A FREE PATIENT GUIDE FROM FOOT AND ANKLE INSTITUTE OF IOWA

Heel Pain, Causes and Treatments

A straightforward guide to understanding plantar fasciitis and finally getting rid of your heel pain



FOOT & ANKLE INSTITUTE OF IOWA

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A NOTE FROM DR. RUDY

Let's Talk About Your Heel Pain

If you're reading this, chances are your heel hurts every morning when your feet first hit the floor, eases up a little once you get moving, and then comes right back by the end of the day.

I've been treating patients with this exact story for almost twenty years here in Des Moines, and I wrote this guide because I want you to understand exactly what's happening in your foot, why it hurts the way it does, and what actually works to fix it.

Most of my patients have already tried something before they ever walk into my office — new shoes, stretching, maybe an insert from the drugstore — and they're frustrated that nothing has stuck. I understand that frustration. Heel pain, most often from a condition called plantar fasciitis, doesn't behave like a typical injury, and it responds best to the right combination of treatments, not just one thing tried on its own.

In the pages ahead, I'll walk you through what causes this kind of pain, clear up a couple of common myths (heel spurs included), and lay out the treatments I actually use with my own patients — from the simplest first steps to more advanced regenerative options for people who've already tried everything else. My goal is simple: help you get back on your feet, without surgery whenever we can avoid it.

To your recovery,

Rudolph LaFontant, DPM
"Dr. Rudy"

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CHAPTER 1

What's Really Causing Your Heel Pain

Heel pain rarely comes from just one thing. In my experience, it's almost always a combination of factors that quietly build up tension on the band of tissue running from your heel to your toes, called the plantar fascia. Here are the culprits I see most often in my office.

Your Shoes

Worn-out shoes, or shoes that never had much arch support to begin with, change the way your foot moves with every step. Over time, that adds up to real strain on your heel.

Your Foot Shape

Very high arches or flat, overpronating feet don't distribute your weight evenly. That uneven pressure is exactly what inflames the fascia.

Tight Calves

A tight Achilles tendon or tight calf muscles limit how far your ankle can flex, which pushes extra stress into your heel and arch with every step.

Overuse & Extra Weight

Standing all day, repetitive impact from running or sports, or carrying extra body weight all place more tension on the fascia than it's built to handle.

Stress Fracture

Stress fractures can cause heel pain that feels like plantar fasciitis, and early X-rays may be normal. This needs to be ruled out by a foot and ankle specialist before you assume the pain is routine or spend money on a product marketed as a quick fix.

The takeaway: heel pain is not always plantar fasciitis. A proper diagnosis comes first, especially before you rely on a product or one-size-fits-all solution.

DR. RUDY'S TIP

Careful listening to your story, along with a quick look at your shoes and an examination of your walk, helps me identify the likely cause and decide on an effective treatment plan.

CHAPTER 2

Two Things I Want to Clear Up

About That Heel Spur

If an X-ray showed a heel spur — a small bony bump on the bottom of your heel bone — try not to panic, and don't assume that's your pain. Plenty of people walk around with a heel spur and never feel a thing, and plenty of my patients with real heel pain don't have one at all. A heel spur usually just means there's been chronic strain on the area over time. It's a clue, not the culprit.

This Isn't Just Inflammation

Here's something that surprises a lot of my patients: plantar fasciitis isn't simply swelling that calms down on its own. What's actually happening is that the fibers in your plantar fascia are experiencing tiny tears from repeated stress, and your body's repair process can't quite keep up. Over time, that tissue gets thicker, stiffer, and weaker, which is why it keeps hurting instead of just fading away.

Understanding this matters, because it means the real goal of treatment isn't just to calm down inflammation — it's to help that tissue actually heal and rebuild.

DR. RUDY'S TIP

A stubborn ache that hangs around for more than a few weeks is your body's way of telling you it needs help healing, not just more rest.

CHAPTER 3

Where I Start With Every Patient

The good news is that most heel pain responds well to conservative treatment, especially when you start early and stay consistent. Here's what I typically recommend first.

Rest & Ice

Cutting back on the activities that flare things up, then icing your heel after you've been on your feet, calms down the irritation, especially after a long day.

