

**Paul T. Spriester, D.C., DIBAK**  
**Health Bulletin/Newsletter-40**  
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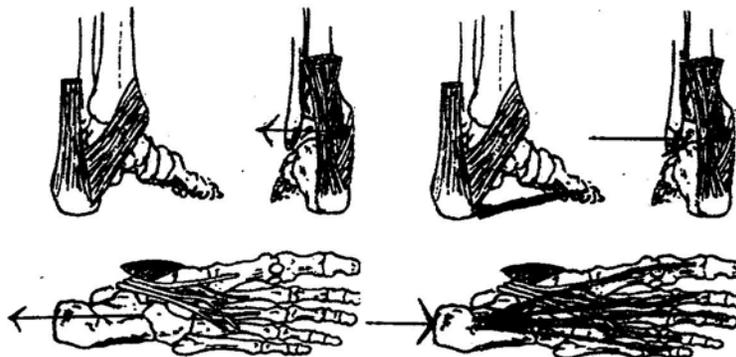
**Plantar Fasciitis &Foot Pain What Should**  
**You Do!**

This troublesome and painful condition of the foot is fairly common and debilitating problem seen in everyday practice, by chiropractors, podiatrists and orthopedic surgeons as well as physical therapists and even acupuncturists. It is believed to be an inflammatory condition of the connective tissue on the sole of the foot, with pain extending from the heel (calcaneus) forward into the arch and toe area. The condition, characterized by stabbing pain in the heel or arch, effects up to 10 percent of all runners, as well as countless, baseball, soccer, basketball, golfers and walkers from both sides of the tracks, recreational and professional ranks.

The underlying cause remains a mystery even with current day diagnostic techniques and treatment methods which should be able to help don't, because little is understood about overuse sport injuries in general. When this tissue becomes irritated it creates a deep pain within the heel region, most pronounced upon rising in the morning.

I have been successfully treating this condition for more then forty years, because of my more holistic approach to this problem. What is being overlooked is the biomechanics of the foot and ankle region. Only chiropractors are trained in the manipulation of joints, which includes the extremities as well as the spine and jaw. Another overlooked factor not treated by general chiropractic care is the simple fact that muscle moves bone and bone does not move muscles unless a fracture takes place. When I examine a patient with this condition I check all supportive muscle of the foot and ankle and I also check for excessive pronation or supination. Other specific conditions checked for is plantar fasciitis, tarsal tunnel syndrome, dropped navicular, and Hallux limitus syndrome. All of these conditions will add to the problem of plantar fasciitis and must be treated and corrected to get a lasting change for the patient.

**Illustrations shows the foot and ankle joint along with the plantar fascia**  
**(Arrows show distortion of heel posterior and talus lateral/arrow point too the feet are corrective)**  
**Left illustration is Tarsal Tunnel      Right illustration is plantar fascia**



To make a permanent correction it takes at least 4 months of therapy, which consists of chiropractic correction of the heel to take pressure off the plantar muscles and fascia. Then a series of corrective exercises and stretching will be done on a daily basis. Other special techniques that have proven very effective correcting this condition that I use are trigger point therapy and special myofascial treatment with a percussion instrument. It may require taping and an orthotic shoe insert to stabilize the foot. I will take a mold of the foot and send them out to Foot Levelers to have a custom support made for your shoes. Further deep tissue work may be necessary to break up adhesions in the plantar fascia. This can be done by Fred Dones at my office.

The most frequent cause of plantar fasciitis is the mechanical distortion of tarsal tunnel syndrome with the posterior distortion at the calcaneus (heel) that causes pulling on the plantar fascia, the formation of a heel spur or the inflammation of the tissue. If the mechanics are not corrected, it can cause a chronic problem to become a permanent one. Shooting cortisone into the foot will only give temporary relief if any at all. What will be needed for a permanent solution is to reduce stress in all its form and to support the adrenal gland so your body can produce its own cortisone to reduce the inflammation. This is done by increasing the amount of vitamins C, E, D, and Pantothenic acid and B complex. Omega-3-oil will also reduce the irritation and are far safer to use the pain killer NASID and cortisone. The most critical nutritional support after stretching and deep tissue work to prevent return of myofascial tissue adhesions is sublingual Vitamin B<sub>12</sub> and Folic acid taken three times-a-day.

Suggested reading of previous newsletter/health bulletins: the following numbers #12, #15, #19, #24, #34 and #36 can be found on my website [paulsprieser.com](http://paulsprieser.com) on the home page click patient/information and look to the right side of page. All the topics are listed in PDF file, just click and read.

If you are having this problem, call my office today and make an appointment.