they're even more frustrated. I assure them we'll get to the answer, just to be patient with it. Had they known all

those home remedies wouldn't work in the first place, they would've saved themselves time, money, and pain.

The “Shoe Buyer” Story

This is a story I call the ‘shoe buyer’. This woman in her forties loved shoes. She had purchased four different pairs of shoes for her plantar fasciitis, thinking the next pair of shoes would be the one.

She had asked a couple of friends if somebody bought a pair and had gotten relief, so it would be common sense to go and try that pair.

However, after one or two pairs of shoes, if you're not getting any relief-- it's rare to get relief just from a new pair of shoes. Don't waste more money without a diagnosis, and don't waste more time going to the store.

Surprise Remedy

I do have a home remedy I recommend. I call it ‘thumb massage’. It's a term I coined, so you

won't see this online anywhere, but many podiatrists are telling their patients to do this.

If it's your left heel, take your left leg, bent at the knee, and cross over your right knee. Then take your right thumb and just really massage the heel area. You can go either a horizontal or transverse direction, but it is essential that you do it consistently.

This increases blood flow to the area, and if somebody started to get some degeneration, sending more blood flow to the area can help regenerate to some degree.

You should do it for a good five to 10 minutes to see an impact. It's not something that will solve the issue with one or two treatments, so don't get frustrated. However, if somebody does that consistently, for at least a few weeks, they might notice some improvement.

Also, it's not a cure. It's just something that can help. I don't want to deceive people into thinking this thumb massage is the answer to their plantar fasciitis. The other home remedies I mentioned earlier are okay to do; there's nothing that will hurt anybody, but the one

thing they haven't heard of will be that thumb massage.

Doing a Thumb Massage

When you are doing a thumb massage, you're really focusing on the heel. You can come into the arch a little bit, but you really should focus on the very inside of the heel to the very outside of the heel and from the very back of the heel to where the arch starts. If you could draw a square of that area, that's where you want to massage.

If you're starting to have a little pain going into the arch, where some people get pain because they have had it too long and the arch is starting to get strained, then you definitely want to do some massage to that area. If you've had it for a long time, the Achilles tendon at the back of the heel can start to get sore, and you can do thumb massage there as well because they're very similar structures. Either way, you should see some relief.

When you're doing this, you're not really going on the outside of the heel where it would be

soft. You're really focusing more on the underside of the ligament parts.

You're not massaging the outside of the heel. There is a nerve and a muscle on the outside of the heel, and you can probably aggravate that a little bit if you put too much pressure there. The bottom of the heel is thicker and harder, and the plantar fascia is truly on the bottom of the heel. Really focus on the very bottom of the heel to start to feel some relief.

I encourage my patients to take a little time and feel around on the bottom of their heels with their thumb to find the tender spots. That way, you will know you're in the right spot.

Chapter Four

Why Does the Pain Keep Coming Back?

It's so disappointing when you get momentary relief, only to have the pain return a short time later. How is the lack of a proper diagnosis linked to recurring pain?

One of the more common things we're seeing and researching is this condition called "plantar fasciosis." Often, if someone has plantar fasciitis, they've seen a podiatrist (or tried some home remedies), and they had some relief, but then the pain came back after three months or even a year.

Degenerating Fascia

It could be this plantar fasciosis situation, where the plantar fascia has degenerated, turning into something similar to scar tissue, but other diagnoses could be possible as well.

Nerve Pain

There's a nerve impingement that is fairly common with heel pain. If you have pain in your heel, one of the differential diagnoses (which means doctors have a list of things that we're thinking about) can be a nerve entrapment. You could get relief from that for a little while, and then it can suddenly come back.

Edema

It could have something to do with the heel bone itself. You could have some swelling in the heel bone; podiatrists call this 'bone marrow edema', which is almost like a crack in the bone.

You don't even see that on an X-ray; we have to do an MRI to find that. If you're going to an urgent care clinic, an MD, or even sometimes a podiatrist, and they're not doing specific tests to get an accurate diagnosis, things like that can be missed; the pain can come back, even several months down the road. Relief can come from some of the normal treatments for plantar fasciitis, but because it could be something else,

the pain could easily come back within a short time.

Common Mistakes

One mistake is thinking, “It’s plantar fasciitis again.” You can have plantar fasciitis once, get relief, and then get it again. It can be the same type of thing, or inflammation, or the same things that caused it in the first place.

- For instance, maybe you’re still not wearing good enough shoes; maybe you don’t have arch supports.
- Your calf muscles are tight, and you’re not stretching, so there’s more tension on the plantar fascia.
- You’re still overweight.
- Maybe you started jogging a little bit too fast after you got relief the first time.
- Maybe you’re doing activities that aren’t the best for your body type, and the symptoms are coming back again.

