

Heel Guide

FREE SAMPLE · 14-DAY PLAN

FROM A FOOT SURGEON'S EXAM ROOM

The Heel Pain Playbook

A foot surgeon's 14-day plan for plantar fasciitis and heel pain

- The plan I give my patients, in the order I give it
- Honest verdicts on shoes, insoles, supplements and trends
- Warning signs, trackers and a 12-week log



Dr. Tom Biernacki, DPM, FACFAS
Board-certified foot and ankle surgeon · Founder, Balance Foot & Ankle
Howell and Bloomfield Township, Michigan · (810) 206-1402

A FOOT SURGEON'S 14-DAY PLAN FOR PLANTAR FASCIITIS AND HEEL PAIN

The Heel Pain Playbook

What I tell my patients about heel pain, the gear worth buying, and the trends worth skipping.

Dr. Tom Biernacki, DPM, FACFAS
Board-certified foot and ankle surgeon
Founder, Balance Foot & Ankle · Howell and Bloomfield Township, Michigan

Heel Guide · v2.3 · 2026 edition

The Heel Pain Playbook

A foot surgeon's 14-day plan for plantar fasciitis and heel pain. v2.3 · 2026 edition. Evidence checked September 2026; next scheduled review September 2027.

Copyright © 2026 Foot & Ankle Web Services LLC. All rights reserved. No part of this book may be reproduced, distributed or transmitted in any form without the publisher's prior written permission, except brief quotations in a review. You are welcome to print it for your own personal use. This free sample may be shared whole and unchanged.

Published by Balance Foot & Ankle Press, Howell, Michigan · heelguide.com

Medical disclaimer

This book is general health education. It is not a diagnosis, a treatment plan, or a substitute for care from a qualified clinician who has examined you. Reading it does not create a doctor–patient relationship. Exercise amounts are examples to adapt, not prescriptions. Do not use the exercises if you may have a fracture or tear, an open wound, a recent operation, or for a child, without individual advice. **If you think you have a medical emergency, call 911 or go to an emergency department.** The author and publisher disclaim liability for any loss or injury arising from use of this book.

Check with a clinician before you start if

You are pregnant (the pregnancy page says what is safe), have diabetes with numb feet, are recovering from foot surgery, have heel pain driven by inflammatory arthritis, or the reader is a child under 12. Those situations need individual care first.

Disclosure of interests

The author founded and owns Balance Foot & Ankle PLLC, a podiatry practice in Michigan, and the websites heelguide.com and podiatristtested.com. Booking links in this book go to that practice. Some product pages on all three sites earn an affiliate commission. No product manufacturer paid for, reviewed or had any say in this book, and no brand or creator named here has endorsed it. Buying anything is optional; the exercises cost nothing.

Corrections

Found an error or a broken link? Write to us through michiganfootdoctors.com. We aim to reply within five working days, and corrections are recorded in the next edition.

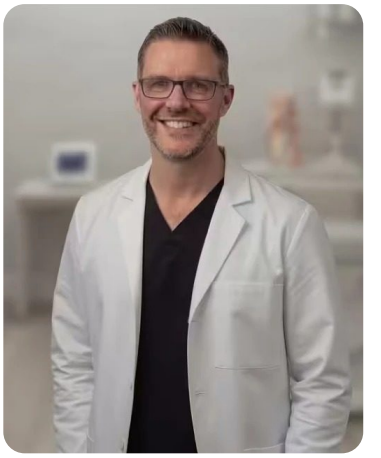
START HERE

Your first steps shouldn't hurt

Hi, I'm Dr. Tom Biernacki. I'm a foot and ankle surgeon in Michigan. For ten years I have seen more than a hundred patients a week, and heel pain is near the top of the list every single week.

I have also done more than **3,000 surgeries** — and hardly any of them for plantar fasciitis. That is not modesty. It is the entire point. My job is to get you better without an operation and without handing you a prescription to paper over the problem, and for heel pain that works far more often than not.

So this is the plan I give in the exam room, in the order I give it — plus honest opinions on the gadgets, shoes and supplements you have been scrolling past at midnight.



Dr. Tom Biernacki, DPM, FACFAS
Board-certified in foot and ankle surgery and in podiatric medicine. Fellow of the American College of Foot and Ankle Surgeons.

Use this book in 5 minutes

1. **Check the warning signs** (page **5**). Red means go now.
2. **Find where it hurts** (page **7**). The spot matters more than you think.
3. **Start the plan tonight** (page **11**), and track two numbers (page **16**).
4. **Day 14: check the trend.** Better? Keep going. Same or worse? Come see someone.

