“What Is Plantar Fasciitis, How Can You Treat It, & What You Can Do To Get Relief.”

Plantar Fasciitis:
An In-Depth Report Specially Prepared For You

Dear Friend,

A patient came to my office the other day.

She was complaining about her heel hurting.

I sat her down, looked at her heel, and saw nothing apparently wrong with it. So then I asked her, “So Linda, tell me about your pain. Where it came from, what you did or didn’t do, how long it’s been hurting and how long you’ve had it.”
Within just a few minutes, I knew what her problem was. She has heel pain, or something doctors call Plantar Fasciitis. I told her I’d do an examination, evaluate the foot, and give her a prognosis the next day. I told her to go home, rest it, and ice it for 10 to 15 minutes and do that every hour.

Linda was happy. I was happy, and when I did see her the next day, I confirmed that she did in fact have a condition that was Plantar Fasciitis, and that if she would like, we could get her started on our plantar fasciitis program immediately. We’d see some pretty quick results and if she stuck to the entire program, chances were good that she wouldn’t have another bout with this.

So today, I want to talk to you about your pain. Your foot pain.

If you have heel pain, and I don’t care what other doctors have called it, or some of your friends have told you that you might have it, most likely you have something called Plantar Fasciitis. Simply put, that’s heel pain from some tears in a ligament and fascia on the bottom of your foot.

New research shows me that I do have the best program going right now for plantar fasciitis, but I want you to kind of get a feel for what you can do at home to help you.

In this report, I am going to try and explain a few things about Plantar Fasciitis so you can help yourself get out of pain a lot quicker, and if need be, you can get relief that relief without using drugs or surgery.

What causes Plantar Fasciitis is a good question, but I’ll answer that for you in this report. Some of the risk factors that are associated with it, what you can do to help it, and what we have that helps you overcome your heel pain - quickly and easily is all in this report. Read it as you can start doing the things you want and like to do again - once you get rid of your heel pain, or plantar fasciitis!

Ready?

Okay let’s get started.

With that said, let’s do a little background stuff to help you understand your condition better.
Whether you know this or not, foot pain is very common. You may not think foot pain is something you should take seriously, but I’m here to tell you that it is. If you don’t take care of it properly and timely, it can be devastating to you and your health. It simply put… can ruin your life.

**How common is Plantar Fasciitis/Heel Pain?**

Well that’s a good question. Believe it or not, about 75% of people in the United States have foot pain at some time in their lives. So what I’m saying is, if you have foot pain, of any type, you’re not alone.

Maybe you haven’t talked about it to anyone, or they haven’t talked to you about theirs, but heel pain (plantar fasciitis) is something a lot of people suffer from and don’t know what to do about it.

You may have it right now, or one of your family members may have it.

Here’s the deal. It’s not something people talk about a lot, especially someone that is on their feet all the time. Once you read this report, I think you’re going to have a new appreciation for how we take care of it, what you can do about it, and make sure you never have it to where it becomes CHRONIC. Chronic is bad news when you’re talking about heel pain.

Now if you’re a woman, you might not like what I’m about to tell you. Most foot pain is caused by shoes that do not fit properly or that force the feet into unnatural shapes (such as pointed-toe shoes, high-heeled shoes, or cheap ill fitting shoes).

I don’t know if you’ve ever looked at a shoe for stability (MOST PEOPLE DON’T) and they are doing a good job supporting your feet. Like I said, most people don’t know that 94.6% of the shoes the stores sell you these days, don’t give you any type of proper arch support.


So you have to, more or less, take your feet and do everything you can to help them stay healthy… without anyone else’s help.

Sad, but true.
So Here’s Some Interesting Facts

The foot is a complex structure of 26 bones and 33 joints, layered with an inter-twining web of more than 120 muscles, ligaments, and nerves. About one fourth of all the bones in the body are in the feet.

That means even though you take your feet for granted, and if you’re like me, you do, you’re not taking care of your body properly, even if this minor foot pain has nothing to do with your health… or so you think.

