



MEET
YOUR TEAM

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**REFERRALS
MEAN THE
WORLD TO US!**

In each monthly update, we'd like to dedicate this space to say thank you to our patients and friends who have so kindly made referrals to our office. There is no greater compliment you can pay us than to entrust us with the referral of a friend or family member.

If you pass along our name to someone close to you, please let us know so we can say thanks!

**BIRTHDAY
ANNOUNCEMENTS**

Is your birthday coming up?

In future e-newsletters, we'll reserve this space to recognize the birthday announcements of our patients and friends.

**QUESTION
OF THE MONTH**

What Causes Heel Pain?

- Katherine D, Rollingwood

There is a tight ligament (band of fibrous tissue) that stretches across the arch, from the ball of the foot to the heel bone, called the Plantar Fascia. When we walk, our feet have a tendency to roll inward, toward each other, in a motion called pronation. When feet pronate, they flatten, stretch out and the arch elongates. This causes excessive pulling on the Plantar Fascia ligament, and attachment of the ligament to the heel bone progressively begins to separate, fiber by fiber.

Over time, the body lays down scar tissue in an attempt to "glue" the detached ligament fibers back to the bottom of the heel bone. Over the course of three to five years, the scar tissue calcifies, and this calcium deposit eventually becomes visible on X-Rays as Heel Spur.

Visit our Contact Page to submit your question and receive your gift of Miracle Foot Cream if yours is chosen.

**WHEN
SHOULD YOU
CALL A
PODIATRIST?**

YOU SHOULD CALL A PODIATRIST ANYTIME YOU EXPERIENCE PAIN, DISCOMFORT, OR NOTICE CHANGES IN YOUR FEET. KEY INDICATORS INCLUDE:

- You have persistent pain in your feet or ankles.
- You see noticeable changes to your nails or skin.
- Your feet are severely cracking, scaling, or peeling.
- There are blisters on your feet.
- Your toenail is getting thicker and causing you discomfort.
- You have heel pain accompanied by a fever, redness or numbness and tingling in your heel.
- You have diabetes or certain other diseases that effect your feet.



ARE YOUTH SPORTS
Causing Pain
IN YOUR CHILD'S HEEL?

FALL MARKS THE TRADITIONAL KICK-OFF OF SCHOOL and club-affiliated sports for children. As your youngster hits the field for practices and games, keep an ear out for any complaints of heel pain. You can also look for warning signs such as limping or a child walking on their toes. If you sense your child is suffering from heel discomfort, it may be Sever's Disease, an inflammation of the growth plate.

WHAT IS SEVER'S DISEASE?
Although not a true "disease" Sever's Disease, or Calcaneal Apophysitis, is an inflammation of the heel's growth plate due to muscle strain and repetitive stress. Sever's Disease is most common between eight and 14 years of age when a child's bones are still in the growth stage and the growth plates have not become ossified.

WHAT CAUSES SEVER'S DISEASE, OR CALCANEAL APOPHYSITIS?
The cause of Sever's Disease is not entirely clear but it is most likely due to repeated minor trauma that happens in many sporting activities such as basketball, football and soccer. It may also occur from wearing shoes with poor heel padding or poor arch supports. Excessive pronation and a tight calf muscle are also contributing factors. Children who are overweight have a greater risk of developing Sever's Disease.

This condition usually causes pain and tenderness in the back and bottom of the heel when walking or standing, and the heel is painful when touched. It can occur in one or both feet.

RECOMMENDATIONS
Reduce activity, avoid going barefoot and cushion the child's heel. It is very important that your child wear shoes with padded heel surfaces and shoes with good arch supports even when not participating in sports. A heel cushion or children's arch support are very important to reduce the pull from the calf muscles on the growth plate and to increase shock absorption and reduce irritation. The use of an ice pack after activity for 20 minutes is often useful. Your podiatrist may also prescribe anti-inflammatory drugs or custom orthotics.

BACK TO SCHOOL
Shoe Shopping!

NOW THAT SCHOOL IS BACK IN SESSION, EXTRACURRICULAR ACTIVITIES AND LEAGUE SPORTS ARE IN FULL SWING. WHAT DO YOU NEED TO LOOK FOR WHEN BUYING CHILDREN'S SHOES?

Make sure the shoe size is accurate!
Did you know that 80 percent of people wear the wrong size shoe? Many people do not even measure their children's feet before purchasing new shoes. Make sure there is room to grow. Children should have a little extra space in the toe box for their toes as well as growth.

Check for proper arch support.
Your child's foot should be fully supported in the arches. Even with children's shoes, it's never too early to check the arch and width in addition to the more common length measurement.

Make sure the shoe matches the activity. If you're looking for a gym shoe, make sure it's a supportive sneaker. There is a wide variety of shoes now available for specific activities, ranging from dance to volleyball to baseball and wrestling, that are designed to offer maximum comfort and performance.



THE LESS ATTRACTIVE SIDE OF
Heels



There's nothing more satisfying than finding a stylish shoe to match your wardrobe. For some, however, fashion sense can be compromised when a shoe, particularly those worn for formal and business occasions, causes significant pain to the foot.

Haglund's Deformity (also known as "pump bump" or "retrocalcaneal bursitis") is a painful enlargement of the back of the heel that becomes irritated by shoes.

Women, commonly in their twenties and thirties, tend to develop the condition more than men because of the irritation from rigid heel counters of shoes rubbing up and down on the back of the heel bone.

It normally appears as a red, painful, and swollen area on the back of the heel bone. Patients may also develop pain upon motion of the ankle joint and after activity, due to irritation of the Achilles tendon.

Your doctor will attempt one of a few simple therapies. In mild cases, padding of the area may be recommended. Your doctor may suggest alternative shoe styles, including open-back shoes. Oral anti-inflammatory medications and cortisone injections may also help to diminish the acute inflammation of the heel. Orthotics or arch supports may also be fabricated to prevent recurring symptoms. If conservative therapy fails, surgery will be utilized to correct this painful condition. Surgery consists of removal of the excess bone.

FREE EDUCATION REGARDING
**FOOT CARE FOR RUNNERS
AND DIABETICS**

If you know of a friend, family member or colleague that may be interested in learning how to prevent foot issues resulting from running or diabetes, please take advantage of our complimentary books, *Diabetes and Your Feet* and *Keep Running! Identify and Prevent Common Running Injuries*.

Both were written by Dr. Craig Thomajan, founder of Austin Foot and Ankle Specialists.

CLICK HERE TO REQUEST YOUR COMPLIMENTARY COPIES!