Three promises

1. **No rush to surgery.** A year of good care comes first, and more than nine in ten people with plantar fasciitis get better without it. [1]
2. **No pill pushing.** Pain relievers get a paragraph in this book, not a plan.
3. **No miracle gadget.** If something works, I say so. If it only works on the box, I say that too.

What this book is not

A diagnosis. I have not examined your foot, and a book cannot press on the sore spot. If the warning pages send you to a clinic, go — the plan will still be here when you get back.

THE 60-SECOND SAFETY CHECK

First, rule out an emergency

Most heel pain is not an emergency. A few things are, and two of them are not about your foot at all. Read this page and the next before you start any exercise.

EMERGENCY

Call 911 or go to the ER now

Not an appointment

- A foot that is suddenly **cold, pale or blue**, with severe pain or new numbness. Blood flow can be lost in hours. [2]
- Back or leg pain with **new bladder or bowel problems**, or numbness around the groin or buttocks. [3]
- A swollen, warm or painful calf **with chest pain or breathlessness** — a possible clot on the lung. [4]
- After an injury, or while in a cast or boot: pain that keeps escalating, a tight swollen foot, or numbness and severe pain when the toes are gently pulled up.

TODAY

Get seen today

Don't start the plan

- A **pop or snap** at the back of the heel, then weak push-off: a possible Achilles tear, even if you can still walk. [5]
- You **can't put weight** on the foot after an injury, or it looks deformed. [6]
- A red, hot or swollen foot, **spreading redness**, or heel pain with fever, chills or feeling unwell — with or without a visible wound. Sooner still if you are on chemotherapy or steroids, have a weakened immune system, or have had an injection into the heel recently. [7, 8]
- **Diabetes or numb feet** with any new wound or blister, a callus with dried blood inside it, or a foot that is newly warm and swollen — even if it barely hurts. [7, 9]
- A newly **swollen, warm or painful calf** on its own. This needs a scan the same day: ER, urgent care or your physician, not a podiatry appointment. [4]

Hurt it recently? Until it is checked, go easy on the foot and skip stretching, massage and strength work.
Any of the signs above? Don't wait for an appointment, and don't start the 14-day plan.

THE 60-SECOND SAFETY CHECK

Then decide: book, or start?

Nothing on the last page applies. These two lists decide what you do next.

AMBER

Book a visit this week

You can still start the plan

- Pain that keeps getting worse, or comes back after it settled
- **Any heel pain if you have diabetes, poor circulation or numb feet** — get it looked at before you start exercising, even if it seems minor [7]
- Deep pain that is **worse at rest or wakes you at night**, especially with unexplained weight loss, night sweats, or if you have ever been treated for cancer [10]
- Morning stiffness lasting **more than 30 minutes**, both heels at once, or heel pain alongside psoriasis, bowel disease, other swollen joints, back stiffness that eases with movement, or a red painful eye [11, 10]
- Pain that builds the longer you are on your feet after a jump in activity — or with no change in activity at all if you have thin bones, take steroids long term, have had a stress fracture before, or have missed periods. Stop impact until you are checked. [12]
- Burning, tingling or numbness; a growing lump; or you are limping
- A child with heel pain that keeps coming back, wakes them at night, comes with fever or swelling, or is in one heel only [13, 14]

GREEN

Start the 14-day plan

- The pain came on gradually, and it is worst with your first steps in the morning or after sitting — then **eases as you move**
- You can walk, even if it is sore, and nothing on either warning list applies
- Still no better after about two weeks of good self-care? Book a visit. [15]

An amber sign, and you're in Michigan? Call (810) 206-1402 for the soonest opening, or book online any time. [16]

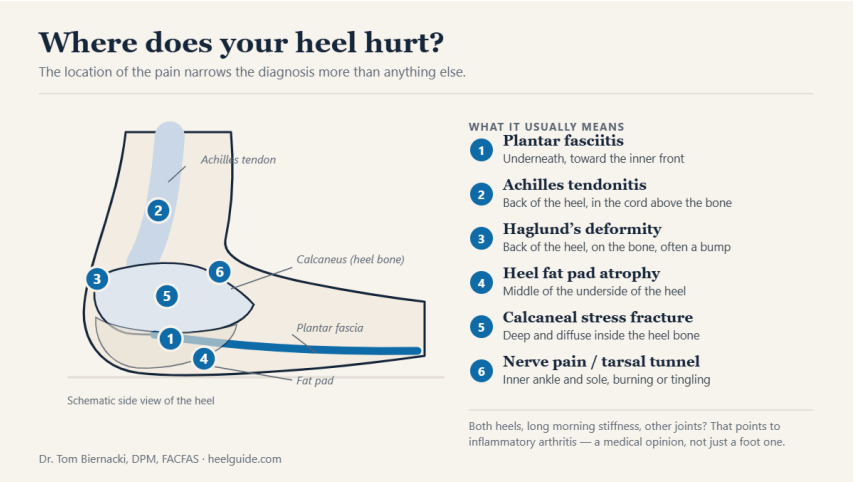
Amber or green? Book a visit.

