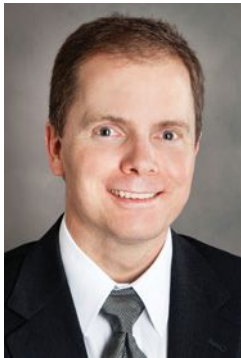


by Michael Hiltz, MD,
Piedmont Orthopedics



Michael Hiltz, MD,

is a board-certified family physician with subspecialty certification in primary care sports medicine who joined Piedmont Orthopedics in 1999. Because of his dual training, Dr. Hiltz can provide comprehensive care, including treatment for illnesses as well as sports injuries and other orthopedic problems.

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Do you have a question related to this column or a general orthopedic question you would like to have answered in a future issue? Send an e-mail to AskPiedmont-Ortho@sosbonedocs.com.

Q. My son is a high school soccer player who recently saw you for a sprained ankle. I noticed online that you are trained in family practice and primary care sports medicine, and I am not sure exactly what that means. Could you serve as my son's family doctor? He's old enough that he doesn't want to go to the pediatrician's office any more.

A. Yes, I do serve as the family doctor for some of my patients. I completed my residency in family medicine and am board-certified in family practice. After my residency, I completed fellowship training in sports medicine so I would have additional expertise to treat orthopedic problems. However, I enjoy taking care of patients' primary care needs as well.

In answer to your question about primary care sports medicine, this is a specialty of medicine that provides comprehensive care to active individuals. As a primary care sports medicine specialist, I treat musculoskeletal problems (such as broken bones/fractures, sprains/strains, and arthritis) and also manage medical problems, including hypertension, diabetes and exercise-induced asthma.

In our office, I provide nonsurgical care for patients with orthopedic problems. About 90 percent of the patients who come to an orthopedic office have problems that do not require surgery. My focus is on not only treating an injury, but also working to determine what caused it in the first place so we can prevent it from happening again.

Q. I am a runner who is having pain on the bottom of my heel. It hurts so much when I get up in the morning that I can hardly walk to the bathroom. After I move around and loosen up, the pain is better. But if I sit down for a while, it is worse again when I walk. What could this be?

A. The most common cause of the pain you describe is plantar fasciitis. This problem occurs frequently in runners, but also is seen in people who stand on hard surfaces for long hours.

Tendonitis, a pinched nerve or a stress fracture can cause similar symptoms. To rule these out, I typically do an x-ray or sometimes an ultrasound of the heel. I have specialty training in musculoskeletal ultrasound, which can often be used to diagnose orthopedic conditions at a fraction of the cost of an MRI scan.

One of the key things I would look for in examining you is any biomechanical factors that predispose you to heel pain. I want to make sure your legs are the same length and that the arch pressure on your feet is normal, that they're not flattening out when you walk. I also will check your flexibility. If you have running shoes with you, I will check to see if they are the right fit for you. If they seem to be part of your problem, I may send you to a shoe expert who will analyze your gait as you run on a treadmill – and suggest shoes that better fit your gait.

If plantar fasciitis is your diagnosis, the treatment for most people involves aggressive stretching and liberal use of ice. I will give you a series of stretching exercises for the foot, calf and hamstring muscles. Some patients also benefit from physical therapy.

Some people need additional treatment, such as gel pads in their shoes, custom orthotics, anti-inflammatory medications or, occasionally, cortisone injections.

The good news for people with your type of heel pain is that we usually can make the pain go away without surgery.