You think it's plantar fasciitis, and it may well be, so the treatment may be targeted towards that. But we need to rule out everything else before starting treatment.

Another Diagnosis

My antennae are up already after one reoccurrence, but if it were to come back a third time, I really focus on other problems.

Is it nerve entrapment? Is it the heel bone? Is it plantar fasciosis, the scar tissue? We use diagnostic ultrasound in our practice. If I see thickness of the plantar fascia compared to the other foot, I already think, "This could be scar tissue." I have that conversation with a patient. "Since we got the relief the first time with what we did, we're going to try that again. Then, we're going to have you do these particular things. Get the custom orthotics for your shoes, don't jog, and don't go barefoot at home."

Still Have Pain?

If it were to come back after that, or if it just didn't get better with that particular treatment,

then I know that I need to take the next step of doing an MRI. We need to find out more about what's happening.

An MRI can certainly diagnose things better than either a physical exam, an X-ray, or even an ultrasound. We need to know what we're dealing with in-depth, and typically the MRI will tell us that with the clearest picture.

Unintentional Aggravation

For people who are heavier, or even obese for that matter, jogging won't be good for their feet. If they're doing jump roping, or if they're taking group classes, it might not be the best thing. If you've done that your whole life and you've gotten away with it without experiencing any lower extremity problems, then, by all means, continue. However, bigger people typically have flatter arches, so that's a factor as well.

Some people are born with flat feet, who just shouldn't be doing certain activities. If someone has had any symptoms on the bottom of their feet, going out and running, or doing any kind

of exercise activity involving that kind of strain on their feet, that will certainly be detrimental. Not only will they have plantar fasciitis, but they can have problems with their knees, hips, or back.

The more the foot rolls inward, it's called pronation, the higher the likelihood will be that they're going to have problems, even further up from the feet.

The “Barefoot Lover” Story

This is a story I hear pretty regularly from patients, and I'm sure it's true for all podiatrists: “I just love to go barefoot; I've done it my whole life.” I say to the patient, “These are the things that I don't want you to do.” When I get to that one, they look at me like, “I can't do that. I love being barefoot,” or, “I just love being in my socks,” or, “I like to wear a pair of flip-flops or a pair of sandals,” or “I love slides,” where they just put their feet in there. “I don't like to be in shoes at home.” My answer is, “Don't kill the messenger, but doing those things is not good for your feet.”

I can remember having a particular conversation with a patient who because of her upbringing never wore shoes at home. She'd been a barefoot person for her whole life. When she was out and about, if the weather was nice, she would be wearing sandals or flip-flops.

I know it was very difficult for her to start wearing shoes. When we got a little bit of traction with her pain, she started to buy in a little bit. After she got relief, and I discharged her for that particular session, she came back a few months later and said, "I get it now; I just can't go barefoot anymore. My pain is back; it's just as intense as it was before. I'm going to listen to you this time. I'm going to wear shoes now."

You can still wear sandals, but I recommend Birkenstocks or Vionics; they have a nice arch to them. If I had stock in those companies, I'd be a very wealthy person because I've recommended them so many times. Most of the women, because it's women who do this, will come back just thrilled they don't have to wear a pair of shoes. Their feet feel so much better.

Let me encourage you; just because the pain has come back doesn't mean it will never go away. We have many different ways to treat persistent pain. We'll continue working on it to find the best solution for your individual problem.

Chapter Five

What to Do if Treatment Hasn't Helped?

Let's say someone has had traditional treatments without any relief, or they had treatment with temporary relief, or they've even had surgery, and their foot isn't better.

First of all, we need to make the most accurate diagnosis. I don't assume someone who comes in with heel pain has plantar fasciitis, and if they had treatment elsewhere, that the correct diagnosis was made.

I start thinking about other diagnoses and then non-traditional treatment methods for their condition. If it's plantar fasciitis, typically, the traditional treatment methods will work. Maybe five to seven different things need to be done, but the vast majority of people who just have plantar fasciitis will get better.

When the pain comes back, then we start thinking about other things and getting the most

accurate diagnosis. If someone's not getting better, what concerns me is when their doctor tells them they need surgery.

Don't Do Surgery Too Soon

Some doctors will jump to that method sooner in the process, in the protocol for this particular treatment, than I believe they should. Maybe they don't have the right diagnosis, but non-traditional methods can also be done, either minimally invasive or noninvasive, that can help them get better and avoid having to go through surgery.

Sometimes patients have heard there are no other options to treat their pain. They've been treated by somebody, and the doctor has given up, saying, "We've tried all these things. I don't do surgery. I'm not going to consider that. You may have to live with this."

Non-Traditional Treatments

After the doctor gives up is usually where non-traditional methods can be helpful. A number of non-traditional methods can be used. Non-

traditional would mean things *other than* getting a cortisone shot, taking an anti-inflammatory, going to physical therapy, wearing better shoes, wearing custom orthotics, or wearing a splint to stretch the Achilles tendon.

