Differential Diagnosis of Subcalcaneal Heel Pain

1. Soft Tissue
   - Plantar Fasciitis
   - Periostitis
   - Painful Heel Pad
   - Subcalcaneal bursitis
   - Tenosynovitis (FHL & FDL)
   - Calcaneal Apophysitis

2. Neurologic
   - Tarsal Tunnel Syndrome (TTS)
   - Inferior Calcaneal Neuropathy
   - Medial Calcaneal Neuropathy

For recalcitrant heel pain, EMG/NCV study can be very helpful to rule out a neurologic cause, particularly Inferior Calcaneal Neuropathy or Neuropathy of “Baxter’s” nerve.
Lower Back Pain and Radiculopathy
More Accurate Diagnosis for More Effective Treatment

Know the spinal segmental unit and 3 joint complex
- The triad-disc anteriorly and two facet joints posteriorly
- Define the specific pain generator
- Know the degenerative cascade

The Natural History of Disc Herniation and Radiculopathy...is one of Improvement

Know the urgency with which we must act
- The probability of ever returning to work is 25%
  if still off work at 1 year
- Return to work rate is nearly 0% if off work 2 years

Disease ≠ Disability
- Understand:
  - Mind-Body Interaction
  - Social-Vocational Factors
  - Generalized Stress Response
  - Autonomic Reaction
  - Environmental Influences
- Never underestimate the power of faith and spirituality

Understand Evidence-Based Medicine
Use the AHCPR guidelines with new updates as the foundation for clinical practice
Scientific Evidence– A = Strong     B = Moderate     C = Limited

Select Practice Guidelines
1 Early activities is better than bed rest = B (If bed rest, then < 24 hrs.)
2 Patient Education is beneficial = B
3 Medications O.K. to assist remobilization efforts
4 For acute HNP, outcome is good regardless of what is done
   (unless focal bony stenosis at the level of disc herniation)
5 If epidurals, under fluro at sight of maximal pathology
6 Electrodiagnostic EMG/NCV study helpful if not better by 3-4 weeks
   - Assess severity, acuity, level, or levels, of root disease
   - R/O peripheral neuropathy, plexopathy or sciatic neuropathy

Lumbar Epidural Steroid Injections
- Abundant proof of inflammation at the sight of disc herniation
Benefit epidurals = C, but with fluro in acute HNP possibly = B

Continuing to provide state of the art Electrodiagnosis since 1981