My team and I see heel pain in **Howell** and **Bloomfield Township**. **Book online** any time, or call **(810) 206-1402**.

WHERE DOES IT HURT?

Find your heel pain

Where it hurts narrows things down faster than anything else. Match your pain, then jump to that page. Want the long version? Every cause of heel pain, in order.



Heel Guide pain map. Schematic side view of the heel.

WHERE AND WHEN IT HURTS	LIKELY CAUSE	PAGE
Under the heel, worst with first steps	Plantar fasciitis, with or without a heel spur	full book
Back of the heel, or just above it	Achilles tendinopathy	full book
A bump at the back that rubs in shoes	Haglund's deformity or bursitis	full book
Middle of the heel, bruised feeling, worse barefoot	Fat pad pain	full book
Deep ache that builds the longer you're on it	Bone stress injury	full book
Burning, tingling or electric pain	An irritated nerve	full book
Behind the inner or outer ankle	Tendons at the sides	full book
Other swollen joints, back stiffness or psoriasis	Inflammatory arthritis or gout	full book
A crack, callus, wart or splinter	Skin problems	full book
A child (about 8–14) with heel pain in sports	Sever's disease	full book
Diabetes or numb feet	Feet that need extra care	full book

Say it in one sentence: "It hurts here, mostly when I ____, and it started after ____." That sentence helps any doctor. Two problems can happen at once, so use this map to describe your pain, not to rule out something serious. [17, 18]

THE THREE-MINUTE VERSION

Why your heel actually hurts

Skip this and the plan still works. Read it and you will understand every choice in the rest of the book — and you will stop buying things that were never going to help.

The windlass: your fascia is a bowstring from heel to toes

1 · Standing



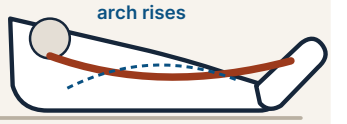
The band is long and slack. The arch sits where it sits.

2 · Heel lifts



Toes bend up. The band winds round the joint and shortens.

3 · Push-off



Maximum pull at the heel. This is where it tears and hurts.

Every step does this once — eight thousand times a day, on one square centimeter of bone.

The bowstring under your foot

The plantar fascia runs from your heel bone to the base of your toes, like a bowstring under a bow. When you push off, your toes bend upward and the fascia winds around the joint, shortens, and pulls the arch up. That turns a floppy foot into a rigid lever you can launch off.

It is a beautiful piece of engineering and it has one weak point: the place the string attaches to the heel bone. That is where it hurts, and that is why the pain is almost always at the front inside corner of your heel rather than the middle.

What this explains

- **Why a stiff big toe matters.** If the toe will not bend up, the fascia has to be dragged tight instead of winding neatly. Same load, worse distribution.
- **Why thin flat shoes hurt.** Nothing shares the load, so the string takes it all.
- **Why your calf is involved.** A tight calf lifts the heel earlier in the step, which starts the windlass sooner and holds it tight longer.
- **Why the first step is the worst.** Overnight the foot points down and the fascia settles short. Standing up stretches it cold, all at once.

Why the calf stretch has two positions

Your calf is two muscles sharing one tendon. **Gastrocnemius** crosses behind the knee, so it only stretches with the knee straight. **Soleus** sits underneath and does not cross the knee, so it only stretches with the knee bent. Do one position and you have stretched half of what is pulling on your heel. That is the entire reason Move 2 asks for both, and it is the single most common thing people get wrong.

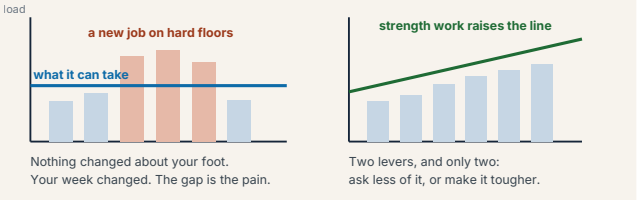
THE NUMBER THAT MATTERS

This happens once per step. At eight to ten thousand steps a day, a small excess load becomes eight thousand small excess pulls on one square centimeter of bone. Heel pain is almost never one bad moment — it is arithmetic.