Here’s what your feet do for you & why they are so important:

- They support your weight (if you’re overweight, that means your feet are suffering even more from the additional weight)
- They acts as a shock absorber (the fascia on the bottom of your foot is really important to you feeling good, and walking and running like you should.)
- They serves as a lever to propel the leg forward (damage your fascia on the bottom of your feet and you’re in big trouble because you are not going to be able to move like you normally do. In fact you may end up in braces or pushing yourself around in a wheelchair.)
- They help maintain balance by adjusting the body to uneven surfaces (This is something that your body does without you even thinking about it, but when your feet start to go South on you and cause you pain, you’re headed in the wrong direction. You’ll learn more as you read this report, but you’ll want to make sure you pay attention to what your body will do to itself if you have Plantar Fasciitis/heel pain and you don’t do anything about it.)

Your body is BIG… compared to your feet, but just because your feet are very small… compared with the rest of the body, (even if you’re a 7 foot basketball player) the impact of each step exerts tremendous force upon your feet and the 33 joints in them.

What happens when you’re overweight then? This force I’m talking about is about 50% greater than the person’s body weight. That means that during a typical day, people spend about 4 hours on their feet (if they don’t spend more at their job) and take anywhere from 8,000 - 10,000 steps.

That may not seem like a lot, but it is. What that means to you as a person is that your feet support a combined force equivalent to several hundred tons every day.

Now I did not say a few hundred pounds. I said several hundred TONS of weight… and that’s every day - if you’re only on your feet for about 4 hours.
Foot Problems and Their Locations

So you might be asking yourself now, “So Doc. Where does my foot pain start??

Guess what? I have an answer.

Foot pain generally starts in one of three places: the toes, the forefoot, or the hindfoot. Let me try and explain each of them as simply as I can and remember, I’m telling you this is where it all starts from.

If you understand that, hopefully you can share this report with anyone who is suffering from heel pain called plantar fasciitis.

-The Toes

Let’s start here.

Toe problems, the ones that I deal with, most often occur because of the pressure imposed by ill-fitting shoes.

I’ve said shoes are key, so I’m just saying it again to make sure I make my point. I know I’m telling you that over and over again, but you might be one of those people that have to be told something over and over again before you take some action. That’s okay with me as long as you get better.

Listen, I just want to help you with your pain.

If I am doing all that I can do for you, and you’re doing something that won’t let your feet heal, I am going to have to say something. I say that because I don’t want you to waste your time and money, doing something that is not going to help you get rid of your foot pain. Now let’s talk about the forefoot.

-The Forefoot

The fact is, you probably don’t hear that word forefoot used much, but I’m going to make this simple for you.

The forefoot is the front part of the foot. Simple huh?

So any type of pain originating here in the front part of your foot, usually involves one of the following bone groups:

- The metatarsal bones (five long bones that extend from the front of your arch to the bones in your toes)
The sesameoid bones (two small bones embedded at the top of the first metatarsal bone, which connects to the big toe) Don’t worry about these bones and their names. I just want you to know where they’re at, and if I can, I’ll find a picture and show you when you’re in the office for your thorough and detailed foot examination.

The Hindfoot

This is the last part of the foot I’ll be talking about. This is my favorite part when we’re talking Plantar Fasciitis/heel pain.

The hindfoot is the back of the foot.

Pain originating from this area (the heel) can extend from this part of your heel, across your sole (known as the plantar surface), to the ball of your affected foot (the metatarsophalangeal joint).

Again, don’t worry about the big name.

Plantar Fasciitis Foot Problems

<table>
<thead>
<tr>
<th>Condition</th>
<th>Location</th>
<th>Symptoms</th>
<th>Recommended Footwear</th>
</tr>
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<tbody>
<tr>
<td>Heel Pain which is also called Plantar fasciitis or maybe heel spurs</td>
<td>Back of the arch… right in front of your heel.</td>
<td>At onset, some people report a tearing or popping sound. You do not have to hear a sound like that to have this condition. Pain is most severe with first steps after getting out of bed. We find that pain decreases after stretching, then returns after inactivity.</td>
<td>Orthotics - if necessary. Laser therapy and our specialized foot protocol treatment plan come into play here if you not only want relief, but lasting relief.</td>
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</table>
Okay, so hopefully by now - - you’re getting the idea of what it is and where (plantar fasciitis) it is located in regards to your feet.