There are other treatments beyond those, which aren't really that traditional, and a number of podiatrists don't even use these.

Shockwave Therapy

Shockwave therapy is one of the more common non-traditional treatments for heel pain. I don't want to necessarily say it's for plantar fasciitis because when we use this particular method or technology, the diagnosis has typically gone beyond that to plantar fasciosis.

The technical term for it is Extracorporeal Shockwave Therapy or ESWT. It's been utilized in the United States for at least 15 years. All of the research has indicated that it's about 90% effective. ESWT is noninvasive and can be done right in the office. We are one of

the few practices in our area that uses shockwave therapy.

We use it a lot, and I consider it to be the best non-traditional method of treating heel pain because it is so effective. There's no downtime with it, and there are no side effects. People who have had pain for six months, a year, or three years for that matter, have gotten great relief from shockwave therapy.

As far as painful treatments go, Shockwave therapy does cause some pain, and everybody tolerates it. Some people who have a high pain tolerance feel very little. With some people who have lower pain tolerance, you can see them wincing a bit. We don't do it under anesthesia for a reason. We want to know exactly where they're feeling the pain.

Oftentimes they're feeling it more during the treatment, right where their scar tissue or degeneration exists the most. Indeed, there is some discomfort, though people walk right out of the office. It's not more painful to walk on it afterward. They can go back to doing fairly normal activities other than weight-bearing

activities, such as jogging or jumping rope or power walks, until their pain has gone.

Are We a Good Fit for Each Other?

A patient would know they're a good fit if other treatments haven't worked, if they've tried a number of different home remedies, and the pain has continued for at least six months.

To get the most accurate diagnosis, we can use the diagnostic ultrasound or order an MRI to make sure we have the necessary data to make the right decision for the next treatment, whether it's traditional or non-traditional. I think the most critical thing is knowing the right diagnosis, and by that, I mean being aware of everything the patient has tried, the pain they're in, and how we can treat them so that they can get relief.

Some people in our field aren't necessarily as aware as they should be that this scar tissue degeneration condition is more prevalent than we thought, especially for patients who have recurrences or long-term pain. Those kinds of

patients are a good fit because I'll take that diagnostic ultrasound, place it next to their foot, and show them where there's thickness, or there's more going on than just inflammation.

What to Expect

As with any doctor, we'll take a very thorough history and do a very thorough physical exam, looking at your unique foot type and the shoes you're wearing.

We're going to take X-rays, which I don't take for granted. A number of my patients have come in with heel pain; when they had previously visited another doctor, that doctor didn't take an X-ray. The doctor just assumed, "Since you have pain in your heel, it hurts in the morning, it sounds like plantar fasciitis, so it must be that."

However, sometimes we'll find something different after taking an X-ray. We might see a large bone spur or other things that need to be addressed. I've seen bone cysts that need an MRI, so we can find out if there is something more serious going on.

I'll take a diagnostic ultrasound every single time with someone experiencing heel pain, whether they've had it for a month or two years, and compare that next to their foot to get an assessment of their plantar fascia, what it looks like, and compare it to the other foot. From there, we'll just determine whether it's plantar fasciitis, and if we should be treating it with traditional plantar fasciitis treatments, especially if the patients have never tried any.

If they've tried some and something has been effective, we can go back and do that. I want to make sure I understand if they've had inserts in their shoes, especially if they've been custom-made. If they haven't done that, we'll definitely do that.

If I feel it's beyond plantar fasciitis and into plantar fasciosis, or if I believe there is a nerve entrapment or potentially a bone problem, then I'll direct the treatment toward that type of thing. The most common of those is plantar fasciosis, this scar tissue or degeneration. We can start to talk about the different treatments used for that.

What is Our Method?

When we're dealing with non-traditional diagnoses for heel pain, which would be plantar fasciosis, there are a number of available treatments. Fortunately, they're mostly noninvasive. One of them Extracorporeal Shockwave Therapy (ESWT) is a commonly used non-invasive treatment for chronic heel pain. There's a laser that can help.

There's what's called regenerative medicine, or stem cells, which can be injected into that area to regenerate the problem tissue. There are specific plantar fasciitis orthotics that can be made for them. The solution can often be a combination of these particular things.

I'll often use a treatment like a regenerative injection as well as shockwave, which is also regenerative, to alleviate the pain. That's what we're looking to do, not just to regenerate but also to get the pain to go away. If the patient hasn't had orthotics, or maybe I don't believe they have the right kind of orthotics, we want to make sure they get the right orthotics for their foot type or their body type, for their activity level. It can be a very particular type of plantar

fasciitis orthotics that we make. And once the patient tries them (compared to store-bought), they realize there's no comparison in the relief they provide.

