



Carlo A. Messina, D.P.M.
Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Board Certified: American Board of Foot and Ankle Surgery
- Specializing in Sports Medicine, Lower Extremity Trauma
- Specializing in Deformities in Children and Adults
- Specializing in Complex Ankle Ligament Injuries



Michael M. Cohen, D.P.M.
Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Board Certified: American Board of Foot and Ankle Surgery
- Board Certified: American Board of Podiatric Medicine
- Specializing in Lower Extremity Injuries and Deformities in Children and Adults
- Specializing in Complex Limb Salvage; Foot, Ankle and Leg Fracture Surgery
- Specializing in Total Ankle Replacements and Running Injuries



John D. Goodner, D.P.M.
Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Specializing in Sports Medicine, Foot and Ankle Arthroscopy
- Specializing in Lower Extremity Injuries and Deformities in Children and Adults
- Specializing in Adult and Pediatric Reconstructive Foot, Ankle and Leg Surgery
- Specializing in Adult and Pediatric Lower Extremity Trauma



Warren Windram, D.P.M.
Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Specializing in Foot and Ankle Arthroscopy
- Specializing in Total Ankle Replacement
- Specializing in Lower Extremity Injuries and Deformities in Children and Adults

INSURANCE

MOST INSURANCES, PPO's AND MEDICARE ACCEPTED
Preferred Providers Below

ADULT

Aetna (HMO, PPO, POS, EPO)
Avmed (HMO, PPO)
Better Health
Blue Cross/Blue Shield (HMO, PPO)
Cigna (HMO, PPO, POS)
GHI
Humana (PPO, POS, EPO)
Magellan
Medicare
Memorial (HMO, PPO)
Miccosukee
Multiplan
Network Blue (HMO, PPO)
Preferred Choice
Private Health Care System
Seminole Tribe
Tricare
United Health Care (HMO, PPO, POS)

PEDIATRIC

Better Health
Molina
Staywell
Sunshine State
Wellcare

WORKERS' COMPENSATION

AIG
Corvel
ESIS
FCCI
Gallagher Bassett
Hartford Ins - Specialty Risk
Liberty Mutual
Marriot
Publix Works Comp
Sedgwick
Travelers
US Department of Labor
Zenith Ins. Co.
Zurich American

Call us to see if we participate with your plan

Accepting Medicare
Accepting most HMO's and PPO's
Accepting Motor vehicle insurance
Accepting Workers Compensation
Second opinions and IME's
Outpatient and Inpatient surgery

Same day appointments
Emergency visits
Early morning appointments
Evening appointments
Letters of Protection, (LOP's)
Se habla Espanol

LOCATIONS

WESTON

1600 Town Center Blvd. • 954-389-5900

PEMBROKE PINES

17842 NW 2nd St. • 954-430-9901

PLANTATION

220 S.W. 84th Avenue, Suite 102 • 954-720-1530

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HEEL PAIN IN CHILDREN



Messina • Goodner • Cohen • Windram
Desimone • Moya • Bertot • Shenassa • Jones • Gonzalez

Foot, Ankle & Leg Specialists of South Florida

HEEL PAIN IN CHILDREN

By: Robert H. Sheinberg, D.P.M., D.A.B.P.S., F.A.C.F.A.S.

PROBLEM:

Painful inflammation to the growth plate (calcaneal apophysis) in the back of the heel.

CAUSES:

- Trauma or Injuries
- Over activity in children between the ages of 8 and 14.
- Tight muscles in the lower extremity, especially the calf muscles.
- Flatfeet.
- Growth spurts.
- Poor shoe gear or walking barefoot on hard surfaces.
- Feet that point out (duck walk)
- Rarely infections, tumors, or autoimmune disorders. They must be ruled out.
- Must rule out fractures.

SIGNS & SYMPTOMS:

- Mild discomfort in the heel bone at the end of an activity.
- Stiffness in the foot in the morning and pain with walking.
- Pain alleviated by rest and a decrease in activity.
- Stiffness and pain is usually present after a child is done with the activity, sits for a period of time and then tries to get up and walk.
- Must rule out fever, weight loss, bleeding or rashes.
- Tenderness to the back and bottom of the heel with touch or grasping the heel.
- Walking on the ball of the foot to avoid touching the heel to the ground.
- Discoloration, warmth and swelling are almost never seen in the heel.
- Limping at the end of an activity that may persist as the condition worsens.

TREATMENT:

- A thorough history and physical examination of the foot and lower extremity.
- Modification of activity.
- The child is not to go barefoot.
- Taping the foot to decrease the pulling of the plantar fascia on the heel bone.
- Proper shoe gear and **heel lifts** to decrease tension on the heel by lessening the pull of the achilles tendon and plantar fascia.
- **Night splinting** to stretch the tight calf muscle and arch ligament.
- Custom molded **orthotics** to support the foot and help restore proper alignment. This is critical in the flatfooted child.
- **Physical therapy** to improve flexibility and diminish inflammation of the growth plate.
- Occasional **immobilization** in a cast or brace to completely rest the heel and allow healing.
- Crosstraining

We have seen and treated thousands of these children with excellent immediate, short and long term results. Some children are best treated immediately in a boot and others in a cast. It depends on the degree of pain and limping the child is experiencing. **Immediate pain relief is available.**