Let’s do something right now. Let’s stop and talk about the “causes” of your foot pain when we’re talking about Plantar Fasciitis/heel pain.

**Causes of Plantar Fasciitis**

Now I’ve talked and talked about plantar fasciitis, but I’m going to talk about some other causes before I close up shop. The cause of plantar fasciitis is often unknown, but here’s what I do know. It is usually associated with overuse during high-impact exercise and sports. The bad part is that if you have it, plantar fasciitis accounts for up to 9% of all running injuries. If you run and jog, you might have some heel pain or even early symptoms of plantar fasciitis.

Because the condition often occurs in only one foot however, factors other than overuse are likely to be responsible in many cases.

Other causes of this injury include poorly-fitting shoes, (which I mentioned earlier) lack of calf flexibility, or an uneven stride that causes an abnormal and stressful impact on the foot. That tells you if you’re walking with an abnormal stride, there’s a good chance you might have plantar fasciitis some time in the near future.

Nearly ALL causes of foot pain can be grouped under one of the following:

- **Ill-fitting shoes.** Poorly fitting shoes are a frequent cause of foot pain and Plantar Fasciitis. If you’re a woman, you might want to know that high-heeled shoes concentrate pressure on the toes and heels that can aggravate, if not cause, problems with your toes and feet.

- **Certain medical conditions.** Any medical condition that causes a disturbance in the way a person walks can contribute to foot pain. If you walk with a limp, this can cause all kinds of structural problems. Problems you may not even think about being caused by your feet hurting. This may include diseases or conditions that lead to pain or numbness in the feet (such as diabetes), leg and foot deformities, spinal problems, neuropathy, and neurological disorders such as Parkinson's disease or cerebral palsy. I know you’ve probably never heard this before, but this is the research I’ve discovered and that’s one of the biggest reasons I help people with Plantar Fasciitis. I want my patients to not only get out of pain, but to be structurally sound in their body and its structure. I want people to know what kind of real health issues they may be experiencing and why they
have to pay attention to their feet, even though they think their feet are not associated with their health problems.

- **High-impact exercise.** High-impact exercising, such as jogging or strenuous aerobics, can injure your feet and other parts of your leg. Now I am not telling you to be a couch potato either. Sitting a lot is just as dangerous as standing for long periods of time without rest.

- Common injuries from high impact exercise include: corns, calluses, blisters, muscle cramps, acute knee and ankle injuries, plantar fasciitis, and metatarsalgia.

Since I’m really big on helping people with plantar fasciitis, you may want to rethink what kind of exercise you’re doing on a daily basis if you do any type of exercising at all. Again, I’m not telling you need to quit working out or exercising. I’m just saying you may want to adapt and change a few things to help your feet get better, and hurt less.

**Medical Conditions Causing Foot Pain**

I don’t know how many times a patient will come up to me and say, "Doc, I know I have foot pain, but does it have to do with anything that has happened to me in the past?" The answer to that is most likely a big fat ‘YES’.

People usually assume that if they do NOT have any type of pain, even foot pain, they are ‘healthy.’ If you live your life by gauging how often you have symptoms, you’re not going to be as healthy as you could be. Symptoms are usually the last thing to show up, and the first thing to go, even if the person/patient isn’t completely well.

That means you can have breast cancer for several years before you ever have any type of symptom. You can die of a heart attack and your doctor just gave you a clean bill of health two weeks prior. So all I’m saying is this. Don't just base your health, even your foot health on how you feel.

So let’s stretch out here a little bit and talk about some of the medical conditions that might have something to do with your foot pain. I’ll talk about more causes later, but right now let’s look at these.

**Arthritic Conditions**

Arthritic conditions, particularly osteoarthritis and gout, can cause foot pain. Although rheumatoid arthritis almost always develops in the hands, the ball of the foot can also be affected by rheumatoid arthritis.
Diabetes

This is a big one when you’re talking about having foot symptoms. Diabetes is an important cause of serious foot disorders. Be very careful if you have diabetes, as you can have your feet amputated if you don’t take the proper steps in caring for your feet and your diabetes.