THE THREE-MINUTE VERSION

Pain is a gap, not a disease

Almost nobody with heel pain has a damaged foot. They have a normal foot being asked for more than it can currently give.



Two levers, and only two

Every treatment in this book does one of two things. It **lowers what you ask of the heel today** — shoes, insoles, taping, cutting the new load, a night splint. Or it **raises what the heel can take** — the loading work, and nothing else. That is the whole model. When someone asks whether a gadget is worth buying, I ask which of the two it does. Most things in your feed do neither.

What I ask in the room

Before I look at a foot I ask what changed in the last two months. A new job. A new shift pattern. A house move with stairs. A new sport, a new dog, a baby carried on one hip. A fast weight change. Shoes that died quietly. Nine times out of ten the answer is in that list — and once you find it, the plan writes itself.

Why it takes weeks, not days

Lowering demand works in days — why the right shoes feel good almost at once. Raising capacity is tissue adaptation: weeks to months. People quit at week three, when the easy lever has given all it has, and assume the plan failed. The slow lever is the one that lasts.

What I actually do, first visit

1. Find what changed in the last two months. That is half the treatment.
2. Press the inside front corner of the heel, then the middle. Different spot, different problem, different plan.
3. Check the calf with the knee straight and bent, and check the big toe bends up.
4. Look at the shoes they walked in with, and ask what they wear indoors. Almost nobody volunteers this.
5. Stretches and shoes start that day. Loading starts day four, not day one.

THE STRAIGHT ANSWER

If it were my foot

Patients ask me this more than anything else, usually with one shoe already off: “What would you do if it were you?” Here it is. Not what I am supposed to say — what I would actually do, in order.

TONIGHT

Supportive shoes by the bed, and not another barefoot step in the house until this is gone. Tape on the arch for the first week, so I could get through work without thinking about it. Cost so far: a roll of tape.

EVERY MORNING

The fascia stretch before my feet touch the floor, then the calf stretch, knee straight and then bent. If first steps were the worst part of my day, a night splint — with an apology in advance to whoever shares the bed.

FROM DAY FOUR

Towel heel raises every other day, slow on the way down. By week three a backpack with books in it, because body weight stops being enough surprisingly fast. [19]

WHAT I WOULD BUY

One store insole with a firm heel cup. A cushioned, rockered shoe for work. A supportive slide or sneaker that never leaves the house. That is the whole shopping list — everything else in the gadget aisle can wait for a verdict (in the full book).

What I would not do

- Take ibuprofen every day for weeks to keep going.
- Ask for a cortisone shot first.
- Buy a $500 custom orthotic before a $50 insole had a fair try.
- Stop walking altogether. Rest makes it feel better and leaves the tissue weaker.
- Buy a vibration plate or start barefoot running.

When I would get it checked

I have an unfair advantage: I would know on day one whether it was plantar fasciitis. You don’t, which is why the day-14 check-in exists (page **16**). And if nothing had moved by six weeks, even with the right diagnosis, I would have a colleague put an ultrasound probe on it.

And I would be patient

Three months is normal. I would judge it by the trend in my morning pain, never by a single day — and I would complain about it at dinner, which is optional but traditional.

In Michigan? See my team in Howell or Bloomfield Township: **book online** or call (810) 206-1402.

QUICK START · FOUNDATION

Your 14-day plan

Start tonight. About 10 minutes a day, plus 10 more on heel-raise days. This is the plan I give in the exam room, and it is the one I have the most confidence in — stretching the fascia and calf, then loading the foot properly. Both have trials behind them and, more to the point, both are what I watch work. [11, 19, 20]



Tonight

- Put supportive shoes **next to your bed** (closed-heel if you have diabetes, numb feet or poor balance).
- Pick a sturdy counter or step for heel raises.
- On the tracker (page **16**), write today's first-step pain, 0–10.

Every day

- **Fascia stretch** before your first steps, then twice more (Move 1)
- **Calf stretch**, straight and bent knee (Move 2)
- **Shoes on** from your first step to bedtime
- Rate your first-step pain

Every other day

- **Heel raises** (Moves 3–4) from day 4. Start where it feels manageable and build slowly — every other day, the schedule the trial used.

DAYS	FOCUS
1–3	Cut back what flares it most. Start the stretches, wear shoes all day.
4–7	Add heel raises every other day (days 4 and 6).
8–14	Build the heel raises. Watch your first-step pain trend.
Day 14	**Check-in.** Better, even a little? Keep going. Same? Keep going and book a visit. Worse? Book now.