Stretching

A few minutes a day stretching your calf and the bottom of your foot keeps the fascia flexible and takes pressure off your heel with every step.

Supportive Footwear

The right shoe, or the right insert inside it, can make a bigger difference than most people expect.

Physical Therapy

A good physical therapist can guide you through exercises and hands-on techniques that speed up healing in ways that are hard to do on your own.

Drugstore Inserts vs. Custom Orthotics

Off-the-Shelf Arch Supports

Made to fit an average foot, so they offer general cushioning and a bit of arch shape. They're an inexpensive first step and worth trying, but they usually aren't a long-term fix for a stubborn case.

Custom Orthotics

Molded to your foot after I evaluate exactly how you walk and where your pressure points are. Because they're built for your foot specifically, they correct the underlying mechanics that caused the problem, not just cushion the pain.

DR. RUDY'S TIP

Give any new routine at least two to three weeks before deciding whether it's working — healing tissue takes time, even when you're doing everything right.

CHAPTER 4

Why I'm Careful With Cortisone Shots

Cortisone injections are common, and I understand the appeal — they can bring fast relief. But I'm selective about when I recommend one, and here's why.

Four Reasons I Use Cortisone Sparingly

Risk to the Fascia Itself
Repeated or poorly timed cortisone shots can weaken the plantar fascia over time and raise the risk of a tear, which creates a much bigger problem than the one you started with.

Fat Pad Thinning
The natural cushioning under your heel can thin out after repeated injections, and that cushioning doesn't always come back.

Only Temporary Relief
Cortisone calms symptoms rather than helping the tissue heal, so the relief is often short-lived while the underlying damage is still there.

Site Pain & Infection Risk
The injection itself can be acutely painful, and there's a small but real risk of infection at the injection site.

I still use cortisone very selectively for the right patient and the right situation — I'd just rather build most treatment plans around therapies that help your fascia actually repair itself.

DR. RUDY'S TIP

If you've already had more than one cortisone shot in the same spot, mention it at your visit — it changes what I'd recommend next.

CHAPTER 5

Shockwave Therapy, Answered

What is it?

Shockwave therapy uses focused sound-wave energy to jump-start healing in tissue that has stopped healing on its own. It creates a tiny, controlled irritation in the area, which signals your body to send blood flow and healing cells back to the fascia.

Does it actually work?

Studies going back twenty years show a success rate between about seventy and eighty percent, which lines up closely with what I see in my own patients.

What's a treatment like?

You'll come in once a week for about four to five sessions, and each one takes roughly five minutes. There's no anesthesia and no incisions, and you can go right back to your normal day afterward.

How does it compare to physical therapy?

PT usually means two to three visits a week for six weeks, with a copay every time. Shockwave is once a week for a few minutes, and for most patients the total cost ends up lower than months of PT copays, with comparable or better results.

Any downsides?

Some patients notice mild bruising or soreness for a day or two, similar to how you'd feel after a hard workout. Serious side effects are rare. Insurance typically doesn't cover it, so ask us about ways to make it affordable.

DR. RUDY'S TIP

Curious whether shockwave is a fit for you? It's usually my first recommendation once basic conservative care hasn't fully done the job.

CHAPTER 5 CONTINUED

MLS Laser Therapy, Answered

What is it?

Multiwave Locked System (MLS) Laser Therapy uses synchronized continuous and pulsed wavelengths of light to support the body's natural healing processes. It is noninvasive, drug-free, and typically painless.

How can light help?

Specific wavelengths of light deliver energy that cells can use for repair. MLS Laser Therapy is designed to help manage pain and inflammation, improve local circulation, and support tissue recovery.

What are the benefits?

Potential benefits include reduced pain and swelling, improved blood flow, faster tissue repair, and support for nerve and wound healing. There is no incision, anesthesia, or recovery downtime.

What can it treat?

MLS Laser Therapy may be used for plantar fasciitis, sprains, strains, tendon or ligament injuries, arthritis, bursitis, neuropathy, sports injuries, wound care, and post-surgical recovery.

What's a treatment like?