Obesity

Some people just don’t think about weight as being a problem when it comes to foot issues. Obesity can cause foot and ankle pain, but it can cause plantar fasciitis/heel pain. I don’t want to keep telling you this, but if you have some extra baggage (weight you are carrying around,) you might want to think about losing some of it. Being overweight can cause all kinds of health issues, including Plantar Fasciitis, heel pain, and other types of foot pain.

Pregnancy

Women are the best. But here’s where giving birth comes into play with plantar fasciitis. Pregnancy can cause fluid buildup and swollen feet. The increased weight and imbalance of pregnancy contributes to foot stress. If you’re pregnant, one of the best things you can do for your feet as you’re gaining weight is to stay off them as much as possible. I know that sounds simple, but it’s true.

Medications

Some medications, such as calcitonin and other drugs used for high blood pressure, can cause foot swelling. There are probably a lot more drugs that cause swelling in the feet, and legs, but these are the big ones.

When you’re taking any type of drug, even aspirin, there are always side effects. Always!! Drugs do not cure anything, nor do they cure foot pain. They help you cover up your symptoms of heel pain maybe, but that’s only until the body can do what it needs to do to heal itself.

I’m not telling you medical intervention is a bad thing (it is okay at times if you’re dying or in a car accident) but you have to also remember that there is no REAL health in drugs, just a lack of symptoms. If you’re taking drugs right now and you tell me you feel wonderful and you’re healthy, I’m going to have to tell you in all honesty that you may feel okay, and have no symptoms, but you can’t be healthy taking something that has side effects.
Okay I’ve given you a lot of information about medications, and exercise, etc. Now let’s talk about risk factors.

A risk factor (when you’re talking about plantar fasciitis) is anything that increases your chances of getting a disease or condition.

Like I said, that applies to Plantar Fasciitis.

I don’t have everything written down in this report that I know about plantar fasciitis, but I’ll get you started in the right direction if you truly want to help yourself.

The following are factors that increase your “risk” for foot pain, i.e. Plantar Fasciitis:

Age

This is something most people do not like to talk about. First off, we’re all aging. You are, I am, our children are.

You can try and slow it down somewhat, but you’ll still be the same age, no matter what you look like or act like. Elderly people, people in their sixties or seventies are at very high risk for developing foot problems, ie plantar fasciitis.

Unfortunately, as you age, and get older, your feet widen and flatten. That’s just the nature of the beast. Your fat padding on the sole of your feet starts to wear down from all the weight that is constantly put on your two feet. And here’s the kicker.

The skin on the bottom of your feet also becomes dryer. Yes, dryer. I don’t know about you, but you can put oil on the bottom of your feet, day after day, every night before you go to bed, and never miss a day, but you’ll still most likely have some cracks in your heels.

So why am I telling you this? Well because foot pain in older adults can be the first sign of age-related conditions, such as: arthritis, diabetes, and circulatory diseases. Feet unfortunately are something we cover up almost everyday with bad fitting, no arch shoes and heels. We don’t even pay attention to them at night when we go to bed, and we just more or less forget about them.
Foot problems can also “impair” balance and function in the older age groups.

**Gender**

Gender can help increase your chances of having heel pain. Now I hate to tell you this, but women are at higher risk than men for severe foot pain like Plantar Fasciitis. Why? Well let me say this with grace. It’s probably because of high-heeled shoes.

Women patients in my office who work in an office, and come in with Plantar Fasciitis… do not like to hear the truth, but the truth-is the truth.

And what happens to you if you continue to wear heels after I’ve suggested to you that you stop wearing them? Sooner not later, you’re going to have some severe foot pain!

And it doesn’t just “pop up.”

It appears to be a major cause of general disability in older women, so if you are suffering, this Plantar Fasciitis Heel Pain foot program I am offering people in this community is going to change your attitude. That means this is going to affect how you walk, what you feel like, and what type of attitude you have for the day.

If you’re a man, most likely your pain isn’t chronic and permanent yet, but if you’re older and it is, this should be a real concern for you right now.

