

Welcome to Queensferry Podiatry

Established in 1999, we have been committed to a professional and friendly podiatry service for over 25 years.

Covering everything from nail problems, hard skin and corns to comprehensive diabetic foot care and check-ups, biomechanical assessments, orthotic fitting and nail surgery.

Our podiatrists are degree trained, registered with the Health Care Professionals Council (HCPC), and members of the Royal College of Podiatrists.

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Calcaneal Apophysitis



Guidance for Patients



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What is Calcaneus Apophysitis?

Calcaneus apophysitis is an inflammation of the growth plate in the heel of growing children. It is the most common cause of heel pain in children and adolescents, usually occurring between 8 and 14 years of age

The condition presents as pain in the heel and is caused by repetitive stress to the heel and is thus particularly common in active children. It usually resolves when the bone has completed



What causes it?

- It is directly related to overuse of the bone and tendons in the heel. This can come from playing sports that involves a lot of heel movement. It can be associated with starting a new sport, or the start of a new season.
- Children who are going through adolescence are also at risk of getting it because the heel bone grows quicker than the leg.
- Bearing too much weight on the heel can also cause it, as can excessive traction since the bones and tendons are still developing.
- It is the equivalent of Osgood Schlatter disease of the knee.

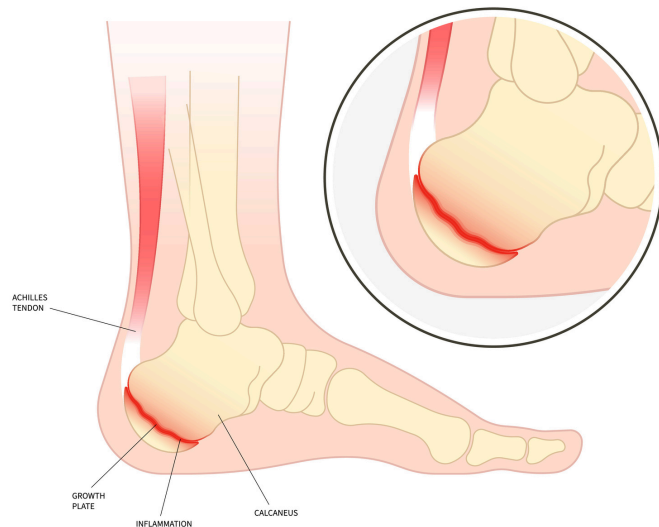
Symptoms

- The most prominent symptom of Calcaneus apophysitis is heel pain which is usually aggravated by physical activity such as walking, running or jumping. The pain is localised to the back and bottom side of the heel.
- Sometimes, the pain may be so severe that it may cause limping and interfere with physical performance in sports.
- External appearance of the heel is almost always normal, and signs of local disease such as oedema, erythema (redness) are absent.
- Tenderness on palpation of the heel - particularly on deep palpation at the Achilles tendon insertion.

Treatment Options

The aims are to reduce trauma to the heel, allow rest/recovery and prevent recurrence. Most cases are successfully treated using:

- Physiotherapy and exercises - e.g. to stretch the calf muscles.
- Soft orthotics or heel cups.
- Advice on suitable athletic footwear.
- In severe cases, temporarily limiting activity such as running and jumping.
- Ice and non-steroidal anti-inflammatory drugs (NSAIDs).
- In very severe cases, a short period of immobilisation (e.g. 2-3 weeks in a cast).



Calcaneus apophysitis has a good prognosis, but it is necessary to ease back on any sports training for a while to let it recover, usually possible within two months. However, the condition may recur.