Sessions usually last 10 to 15 minutes, and most patients feel little or no sensation. Treatment plans are individualized: acute problems may need about six sessions, while chronic conditions often require 10 to 15.

When should I expect results?

Some patients notice improvement within one to three treatments. Because the effects are cumulative, completing the recommended treatment plan is important.

> **DR. RUDY'S TIP**
>
> *MLS Laser Therapy can be used alone or combined with other treatments. I recommend it when reducing pain and inflammation can help you move more comfortably while the underlying tissue heals.*

CHAPTER 6

When You Need More: Regenerative Care

For patients who've done everything right and are still hurting, or who want to avoid surgery altogether, I also offer regenerative treatment using allograft tissue — donated human birth tissue that's processed and screened well beyond FDA standards. Instead of just masking pain, these injections deliver natural growth factors that help your body actually rebuild the damaged fibers in your fascia.

What I've found, and what the research backs up, is that this works best as part of a combined approach rather than on its own. When I pair an allograft injection with shockwave therapy and laser therapy, patients tend to see meaningfully better and longer-lasting results than any one treatment alone — shockwave increases blood flow right where the allograft needs it, and laser therapy calms inflammation afterward so the tissue can get to work rebuilding.

70–80%

Success rate reported for shockwave therapy alone, in published studies

~85%

Of allograft patients reported meaningful symptom relief in published research

Better Together

Combining allograft, shockwave, and laser outperformed any single therapy alone

Figures reflect published clinical research on these therapies, not a guarantee for any individual patient — every foot responds a little differently, which is exactly why we build your plan around your specific case.

DR. RUDY'S TIP

This option isn't for everyone, and that's okay — we'll only go here together if it genuinely makes sense for your case.

CHAPTER 7

Your Recovery Timeline

Every patient heals at their own pace, but here's the general path most people follow as we work through treatment together.

Timeframe	Phase	What to Expect
Weeks 1-2	**Getting Started**	Rest, ice, stretching, and better footwear. MLS Laser Therapy and Shockwave Therapy. Many patients already notice mornings feel less sharp.
Weeks 3-6	**Repair and Healing Phase**	Allograft Injection, casting for custom orthotics, and continued MLS Laser Therapy and Shockwave Therapy support the repair and healing processes.
Weeks 4-8	**Biomechanics**	Complete MLS Laser Therapy and Shockwave Therapy. Dispense and adjust custom orthotics to improve support and reduce heel strain. Patients may gradually return to usual activities as symptoms improve.
Months 3-4	**Restoration of Activity Level**	Therapy to stretch and strengthen the Achilles tendon and calf muscles. Adjust custom orthotics as needed while increasing activity toward the previous or appropriate level.
Ongoing	**Staying Pain-Free**	Maintenance stretching and the right footwear keep the pain from coming back.

WHY YOUR TIMELINE MATTERS

If anything about your case moves faster or slower than this, that's normal - we'll adjust the plan together at every visit. Your problem may have started long before symptoms appeared. Because we treat the root cause rather than offer a "quick fix," patience is essential as we work to return you safely to full activity. Our treatment plan is designed to completely repair and restore the injured area so the problem is less likely to return and interfere with your daily life or activity level.

DR. RUDY'S TIP

This timeline is a guide, not a promise - some patients feel relief within days, and that's a great sign we're on the right track. Attending every appointment and maintaining open, ongoing communication are essential so we can adjust your treatment plan whenever necessary.

READY WHEN YOU ARE

Ready to Stop Living With Heel Pain?

You don't have to keep working around this. Whether you're just starting to deal with heel pain or you've been fighting it for years, I'd like to sit down with you, take a real look at your foot, and build a plan that fits your life.

Reach out and let's get you back on your feet — without the aches you've been living with.

Schedule Your Appointment Today

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Mention this guide and our team will help you find the first available appointment.

Thank you for taking the time to read through this guide. I hope it's given you a clearer picture of what's going on with your foot, and real hope that it doesn't have to stay this way.

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Foot and Ankle Institute of Iowa

FOOT & ANKLE INSTITUTE OF IOWA

Helping you put YOUR best foot forward, every step of the way.