**Occupational Risk Factors**

Here’s another risk factor a lot of people forget about. How wide spread is this Plantar Fasciitis issue?

An estimated 120,000 job-related foot injuries occur every year, and about a third of them involve the toes.

Plantar fasciitis has been attributed to repetitive use at work (for example, walking long distances or standing for many hours in ill fitting shoes).

**Pregnancy**

Risk is what it is, and pregnancy is one of those risks you take on that can have something to do with plantar fasciitis. Pregnant women have an “increased risk” of foot problems - due to one thing…. “Weight Gain”.

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When you get pregnant, you’re going to most likely have some swelling in your feet and ankles, and the release of certain hormones that cause some of your important ligaments - to relax.

These hormones help when bearing the child, but they can “weaken” your feet. **#1 Rule:** If you’re pregnant, stay off your feet as much as possible. If you can’t - - make sure you take care of your feet… when you get home. Otherwise, you’re looking at some **chronic** foot issues when you get older.

**Sports and Dancing**

I didn’t think this was a risk at first, but the more I thought about it, the more I knew it was. People love to have fun, and sports and dancing are just two of the ways that people do this. The people that engage in regular high-impact aerobic exercise are at a higher risk for plantar fasciitis, heel spurs, Achilles tendinitis, (inflammation of your Achilles tendon) and stress fractures.

**WEIGHT GAIN**

This thing with weight gain always adds to the mix. If you’re overweight, it’s always going to increase your risk for a lot of medical conditions, including plantar fasciitis. I keep going back to this issue, and I apologize for that, but the only reason I’m doing that is because it is such a touchy subject and so many women are overweight (men too) and can’t seem to drop the pounds and get rid of the inches. Well if you want help with that, and you’re suffering from Plantar Fasciitis as well, I have a separate program to start you dropping weight this week. (More if you want to talk about that in private at another session.)

Gaining extra weight in your thighs, abdomen, and buttocks, puts added stress on your feet. When you start carrying around more weight, even though you don’t notice it much, this additional weight can and will lead to you having more and more injuries. Especially foot injuries like plantar fasciitis.

At this office, we’ve found that when a patient gains weight, that “added pressure” on the soft tissues and joints of the foot increases the likelihood of that patient developing tendonitis and plantar fasciitis.

**Prevention: So What Can You Do?**

Now I know if you went to a medical doctor his take on Plantar Fasciitis would be different from mine. That’s fine.
Even if you went to a podiatrist, (a foot doctor) he’d still probably disagree with me and the medical doctor on how we handle our Plantar Fasciitis patients.

To that I’ll just say, “Do what you feel comfortable doing. If you want to take drugs and ruin some organ, suffer from some long term side effects, or just feel lousy, be my guest. If you want to go to a podiatrist, then by all means, do what you have to do. Just remember though, we help you get relief, quickly and easily - without using any harmful drugs, or invasive surgery.”

*Our goal here at this office is pretty simple.*

1. Find out where your pain is coming from
2. Find out what you’re doing to cause the problem
3. Define a good treatment plan that works for both of us
4. Get you started on the treatment program
5. Get you out of pain and feeling normal again as fast as possible

Pretty simple, but with our heel pain protocol and treatment program, people get well, they get out of pain, and they function like normal people again, but I’ll kind of define that later on. For right now, let me finish up.

**7 Simple Things You Gotta Check Out:**

- Don't ignore your foot pain -- it's not normal. Pain is pain, no matter where it’s located. If the pain persists (even if that’s in your feet) for more than a couple of weeks, call my office immediately.
- Inspect your feet regularly, hurting or not. Pay attention to your body.
- Wash your feet regularly, especially between the toes, and dry them completely. (It’s the little things that can add up, and make a huge difference in how you feel, and what your body is doing to stay healthy.)
- Make sure your shoes fit properly. THIS IS THE #1 REASON I'M WRITING THIS PLANTAR FASCIITIS REPORT. Purchase new shoes later in the day when your feet tend to be at their largest, and replace worn out shoes as soon as possible. If you want to help yourself with your heel pain/plantar fasciitis, make this a priority.
- Select and wear the right shoe for specific activities (such as running, walking, hiking, jogging, shopping, working on a cement floor, etc) you’re doing for the day.
- Alternate shoes. This is a really good secret you should write down and remember. Don't wear the same pair of shoes every day. Change it up and get lots of different shoes to wear.
• Be cautious! Self-treatment can often turn a minor problem into a major one. If you have heel pain, you’re already past the minor problem. You’re already in the major one from this point forward.