The pain rule, borrowed from tendon rehab: up to **5 out of 10** during and just after the exercise is acceptable, and no worse than 5 the next morning. And pain must not creep up from week to week. Breach either limit and drop back a stage; still climbing after a week, get seen. [21]

What to expect: in the trial behind this plan the strength group was clearly ahead of stretching alone at **3 months**; by 6 and 12 months both groups had improved and were about equal. Keep going, and don't judge it at two weeks. The trial measured its main result at 3 months. I keep patients on a maintenance dose after that, because the ones who stop entirely are the ones I see again. [19]

AVOID THESE

The three mistakes I see every week

1. Wearing great shoes… outside the house

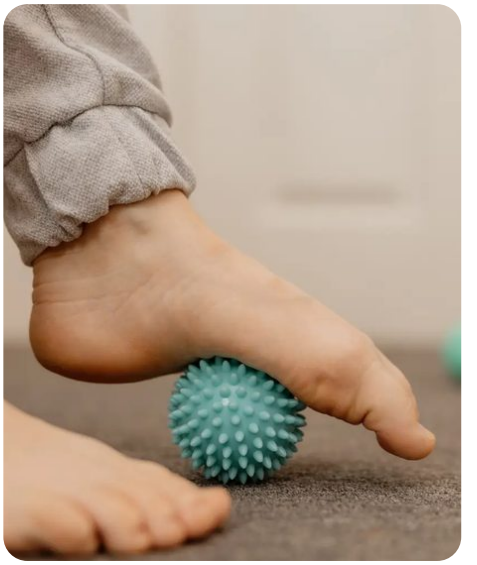
People spend $160 on running shoes and then do four hours a night barefoot on kitchen tile. That is usually the single biggest load of the day, and it is the reason morning pain will not budge no matter what you wear to work. Shoes on from your first step to bedtime. Yes, indoors. Yes, really. [22]

2. Treating only the pain

Rolling a frozen bottle feels wonderful. So does a massage gun, a hot tub and a nice pair of slippers. None of them make the tissue any tougher, which is why the pain comes straight back on the first busy day. Comfort is not treatment. Slow, heavy loading is. [19, 11]

3. Quitting early — or doing everything at once

Pain settles before the tissue has finished. Stop there and it comes back, usually about three weeks later, usually on a holiday. The opposite is just as common: new shoes, new insoles, more miles and a new gym class all in the same week. Then something hurts and you have no idea which of the five things did it. One change at a time. [23]



BONUS MISTAKE

Binning a new insole on day three. A firm insole feels like a stranger for the first week or two — that is normal, not a defect. Build the hours up over a week before you judge it. [24]

WATCH · DR. TOM
Plantar Fasciitis Mistakes That Make Heel Pain Worse

YOUR NEXT STEP

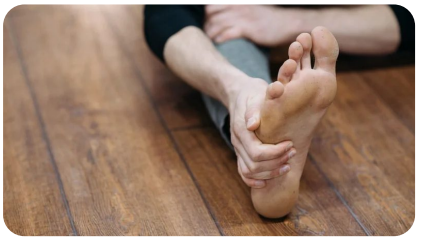
Tonight, put your shoes by the bed. Tomorrow, do Move 1 before your feet touch the floor. That is the whole homework.

THE DAILY ROUTINE · FOUNDATION

Moves 1–2: Stretch it out

MOVE 1 · EVERY DAY

The plantar fascia stretch



1. Sit down. Cross the sore foot over your other knee.
2. Grab **all** your toes and pull them back toward your shin until the arch feels tight.
3. Run your other thumb along the arch. A firm band means you've found the fascia.

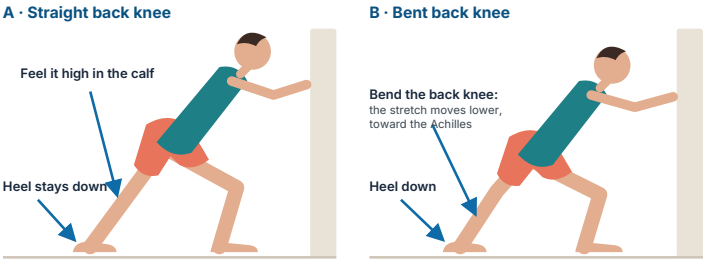
10 × 10-second holds **3 times a day**

First set before you stand up

This stretch beat a standard calf stretch in a randomized trial of people with long-lasting heel pain. The 2023 guideline gives fascia and calf stretching its top grade. [20, 11]
Not if you have hurt the foot recently, the foot is numb, or a sign on page **5** applies. Stop for sharp pain, pins and needles or color change, and judge it by the next morning.

