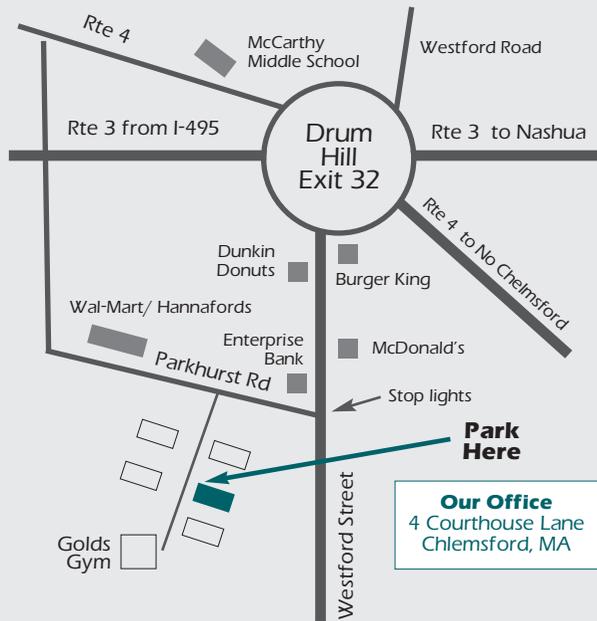


Chelmsford Office

978-441-9241
4 Courthouse Lane
(Behind Wal-Mart at Drum Hill)

New England Foot & Ankle, P.C. is located in the Courthouse office complex on Parkhurst Road behind Wal-Mart. Follow the signs to Gold's Gym. Our office is in the yellow building (the second building) on the left, just past the mailboxes.



Newburyport Office

978-463-0086
260 Merrimac Street
(Towle Office Bldg.)

New England Foot & Ankle, P.C. is located on Merrimac Street, approx 1/2 mile west from downtown Newburyport (towards Amesbury). Parking and entrance at rear of building. Enter main lobby under white canopy.



New England Foot & Ankle, P.C.



Jerold Fleishman, DPM



Timothy Downs, DPM



Caroline Gauthier, DPM



Edward Carver, DPM

When Heel Pain Won't Go Away... We Can Help

Some Facts You Should Know.



Our Doctors are on staff at:

- Anna Jaques Hospital, Newburyport
- Lowell General Hospital, Lowell
- Saints Medical Center, Lowell
- Merrimack Valley Hospital, Haverhill

New Patients are welcome.
Please call for an appointment.

We accept most managed care plans and private insurances, Check, Cash and major credit cards

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Heel Pain Has Many Causes

The most common cause of heel pain is plantar fasciitis, a condition sometimes mislabeled “heel spur syndrome”, when a spur is present. However, there is no correlation between heel pain and the presence or absence of a spur. Heel pain can also be due to other causes, such as a fracture, tendonitis, arthritis, nerve irritation, or rarely, a cyst. Because there are several causes, it’s important to have heel pain properly diagnosed.

What is Plantar Fasciitis?

Plantar fasciitis is an inflammation of the band of tissue (plantar fascia) that extends from the base of the toes to the heel. The fascia first become irritated and then inflamed-resulting in heel pain.

Symptoms of Plantar Fasciitis

People with plantar fasciitis often describe the pain as worse when they get up in the morning, or after they’ve been sitting for long periods of time. After a few minutes of walking, the pain may decrease somewhat because walking stretches the fascia. For some people, the pain subsides, but returns after spending long periods of time on their feet.

Causes of Plantar Fasciitis

Plantar fasciitis is generally the result of faulty biomechanics (walking gait abnormalities) that place too much stress on the heel bone and the attached tissues. Heel pain may also result from injury, or a bruise incurred while walking, running or jumping on hard surfaces; wearing non-supportive footwear or being overweight.



Treatment Options

Treatment of plantar fasciitis begins with first-line strategies, which you can begin at home.

