

Diagnosis and Management of Heel Pain

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Abstract

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K : Medial plantar heel; Calcaneal stress fractures; Posterior heel discomfort; Haglund deformity; Midfoot heel pain; Posterior tibial nerve

I

A common complaint to family doctors is heel pain, which has a wide range of potential diagnoses. The majority of diagnoses have mechanical causes. Making the right diagnosis and starting the right management requires a detailed patient history, physical examination of the foot and ankle, and the right imaging tests. The history should include details regarding the symptoms and causes of the pain, as well as any aggravating or mitigating variables, changes in activities, and other conditions that may be associated. A diagnosis can be made based on where the pain is anatomically located. The foot should be examined both at rest and when bearing weight, and the foot and ankle joints as well as bony prominences and tendon insertions should all be felt throughout the examination [1].

Active range of motion of the foot and ankle should be evaluated, and passive range of motion should also be checked if full range of motion is not present. The diagnosis will also be determined through particular testing, which is covered in depth throughout this article [2].

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Every year, more than 2 million people seek treatment for plantar heel discomfort. The most frequent cause, with a lifetime frequency of 10% in the general population, is plantar fasciitis. The main sign is typically throbbing medial plantar heel pain that gets worse after resting. After more walking, the pain usually subsides, but it can come back if you keep putting weight on it. Sharp, stabbing pain is frequently felt when the plantar fascia and medial calcaneal tuberosity are palpated [3].

mechanical loading of the muscle, as that brought on by increased running. Achilles tendinopathy causes dull, occasionally intense discomfort that gets worse with exercise or pressure applied to the affected area. Use of fluoroquinolones has been linked to Achilles tendinopathy, especially in elderly people. Insertional or within the midsubstance of the tendon are two different categories for the diagnosis [8].

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Other, less frequent tendinopathies can result in heel discomfort that is restricted to the area where the affected tendon inserts. The posterior tibialis, flexor digitorum longus, or flexor hallucis longus tendon may be the source of medial heel pain. The peroneal tendon may