MOVE 2 · EVERY DAY

The calf stretch: straight and bent knee



Hands on a wall. Step one foot back with the heel down and toes pointing forward. Lean in until you feel a stretch in the calf. Then bend the back knee a little to move the stretch lower. A tight calf raises the load on your heel with every step. [23]

3 × 30–45-second holds

Both knee positions

Skip or change these stretches after a new injury or with a numb foot. Pain where the Achilles meets the heel bone? Leave out deep calf stretches for now (in the full book). [25, 26]

WATCH · DR. TOM
BEST 25 Plantar Fasciitis Home Treatments (stretches, massage, shoes)

THE DAILY ROUTINE · FOUNDATION

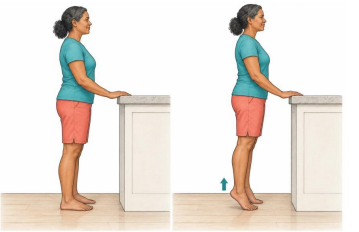
Moves 3–4: Build strength

Stretching eases the pain. Loading builds strength and tolerance. In the trial the strength group reported better function at 3 months — the fascia itself did not measurably change. Every other day, the schedule the trial used. [19]

MOVE 3 · STARTER HEEL RAISES (IF STANDING RAISES HURT)



Seated: feet flat, lift both heels slowly, pause, lower with control. **2 × 10**

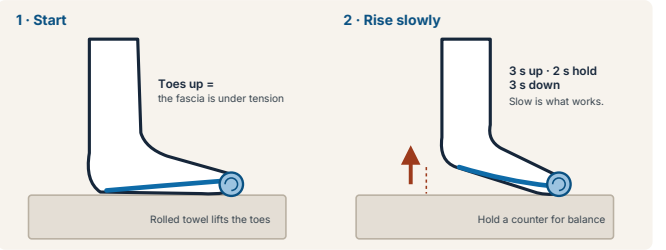


Standing, both feet: hold a counter, rise and lower slowly. **2 × 8–10** Easy? Move on.

Not if the foot is numb or you have hurt it recently. Stop for sharp pain or pins and needles.

MOVE 4 · THE TOWEL HEEL RAISE

The one that treats plantar fasciitis



Stand on the sore foot, holding a rail or counter, with a **rolled towel under your toes**. Lifting the toes tightens the fascia — that is what makes this raise work. Rise over 3 seconds, hold 2, lower over 3.

Achilles pain right at the heel bone? Do raises on a flat floor only. Don't let your heel drop below the step. [25, 27]

Not yet if you have had a fluoroquinolone antibiotic (ciprofloxacin, levofloxacin) in the last month, are on long-term steroids, or have had a steroid injection near the heel — the tendon is temporarily weaker. Fallen in the past year, numb feet or thin bones? Stay on Move 3. [5, 28]

WHEN	SETS × REPS
Weeks 1–2	3 × 12, body weight
Weeks 3–4	4 × 10, add a loaded backpack
Week 5 on	5 × 8, heavier again

Flared up? Judge by the next morning. First steps clearly worse? Drop back a stage for a week — don't quit; stopping restarts the clock. [21]

The last few reps should feel hard. Could you easily do 15? Add weight. [19, 23]

RELIEF THAT SUPPORTS THE PLAN · OPTIONAL

Move 5: Tape, splint, soothe

None of these fix anything. They make the next two weeks livable while the exercises do the repair — which matters, because people quit on bad weeks. Pick the one matching your worst symptom.

IF MORNINGS ARE THE WORST

Night splint or sock

If your first steps hurt most mornings, the guideline recommends a 1- to 3-month course of a night splint. It looks medieval and your partner will have opinions — wear it anyway. A Strassburg-style sock is a softer alternative, though the guideline studied rigid splints, not socks. Stop if your foot goes numb or the back of your heel hurts. [11]

Compression "fasciitis socks" don't hold the ankle near 90°. More: splints · taping

FOR A FEW DAYS AT A TIME

Arch taping

Tape is the fastest relief in this book — what I reach for when someone has to leave my office better than they arrived. The 2023 guideline rates it highly for the first 1–6 weeks, alongside exercise. Take it off for a rash, tingling or color change. [11]

WATCH · 1 MINUTE
Plantar Fascia Strapping: The Fastest Heel Pain Relief



Cold

A wrapped cold pack, about 10 minutes. Never ice on bare skin; skip it if your feet are numb or circulation is poor. [29]

