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Heel Pain - Children

Description

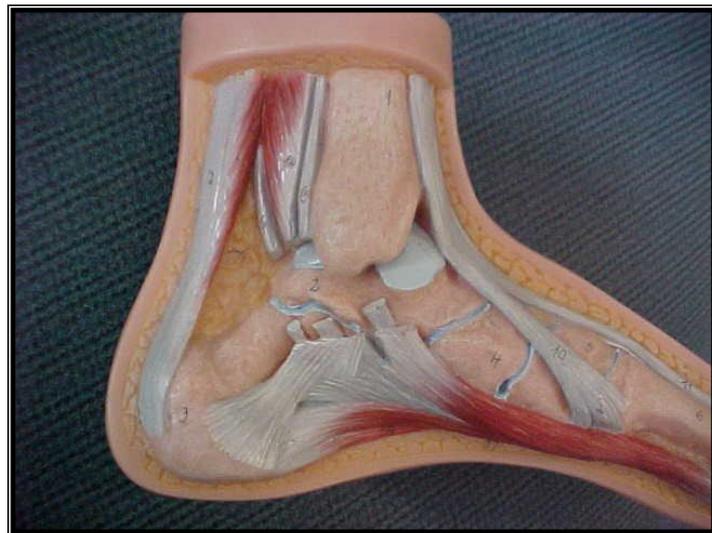
Heel pain that occurs at the back of the heel in children is often termed calcaneal apophysitis, which simply means; inflammation of the growth plate of the heel bone. It is also known as 'Severs disease' but it is not a disease as such. It is basically irritation and trauma to the growth plate region (growth cartilage) of the heel bone and often the result of chronic strain on the Achilles tendon or excess weight bearing pressure. The pain is known to decrease as the child grows and the growth plate matures and closes.



The growth plate of the heel



The fused or mature heel



The achilles tendon and ligament insertions into the mature heel.



Foot Surgery Centre

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Incidence

Young active males aged between 8 and 14 years of age are affected more commonly than girls.

Symptoms

The symptoms often involve pain at the back of the heel. A slight limp may also be noticed. The child may also have a reduced amount of ankle joint motion. The Achilles tendon insertion site is often tender with palpation and lateral compression. The pain is often felt to be worse after activity. Constant pain and swelling are more commonly seen in chronic cases. X-Rays usually fail to represent any significant findings apart from a fragmented growth plate but may be required to exclude other causes of pain.

Causes

A number of factors may contribute to the occurrence of this heel pain.

1. Tight Achilles tendon
2. Rapid growth
3. Trauma
4. Reduced heel shock absorption
5. Abnormal foot biomechanics
6. Poor footwear or training regimes
7. Overweight

Treatment

The goal of treatment is to reduce symptoms and address any causative factors contributing to the heel pain. Remember, this form of heel pain is self-limiting and will resolve with growth plate closure but the time taken for this can vary between children. This commonly occurs between the ages of 12 and 15 (sometimes later depending on child development). In the mean time the following treatments may be suggested:

- ✓ Rest with activity or training regime alterations
- ✓ Address any abnormalities of biomechanics of the feet with insoles or orthotics
- ✓ Physical therapies eg ice and heat treatments
- ✓ Anti inflammatory medication
- ✓ Stretching exercises
- ✓ Heel raise in shoe
- ✓ Increase shock absorption in footwear/insoles
- ✓ Appropriate footwear