One Thing You Have To Do

Proper Walking and Foot Exercises

You’ve got to start walking more, when I tell you to. It won’t necessarily be right away, but it’ll come. If you can do our foot exercises and then do some proper walking, you’re going to love your results.

I’ve given you a lot of information so far, but keep reading. I’m almost done, and once you’ve read the final few pages, it’ll be worth it.

In addition to wearing proper shoes and socks, walking often -- and doing it properly -- can HELP YOU prevent foot injury and pain. Your head should be erect, your back straight, and your arms relaxed and swinging freely at your side. Step out on your heel, move forward with the weight on the outside of your foot, and complete the step by pushing off on your big toe.

Exercises specifically for the toe and feet are easy to perform and help strengthen your feet and keep them flexible. Flexible is the key word here.

Helpful exercises include the following:

- Raise and curl the toes 10 times, holding each position for a count of five.
- Put a rubber band around both big toes and pull the feet away from each other. Count to five. Repeat 10 times. Make sure you are not using weak rubberbands that will break.
- Pick up a towel with the toes. Repeat five times.
- Pump the foot up and down to stretch the calf and shin muscles. Perform for 2 or 3 minutes. Doing these simple exercises will help your heel pain.

~Shoes~

I know, I know. Shoes again, but if your shoes are causing a lot of your problems, it’s important that you know this information! Shoes count!!

For the record, the best shoes are well cushioned, have a leather upper, a stiff heel counter, and a flexible area at the ball of the foot. If you’ve ever purchased a set of really nice running shoes, you know what I mean by flexible. No flex = poor running shoe.
The heel area of your shoes should be strong and supportive, but not too stiff, and the front of your shoes should be flexible. Very flexible.

So what about getting a new pair of shoes? Good question. Here’s your answer. New shoes should feel comfortable right away, without a breaking-in period. When you’re at the store, put them on, and walk around in them. Don’t just try them on, then take them off. The more you’re on them, the better you’ll know if these are going to help you prevent any heel pain in the future.

If a lot of people would get good shoes, and invest in their foot health, there would be a lot less plantar fasciitis and heel pain.

**Getting the Correct Fit**

Well-fitted shoes with a firm sole and soft upper are the best way to prevent many problems with your feet. I know I’m spending a lot of time telling you all about shoes, but think about your foot health. If you don’t know this, chances are you’re going to have feet that hurt. That hurt can turn into heel pain and plantar fasciitis.

**KEY POINT**: Your shoes should be purchased in the afternoon or after a long walk, when your feet have swelled.

There should be 1/2 inch of space between the longest toe and the tip of the shoe (remember, the longest toe is not always the big toe), and the toes should be able to wiggle upward.

Stand - when being measured, and have both feet sized, buying shoes that fit whichever foot is the largest. A lot of people only try on one shoe and they don’t know that one foot can be larger than the other.

Wear the same socks as you would regularly wear with the new shoes. You want all the variables to be exactly like they are when you’re buying shoes.

Women - who are accustomed to wearing pointed-toe shoes and may prefer the feel of tight-fitting shoes, BUT... with wear... their tastes may adjust to shoes that are less confining and properly fitted.

**The Sole**

Ideally, the shoe should have a removable insole. This is really important, especially if you’re suffering from Plantar Fasciitis.

I’ve found that thin, hard soles may be the best choice for older people. If you’re not sure on this, when you come in, wear the shoes that you wear the
most. I'll take a look at them and let you know what I think about your shoes and how they affect your plantar fasciitis, and heel pain.

Elderly people (people over 60 years of age) wearing shoes with **thick inflexible soles** may be unable to sense the position of their feet relative to the ground. Be careful, like I said, if you have old shoes that need to go to the trash, or you’re buying new shoes that don’t fit both feet.