Gentle rolling

Feels wonderful, changes nothing. Roll away — just never let it stand in for the exercises. [23]

Pain relievers

Ibuprofen or naproxen ease pain short term. Ask a pharmacist first if you have asthma, kidney, heart or liver disease, high blood pressure, past ulcers, are 60 or older or pregnant, or take blood thinners, steroids, antidepressants or blood-pressure medicines. Never two NSAIDs at once, and not past 10 days without a doctor. The rub-on gel (in the full book) is an NSAID too — one or the other, never both. [30, 31]

Boots and braces

A boot needs a reason — a suspected stress fracture — and a date out of it. Gloriously comfortable, which is the problem: calves fade fast. [12]

YOUR NEXT STEP
Pick one relief tool and make it earn its place. Massage guns, red light, boots? See the full book.

FILL IT IN ON SCREEN OR PRINT IT

Your 14-day tracker

Two numbers and a few ticks — thirty seconds a day, not a tax return. The patients who actually fill this in are the ones who get better, and I have never fully decided whether that is the tracking or the personality.

Start date _____ **Day 0 first-step pain (0–10)** _____

Activity I want back _____ **One change this week** _____

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14
First-step pain 0–10														
Fascia stretch ×3	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Calf stretch	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heel raises	·	·	·	☐	·	☐	·	☐	·	☐	·	☐	·	☐
Shoes from first step	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Walking minutes														
Next morning B / S / W														

B / S / W = better, same or worse than the morning before. Pain: 0 = none, 10 = worst you can imagine. Heel raises start on day 4, every other day.

Day 14 review

- ☐ **Better**: keep going and build the heel raises.
- ☐ **Same**: normal. Tissue that took months to get angry rarely forgives you in fourteen days. Keep going — and book a visit to confirm the diagnosis.
- ☐ **Worse**: book a visit now.

Notes for my visit

How to read it

Look at the trend, not one day. First-step pain drifting down, even slowly, means it is working. One bad morning after an unusually busy day happens — treat it as a signal and drop back a stage next session.

Stop and reassess before day 14 if first-step pain is higher three mornings running, any day hits 8 or more, you record “worse” three times in a week, or any sign on page **5** appears. Rising pain is not part of the plan.

Type in this PDF and save it, or print this page. Your entries stay on your device.

Day 14 and not better? Bring this tracker to us.

My team and I see heel pain in **Howell** and **Bloomfield Township**. Book online any time, or call (810) 206-1402.

THE EVIDENCE

Sources

Clinical guidelines and studies support the medical advice. Manufacturer pages describe products; they don't prove those products work. Numbers in brackets throughout the book link here. Links were checked in September 2026. The same list, with links you can click, is at heelguide.com/heel-pain-playbook/sources.

