

# Sever's Disease

HEEL PAIN IS COMMON FOR ADOLESCENTS AND WILL RESOLVE. IN THE MEANTIME, THE PAIN CAN BE REDUCED WITH COMMON SENSE TREATMENT.

By Andrew DeGruccio, MD

**H**eel pain is a common problem for young athletes. It is more common in boys, but becoming common in young girls as well, as similar sports are being played equally as often.

The pain frequently develops in pre-adolescence—about 9-10 years of age—and is usually sports and activity specific. Typically, it occurs in sports where athletes wear heel cleats. Most of the time, there is no pain with normal walking in comfortable tennis shoes.

Since heel pain is also common in adults, it is tempting to assume the problem is the same. Unfortunately, this assumption is wrong. In adults, the problem is typically "plantar fasciitis." The difference in kids is the fact that the growth plates in the feet are still open, which is the origin of this pre-adolescent problem.

The growth plate at the back and bottom of the heel bone is called a secondary growth center. The Achilles tendon and plantar fascia attach to this secondary growth center. The problem that develops is chronic irritation of this secondary growth center.

There is probably no one specific cause for this problem, but rather a combination of a tight heel cord (Achilles tendon), a high arch and repetitive direct pressure over the area directed locally by the cleats. The result is a stress reaction to the growth center.

On examination, a physician is unlikely to discover any significant clinical findings, including localized pain. This differentiates this problem from the adult "plantar fasciitis." On x-ray, the heel bone secondary growth center can show fragmentation and increased density in kids with heel pain, but these findings can also be found in kids with no

heel pain. The diagnosis is truly based on history and patterns of pain.

Treatment is basic and should focus on common sense symptomatic relief. If treatments recommended seem complicated or overly involved, then something is wrong.

To achieve relief, use pain as a guide for activities. Orthopedic research indicates no harm will come from trying to continue sports despite the pain.

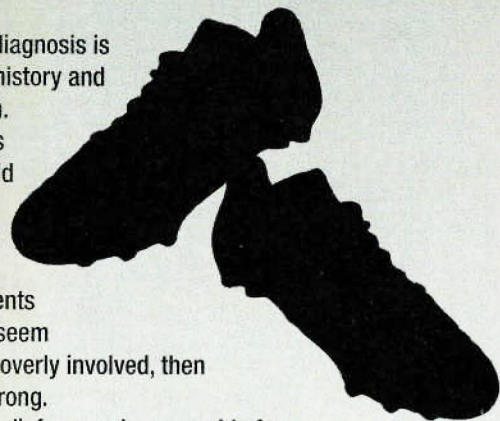
Wear good supportive shoes at all times. All shoes should provide arch support and heel padding. Adding comfortable arch supports to shoes or cleats can help. No barefootedness.

Over-the-counter anti-inflammatories, such as ibuprofen, usually do help, as does ice after activities.

The most important element of treatment is stretching the foot and heel cord, which should be done multiple times per day. Changing from traditional cleats to an all-turf type of shoe is also helpful.

Most importantly, all kids outgrow this problem. When the secondary growth center fuses to the rest of the heel, the problem resolves. This usually occurs around 12-13 years of age.

Until that time, if the pain becomes overwhelming, then sports should be reduced, and an evaluation by a sports medicine specialist should be sought. A referral to formal physical therapy can help with pain control and stretching. •



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