**The Heel**

You will want to pay attention to your heels. This is where plantar fasciitis comes into play.

**WARNING:** High heels are the major cause of foot problems in women, especially **Plantar Fasciitis**.

Although people believe that foot binding is a problem limited to Chinese women of the past, many fashionable high heels are designed to **constrict** the foot by up to an inch.

Women who insist on wearing high-heeled shoes (I always cringe when I see a patient who is having issues with Plantar Fasciitis and they wear heels) should at least look for shoes with a wide toe area, reinforced heels that are relatively wide, and cushioned insoles.

They should also keep the amount of time they spend wearing high heels to a minimum.

I don’t know how many women I know that have Plantar Fasciitis that still don’t try and keep their high heel time to a minimum. They want to look their best, even though it’s a major concern for anyone that has foot and heel pain.

**Breaking in and Wearing the Shoes**

If shoes need breaking in, place moleskin pads next to areas on the skin where friction is likely to occur.

Once a blister occurs, moleskin is not effective. Change shoes during the day, and rotate between different pairs of shoes as often as you can. Remember, once we get your plantar fasciitis taken care of, it’s up to you to stop doing things that can exacerbate your condition again.

Pay Attention: As soon as heels show noticeable wear, replace the shoes or their heels. That goes for men as well as women.
What Can Happen To You

In severe cases, and I’m talking about someone that doesn’t follow my protocols, stop doing what’s causing you problems like this, or you might end up having some surgery.

I always tell my patients, surgery should be the last thing you think of, not the first. Even if your surgeon tells you that you need foot surgery right away, you should call me and try and find out if this will work for you. It’s always your choice, but a surgeons job is to do surgery, not help you feel better and get out of pain naturally.

Here’s the main reason I try and have you avoid surgery… if possible.

Complications from surgery include:

- Continued pain (and with that there is no relief)
- Infection (which is not something you ever want to have because infections can be fatal)
- Possible numbness (which is something that comes from you having a surgery and the nerves being damaged)

Recovery from surgery and invasive procedures can take weeks, and it can be that long before you as a patient can put full weight on your foot a lot of times. In such cases, if you’re the patient you will need to wear a cast or use crutches and that is going to effect your body in more negative ways.

Elderly patients may need wheelchairs and there is never a guarantee or a warranty if your surgery will be a success. Sometimes, you will be told your surgery was not a success and you need more surgery, which means more down time and more chances of getting an infection.

What Helps?

Orthotics

For severe conditions, such as fallen arches or structural problems that can cause or are causing an imbalance, therefore plantar fasciitis, we may need to fit and prescribe you some orthotics. This is always an option and it’s always a better option than surgery and long term drugs, which have side effects.
Plantar Fasciitis and Heel Spur Syndrome

Here’s a little bit more about your feet, i.e. your plantar fasciitis, so you can better understand why you have it.

The heels are the largest bones in your feet. Unfortunately, heel pain is the most common foot problem and that type of pain (plantar fasciitis) affects 2 million Americans every year.

It can occur in the front, back, or bottom of your heel. That is what doctors refer to as Plantar Fasciitis.

This condition is a common foot problem that accounts for 1 million office visits per year by people just like you. Plantar fasciitis occurs from small tiny tears and from the those tears you get inflammation in the wide band of tendons and ligaments that stretches from the heel to the ball of the affected foot. This band, much like the tensed string in a bow, forms the arch of the foot and helps serve as a “shock absorber” for your body.

The term plantar means the sole of the foot, and the term fascia refers to any fibrous connective tissue in the body. Most people with plantar fasciitis experience pain in the heel - with their first steps in the morning. This is one of the biggest indicators and symptoms of plantar fasciitis.

The pain that you’re experiencing also often spreads to the arch of your foot. Now this condition can be temporary, or it can become chronic if ignored. Like I said before, you do not want your condition to be chronic. It’s a lot harder to help, and it takes a lot more time to get you there.

Here’s what you’ll find out with plantar fasciitis. Resting, and getting off your feet can provide some relief, but this relief is most likely only temporarily.