I think the most important thing is that if you've had treatment that hasn't helped, don't give up on it. There's an answer to the problem. Maybe you didn't get the right diagnosis, or it might not necessarily be the right treatment. If I went to a doctor but didn't get the result I was looking for, and I was still walking around in pain, I would either go back and ask for something different or seek attention from someone else who might have other methods. Again, there are a number of really good non-traditional methods that can be very effective.

In my particular area, there are a lot of corporate healthcare systems that don't necessarily cover those things, for whatever reason. In a small independent practice, I'm able to choose the technology I want to use and get to things a lot faster without any bureaucracy. We can often make diagnoses faster.

We can start treatment right away in our office without having to rush into doing surgery or things that aren't necessarily the right treatment for that particular condition.

Chapter Six

Next Steps

I hope this book has given you some hope that there is a solution to your heel pain. Just don't give up!

The first step to getting relief from frustrating plantar fasciitis is to get an accurate diagnosis and really get an understanding of what's going on with your foot and your situation.

Call our office and make an appointment with me. Non-traditional treatments are our specialty. Having access to new technology and treatments gives us the ability to really get the most accurate diagnosis.

We'll use the diagnostic ultrasound, which you probably haven't had done if you've been treated by other doctors. If you've never seen a specialist for this, you absolutely have to start there to get to the bottom of your pain and get the results you want. My recommendation

would be to call the office **(516) 593-1941**, make an appointment with me.

If you've had plantar fasciitis for more than just a few weeks, chances are it's not going to go away on its own. You're going to need to have a specific treatment done by a podiatrist, a specialist. Trying all the different home remedies is okay for a short time, but beyond just a few weeks, you're at the point now where you're going to need to have something done.

Fortunately, it's not going to be surgery. If you've never had any treatment for plantar fasciitis, oftentimes, we can institute a traditional treatment that can get you better, even after the first appointment, but usually within just a couple of weeks.

If you've had treatment for plantar fasciitis, and you haven't gotten better, don't give up on it.

There are still things that can be done. We want to make sure we know what the accurate diagnosis is. It could be scar tissue, plantar fasciosis, something you probably have never heard of before. It's possible your doctor hasn't really thought about it, and you need to get the

right diagnosis. We can get that better, even if you've had scar tissue for a while.

It might take a little bit longer, but don't give up. You can get relief. You do not have to live with pain in your heel for the rest of your life. Many people who have never been treated, as well as those that have, are both frustrated they haven't gotten better. But don't get discouraged.

I can't emphasize enough the importance of, number one, the most accurate diagnosis, and then number two, the most accurate treatment, which might not be something that is traditional to what's being done for plantar fasciitis in most practices.

Patients often come into the office saying they were diagnosed with a heel spur. If they say they have a heel spur, they would've had an X-ray to know that. Some people come in saying they have heel spur pain, and they've never had an X-ray.

There's really no such thing as heel spur pain. It's a myth that a heel spur causes pain. Heel spurs don't cause pain. What causes pain in the heel is the plantar fascia unless it's a nerve, the

heel bone, or another diagnosis, but heel spurs don't cause pain.

Patients have had pain in their heel where they've had the heel spur removed, and the pain continued. Probably every podiatrist knows that heel spurs don't cause pain, so we don't really direct our attention to the spur. If the spur did cause the pain, only one treatment could be done, and that is the spur would have to be removed. Fortunately, the vast majority of the population gets relief without removing the spur.

Remember, there are a number of reasons you could be having heel pain. Let's take the time to start narrowing the list of possible problems first. Then once we diagnose the problem, we can treat it. After all, living without pain is the best gift you can give yourself.

Your life is waiting for you! Don't give up!

Here's How to Finally Get Relief from Plantar Fasciitis

Persistent heel pain is uncomfortable at best and can quickly impact your life unless the underlying problem is resolved.

Too often, traditional medical treatments and expensive orthotics only provide temporary relief to the symptoms, and many people resolve themselves to dealing with the pain.

The good news is this physical discomfort and the psychological burden of living with an unresolved condition is avoidable, and this book provides an introduction to becoming pain-free.

If you've suffered from heel pain for more than a few months, and the advice you've received so far hasn't helped, there is a personalized, non-surgical solution to find lasting relief from plantar fasciitis.

If you'd like to see if our treatments will work for you, here's what you do next.

Step 1: Call my office at **(516) 593-1941** to schedule your personalized Plantar Fasciitis consultation with me.

Step 2: Discover more about the treatments we offer, and how they have helped other people just like you at **www.dradamklein.com**.

Step 3: If you have any questions or concerns about this treatment, you can email me at **lynbrookdoctor@gmail.com**.

Pain is no way to start your day and we take pride in finding the most accurate diagnosis and recommending the best solution to be rid of your pain once and for all.

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