



THINK TANK - Deciphering Heel Pain

INTRODUCTION: Heel pain is often diagnosed as plantar fasciitis. However there are several other common sources of heel pain, such as calcaneal fat pad irritation and S1, S2 radiculitis. Below is a contrast of plantar fasciitis v. calcaneal fat pad irritation from a biomechanical and treatment perspective.

PLANTAR FASCIITIS		CALCANEAL FAT PAD IRRITATION
Medial calcaneal tubercle	Palpation	Periphery of the heel (more medial than lateral)
Pronation "Toed-out" Decreased dorsiflexion	LE position	Supinated "Rolled-out" Decreased STJ eversion
Rotated away (ex: L pelvic rotation may cause R plantar fasciitis)	Pelvic rotation	Rotated towards (ex: L pelvic rotation may cause L fat pad irritataion)
Piriformis Lateral gastrocnemius Medial hamstring	Common trigger points	Posterior gluteus medius Psoas major Quadratus lumborum Medial gastroc Lateral hamstring
Lateral gastrocnemius Medial hamstring	Fascial restrictions	Medial gastrocnemius Medial hamstring FHL Tibialis anterior
Correct pelvic alignment STM/SCS associated trigger points Posterior talar glide to improve dorsiflexion MFR talocrural joint	Manual treatment	Correct pelvic alignment SCS/STM associated trigger points STJ eversion mobilization MFR calcaneal fat pad
Strengthen gluteus medius Stretch adductors Improve dorsiflexion Strengthen quadriceps Strengthen gluteus maximus (sagittal plane first)	Exercise strategies	Improve STJ eversion Ankle agility drills Stretch quadratus lumborum Abdominal or quad activation to inhibit psoas major Strengthen glutues medius Strengthen gluteus maximus (transverse plane first)