Now if you have had your condition for awhile, you might have heel spurs. Heel spurs are calcium deposits that can develop under the heel bone as a result of the inflammation that occurs with plantar fasciitis, from all those tears in the fascia I mentioned earlier.

Heel spurs and plantar fasciitis are sometimes blamed interchangeably for pain, but plantar fasciitis can occur without any heel spurs, and spurs commonly develop without causing any symptoms at all.
Treatment Goals

Okay, we’ve covered a lot in this report. But let me summarize this. My treatment goals for you are broken down to about three major goals. Those goals are:

- Reducing your inflammation and pain
- Reducing any pressure you might have with your heel(s)
- Restoring strength and flexibility in your heels and leg(s)

Now I know that jogging can cause this condition, but I also know that if you just sit around, there are a lot of things that can happen to your health as well. So embarking on a good, complete walking or exercise program as soon as possible is a must.

Exercises to Restore Strength and Flexibility Plus Help You Get Rid Of Your Heel And Foot Pains

If you want to get rid of your pain, you’re going to have to restore your strength and flexibility in your feet. There’s a number of ways to do this, and one of the best ways is you do some specialized exercises that help you get that strength and flexibility back in your feet and calves.

Stretching the plantar fascia (the band we talked about early on in this report) is the mainstay therapy for restoring your foot strength and flexibility.

Here’s one exercise that helps do this:

- Put your hands on a wall and lean against them.
- Place your uninjured foot on the floor in front of the injured foot.
- Raise the heel of the injured foot.
- Gently stretch the injured leg and foot.

With stretching treatments like this one, the plantar fascia nearly always heals by itself if you haven’t had the condition very long, but it may take as long as a year to do that, with pain occurring intermittently. If you follow our plan and protocol we can make that jump to a pain free condition a lot quicker than you can by yourself.

A moderate amount of low-impact exercise (such as walking, swimming, or cycling) also seems to be beneficial when it comes to doing things at home that will help you heal.
We specialize in treating plantar fasciitis. If you’re ready to get out of pain, and get back to doing what you like to do, without pain, all you have to do is call the office, make an appointment and we’ll get you scheduled.

Don’t forget. Inflammation and pain is most commonly treated with ice, so if you’re experiencing pain, make sure that you ice it before your appointment. If you’re ready for some long lasting relief, use our specialized plantar fasciitis treatment for heel pain.

You’ll find out that we’re friendly, we care about you, and we’re here for one thing. To help you get out of pain, and get relief.

We offer several non-drug, non-surgery approaches that help relieve pressure on your heel, and help your plantar fasciitis including:

- **Specialized Plantar Fasciitis Therapy and Adjustments.** If your feet are misaligned, no matter what you do, you will not get permanent relief. If you don’t follow up with your pain and do all you can do, you’re going to get into heel spurs, and that means one thing. More money, and more pain.
- **Orthotics.** I mentioned these before, but the ones I’m going to most likely recommend for you, will change the way you walk, and the level of pain you’re now experiencing. For severe conditions, such as fallen arches or structural problems that cause imbalance, insoles, special orthotics may be needed.

I’ve covered a lot of ground today, but here’s everything summarized in a couple of sentences.

If you have foot pain, and you’ve had it for awhile, stop what you’re doing, pick up your phone and call the number below. Tell the receptionist you want to schedule a no obligation Foot Pain Consultation with me.

She’ll get you scheduled and then you and I can talk.

If I think yours is a condition I can help, we’ll do an exam and evaluation. I’ll take a complete history, then overnight I’ll analyze everything and give you a report of my findings the next day.
If you want to start care from that point forward, we’ll start that day. If you don’t want to get relief, and you don’t want to follow through with my protocols and recommendations, we’ll shake hands and part ways. I only want to help you when you’re ready.

Thanks again for reading this report and I am looking forward to meeting you in person very shortly. If you’re really in a lot of pain, I’d advise that you do not wait, and call my office and schedule your appointment today. There’s no obligation to continue your care, once you have your report of findings. Again be safe, and I wish you the best.

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