

# San Antonio Podiatrist Discusses Treatment of Tough Cases of Heel Pain

*Most seemingly difficult cases of heel pain or plantar fasciitis can be resolved by obtaining the correct diagnosis and applying targeted treatment.*

SAN ANTONIO, TEXAS, UNITED STATES, July 20, 2016 /EINPresswire.com/ -- Heel pain is a common condition experienced by millions of people every year. It is one of the most common conditions bringing patients to foot specialists. Most heel pain is caused by plantar fasciitis which is a painful inflammatory condition of the plantar fascia, which is the ligament that runs from the base of the heel to the ball of the foot. Patients with plantar fasciitis often feel pain upon arising from bed and taking the first few steps in the morning.

The plantar fascia supports the foot but can come under stress and strain from feet which are unstable, in athletes, people who stand for long hours or from flimsy shoes. Some have feet that roll in too much, also known as overpronation. Others have feet that roll out too much, known as oversupination. A tight heel cord or Achilles tendon can also make heel pain from plantar fasciitis worse.

True plantar fasciitis is relatively easy to treat and cure. Short term relief may be obtained by using anti-inflammatory medications, ice, stretching and better shoes. Longer term relief does require that patients address the underlying causes of plantar fasciitis.

There are patients who seem to have more persistent or difficult cases of heel pain or plantar fasciitis. Dr Davis divides those patients into two categories:

- 1) Patients who have plantar fasciitis but have only treated the problem symptomatically without addressing the underlying causes. The fix for those simply involves eliminating the reasons for the heel pain.
- 2) Patients who have heel pain that is not actually plantar fasciitis. There are over a dozen causes of heel pain that Dr. Davis treats. Plantar fasciitis, if allowed to persist and progress may lead to degeneration of the fascia, a condition known as plantar fasciosis. “-Itis” means inflammation. “-Osia” means degeneration. We used to call plantar fasciosis, “intractable plantar fasciitis” for years until we started looking more carefully and found out that the condition involved degeneration of the plantar fascia, not inflammation. One reason that it took a while for doctors to recognize fasciosis is because we, years ago, did not actually look at the fascia before treating it. X-rays only show bones and joints, not ligaments like the fascia but by the early 1990's, high resolution diagnostic ultrasound machines became available for office use which provides a clear image of the fascia.

Treatments for intractable plantar fasciitis or plantar fasciosis were limited in the past and may have involved surgical procedures like cutting the fascia. Such procedures did not have a high success rate and took a long time to heal.

We have developed minimally invasive procedures such as the Topaz Procedure in the last decade that are highly successful and provide more rapid healing for the treatment of difficult heel pain due to plantar fasciosis. Dr. Davis been utilizing the Topaz procedure since 2009 with gratifying results.

The Topaz procedure involves the use of a small radiofrequency wand which is inserted through tiny openings in the skin to atraumatically eliminate the diseased tissue from the fascia. The procedure involves minimal discomfort, can be performed under local anesthesia or sedation and allows return to walking the same day and return to normal shoe gear in three days.

Dr. Davis offers other treatment options for heel pain but emphasizes that the most important thing for patients to do is to obtain an accurate diagnosis so that targeted treatment can be rendered.

[San Antonio podiatrist](#), Dr. Ed Davis, recommends reading his [Heel Pain blog](#) - <http://sanantoniopodiatrist.typepad.com>

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