- **Stretching exercises.** Stretch the calf muscles and plantar fascia
- **Avoid going barefoot.** Walking without supportive shoes puts undue strain on the plantar fascia.
- **Ice.** Putting an ice pack on your heel for 10 minutes a day helps reduce inflammation.
- **Shoe modifications.** Wear supportive shoes with good arch support.
- **Medications.** Non-steroidal anti-inflammatory drugs (NSAID’s such as Ibuprofen, Aleve) help reduce pain and inflammation.
- **Lose weight.** Extra pounds put extra stress on your feet.

If you still have pain after several weeks, see your podiatrist, who may add some of these approaches:

- **Padding and strapping.** Taping the foot reduces strain on the fascia as you walk.
- **Injection therapy.** Corticosteroid injections may be used to help reduce pain and inflammation.
- **Orthotic devices.** Custom orthotic devices to fit in your shoes help to correct the structural abnormalities.
- **Physical therapy.** Appropriate PT modalities such as stretching, ultrasound and deep tissue massage may help to provide relief.
- **Night splint.** Allows you to maintain continued stretch on the fascia while sleeping. May help to reduce “morning pain”.

Although most patients (95%) respond to some combination of the above, if adequate relief has not been obtained after 3 months of treatment,

We treat all types of adult and children’s foot problems, stressing preventive care and early medical intervention. Common problems that we treat are:

- Bunions
- Foot & Nail infections
- Ingrown Nails
- Arthritis, Gout
- Heel Pain
- Diabetic Foot Care
- Neuromas (pinched nerves)
- Hammertoes
- Toe joint (implants) replacements (for severe arthritis)
- Emergency lacerations
- Plantar Warts
- Sports-related injuries
- Fractures
- Custom Orthotics
- Children’s gait problems (intoe, outtoe)
- Ankle Sprains

then your podiatrist will discuss what alternative treatments are available, and which may be right for you.

Treatment for Chronic Heel Pain

In our practice, we consider conventional surgical intervention for chronic heel pain as a last resort. Instead, there are 3 minimally invasive treatments, with excellent results (85-90%) that are available.

• Autologous Platelet Concentrate (APC).

Qualified medical personnel will take a small amount of blood from the patient, similar to giving blood for a routine test. The vial of blood is placed in a specialized centrifuge that spins and automatically separates the red blood cells from the plasma. A yellow material is obtained containing cells called platelets, that are very abundant with factors that aid in healing known as “growth factors.” These growth factors are believed to decrease the inflammation causing plantar fasciitis. The platelets from the patient’s own blood are injected into the area of pain in the heel. Patients are then fitted with a removable walking boot, and will use crutches to prevent putting any weight on the heel for a short period of time after treatment. After that, they advance to sneakers, and although the range of time for pain relief is variable, it can be appreciated as early as 10-14 days.

• **Extracorporeal Shockwave Therapy (ESWT).** After local anesthetic is administered to your foot, the ultrasound technician will position the machine near your foot. Ultrasound imaging will be utilized to obtain a “live” picture of



your foot, to help guide the technician to the appropriate target area in your heel. During the treatment, several thousand shockwaves will be delivered to the point of maximum tenderness over a period of 20 minutes. Although patients may return to their pre-treatment levels of activity following the procedure, it is suggested that a 24 hour recovery period be considered, and patients are instructed to refrain from using any anti-inflammatory medication (Advil, Aleve) for 3 weeks post treatment. Relief is usually appreciated over the course of 3-6 months.

• TOPAZ Treatment

This procedure utilizes “Coblation”, a bipolar plasma mediated low-dose radiofrequency technology, to ablate tissue and create small shallow impressions in ligaments and tendons. Unlike conventional surgical procedures, TOPAZ does not change the biomechanics of the foot and offers minimal risk to the patient. The procedure is done in a hospital setting under light anesthesia. No incisions are required and recovery is typically 48 hours, with onset of relief in as little as 1-2 weeks.

visit our Website at:
www.nefootankle.com