1. American Academy of Orthopaedic Surgeons (OrthoInfo). Plantar Fasciitis and Bone Spurs. Patient guide. Link
2. Society for Vascular Surgery. Acute limb ischemia. Patient information. Link
3. Royal Free London NHS Foundation Trust. Cauda equina syndrome: warning signs, and go to an emergency department immediately. Patient information leaflet. Link
4. NHS. Deep vein thrombosis (DVT): symptoms and when to get help. Link
5. American College of Foot and Ankle Surgeons (FootHealthFacts). Achilles Tendon Rupture. Link
6. NHS. Heel pain. Self-care and when to get help. Link
7. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Diabetes and Foot Problems. Link
8. NHS. Septic arthritis: symptoms develop over a few days and need checking straight away. Link
9. American College of Foot and Ankle Surgeons (FootHealthFacts). Charcot Foot. Link
10. Allam AE, Chang KV. Plantar Heel Pain. StatPearls. StatPearls Publishing, National Library of Medicine (updated 2026). Covers the wider causes of heel pain, including calcaneal stress fracture, bone tumors, osteomyelitis, seronegative spondyloarthropathies and S1 radiculopathy. Link
11. Koc TA Jr, Bise CG, Neville C, Carreira D, Martin RL, McDonough CM. Heel Pain – Plantar Fasciitis: Revision 2023. Clinical practice guideline. J Orthop Sports Phys Ther. 2023;53(12):CPG1–CPG39. Grade A: manual therapy, plantar fascia and calf stretching, taping for the first 1–6 weeks, and a 1–3 month course of night splints for first-step pain. Link
12. American Academy of Orthopaedic Surgeons (OrthoInfo). Stress Fractures of the Foot and Ankle. Patient guide. Link
13. American College of Foot and Ankle Surgeons (FootHealthFacts). Calcaneal Apophysitis (Sever's Disease). Link
14. American College of Foot and Ankle Surgeons (FootHealthFacts). Tarsal Coalition. Link
15. NHS. Plantar fasciitis. Symptoms, self-care and further treatment. Link
16. Balance Foot & Ankle. New patient information: appointment availability, office hours and what to bring (checked September 2026). Link
17. Yi TI, et al. Clinical characteristics of the causes of plantar heel pain. Ann Rehabil Med. 2011;35(4):507–513. Link
18. Kim YH, et al. A problem-based approach in musculoskeletal ultrasonography: heel pain in adults. Ultrasonography. 2022;41(1):34–52. Link
19. Rathleff MS, Mølgaard CM, Fredberg U, et al. High-load strength training improves outcome in patients with plantar fasciitis: a randomized controlled trial with 12 months follow-up. Scand J Med Sci Sports. 2015;25(3):e292–e300. Link
20. DiGiovanni BF, Nawoczenski DA, Lintal ME, et al. Tissue-specific plantar fascia-stretching exercise enhances outcomes in patients with chronic heel pain: a prospective, randomized study. J Bone Joint Surg Am. 2003;85(7):1270–1277. Link
21. Silbernagel KG, Hanlon S, Sprague A. Current clinical concepts: conservative management of Achilles tendinopathy. J Athl Train. 2020;55(5):438–447. Link
22. Heel Guide. Best shoes for plantar fasciitis: the four features that actually matter. Link
23. Heel Guide. Plantar fasciitis exercises: the three that carry the load. Link
24. Heel Guide. Insoles and orthotics for plantar fasciitis. Link
25. Kent Community Health NHS Foundation Trust. Achilles insertional tendinopathy. Patient leaflet. Link
26. Chimenti RL, Cychosz CC, Hall MM, Phisitkul P. Current concepts review update: insertional Achilles tendinopathy. Foot Ankle Int. 2017;38(10):1160–1169. Link
27. Pringels L, et al. Effectiveness of reducing tendon compression in the rehabilitation of insertional Achilles tendinopathy: randomized trial in 42 sport-active adults. Br J Sports Med. 2025;59(9):640–650. Link
28. MedlinePlus. Ciprofloxacin: tendon rupture and tendinitis warning (National Library of Medicine). Link
29. Royal United Hospitals Bath NHS Foundation Trust. Plantar heel pain: advice and exercises (PHY054, October 2021). Patient leaflet: ice wrapped in a damp towel for about 10 minutes; ask first if circulation or sensation is affected. Link
30. NHS. Non-steroidal anti-inflammatory drugs (NSAIDs). Medicine precautions. Link
31. Diclofenac sodium topical gel 1% — over-the-counter Drug Facts label (warnings, application limits and the 21-day limit). DailyMed, National Library of Medicine. Link

END OF THE FREE SAMPLE

That's the 14-day plan. Here's what comes next.

You now have everything you need for the next two weeks: the warning signs, the pain map, the five moves and the tracker. Start tonight. The rest of the Playbook is for day 15 onward — and for the heels that turn out to be something else.

In the full Playbook

- **The long game:** weeks 3 to 12, with a 12-week log
- **Keeping it gone,** and what to do if it comes back
- **Shoes, insoles and house shoes,** with named 2026 models
- **Home remedies, sorted**
- **Trending fixes,** and five things the internet is wrong about
- **Vitamins and supplements**
- **Playbooks** for standing jobs, runners, over-60s, pregnancy, flat feet and high arches, and travel
- **Ten causes of heel pain,** and six patients from my exam room
- **If you have tried everything,** the treatment ladder, and the questions I get every week
- A report decoder, 131 sources and a full index

Get the full book

The complete Heel Pain Playbook is coming to Amazon in paperback — 76 pages built to be written in. The link will live at heelguide.com/heel-pain-playbook.

Pass it on

Know someone limping to the kettle every morning? This free sample may be shared, whole and unchanged.

Rather have someone look at it? In Michigan, we can.

My team and I see heel pain in **Howell** and **Bloomfield Township**. **Book online** any time, or call **(810) 206-1402**.

BALANCE FOOT & ANKLE



READY WHEN YOU ARE

Walk without wincing.

In Michigan? Book online in about a minute. My team and I see heel pain in Howell and Bloomfield Township.

Book online

or call **(810) 206-1402**

Howell · 4330 E Grand River Ave, Howell, MI 48843
Bloomfield Township · 43494 Woodward Ave #208, Bloomfield Township, MI 48302

Heel Guide

Balance FOOT & ANKLE SPECIALISTS

Not in Michigan? Keep going at heelguide.com.