# A Functional & Regenerative Approach to Chronic Heel Pain Transcript

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## Introduction to Plantar Fasciitis

She gets in the cycle, in cycle and before long she has had that plantar fascial symptom. This is what I put every single one of my patients through. How is your tissue starting to respond to a controlled protocol to allow that tissue to repair itself and to minimize that stress and take load off the rest of the tissue?

Hello and welcome to another episode of Root to Rise. My name is Dr. Emily Spickle, functional podiatrist and your host. Today we are going to be speaking about one of the most common conditions that I am presented with as a podiatrist.

And then I want to share my unique approach as functional and regenerative podiatrician and how I help patients truly get rid of their heal pain. So yes, we are talking about plantar fasciitis, plantarfasciosis, what are going to be some of the best approaches for that non-responding chronic heal, pain and how can we look at things such as regenerative injections to truly help you heal the tissue in the bottom of that foot.

And for the listeners, if anyone has ever experienced plantar heel pain or plantarfasciitis, you know exactly what I'm talking about. This can be debilitating.

So before we jump into the solutions that I offer my patients, I want to first establish that we are all on the same page as far as the function of our plant or fascia.

Where is it? Why do we have a plant of fasci and then start to delve into how does plantar fasciitis present. So we start by focusing on our plantarfascia.

This is going to be a thick band of connective tissue that is found in the bottom of the foot. Now it runs from your heel and it goes across the top of your arch and there's actually three bands.

Most people may not be aware of that, but you actually have three different bands to your plantar fascia.

## Plantar Fascia Anatomy and Foot Mechanics

The central band is the largest, that's the most common that gets injured and where you will see the itis and the osus present. So the central bands which runs from your heel across the bottom of your arch actually splits into five slips of tissue that will insert into the base of you toes.

That's important when I go into some of the products that I recommend for plantar fasciitis. So it's going to insert into the base of all of your toes, and as it crosses underneath your toe joint, it is called a plantor plate.

If you have ever heard the term planter plate injury, this is something that i do speak about a lot at my practice and something I treat as far as plant or plate injuries.

But that plant plate is actually part of Now, in addition to becoming this planter plate, as your plantar fascia goes towards your toes, As it passes that toe joint, where it's the planer plate.

It actually is going to make this turn to the side and it becomes a ligament that connects every metatarsal head to its neighbor. Now, that ligament happens to be called a deep transverse metatarsal ligamen, if you want to get specific to the anatomy.

But what that legament does is it creates what is called metatasal splay. If you've ever heard the term of toe splaying, this is actually why the toe spacers at Noboso are called s play.

But toe splay is a widening of your toes. Metatarsal splaying, as the name alludes to, is the widen of the ball of foot or the metatarse heads. This is really, really important part of how your foot stabilizes.

So I want you to think about the bottom of you foot like a T. And if you're watching the video, you can see that I'm showing it. If not, for the listeners without the videos, just imagine the bottom of your foot that there is a ligament, the top of the T, going across the ball of you foot.

And then the other part of T the vertical side is going to be the middle of plantar fascia going through your heel. This T creates a very important stabilizing mechanism of your foot that happens to be called the tie bar mechanism.

And it is how you stabilize your foots for power and force. So every time you take a step when you run, when jump, all of that dynamic movement is associated with a powerful stable foot, that is stabilized through your plantar fascia, and the tie bar mechanism.

Now in addition to that, the way that we use our plantar fascia is for energy transfer. And there is something that is called arch compression. And as we stand and walk and do dynamic movement, our arch ever so slightly compresses.

As your arch compressors or drops, you are essentially pulling your plantar fascia. You're stretching it like a rubber band. That is potentiating the tissue to essentially recoil back and give your body energy.

to move. So this arch compression plantar fascia stretching slash potentiation is an important part of the dynamic foot. That is important understanding as far as the plantarfascia, the anatomy, how we think about it because this helps to understand why we get injured and then the best way to create a recovery or a repair treatment option.

So we have this arch compression stretching. That's typically where you will see the injury occur.

## How Plantar Fasciitis Develops

Now in someone who does not have very elastic, hydrated, healthy plantar fascia, or they're doing movements such as excessive running, excessive standing, what happens is you start to stress, overstress, over stretch the plantarfascia.

And as you do that, you start to create tiny little micro tears. And these micro-tears are little itty bitty injuries. Think like a cut in the skin. It's going to a repair response in a body.

Just like when you cut your skin, part of that repair is that you get what's called a vasodilation. This is an inflammatory response where you are trying to get all of the cells that repaired the injury This is actually part of your immune system.

So you get a immuno-inflammatory response to the site to try to repair the micro tear. Now what happens is that sometimes this can get disorganized. a little bit chaotic.

And then these are the patients that are not responding to rest, ice, arch supports, etc. So this micro injury repair response is technically the plantar fasciitis that you are feeling.

Now, when you think of plantar fasciitis, there are very stereotypical experiences that patients will feel. One of them, the most common, is going to be what's called post-static dyskinesia.

Post-static dyskenesia means that after a period of rest, such as sleeping overnight, and then you wake up and you put your feet down. So that first step in the morning where you get a sharp stabbing pain in your heel, again that's called post-static dyskinesia, but it could also present as you are sitting for a while maybe at your desk and get up to use the restroom or go get some coffee and essentially that is where you would get the pain.

So that's very, very stereotypical. Sometimes patients will see swelling in the area, kind of along the inside of the

foot. sometimes it can radiate a little bit more towards the middle of fascia.

That's where it could also create what's called a fibroma, which is a essentially scar response within the fascial band. And typically it might radate a litte bit up, sometimes they're a bit of tingling and numbness, but really that pain first step in the morning after a period of rest, or maybe you're fine in morning and towards the end of the day when you fatigued your foot, that's when your heel starts to talk to you.

So that kind of that classic presentation of plantar fasciitis. And again, what you are feeling is the micro tearing and the injury response that is immunoinflammatory.

Now with this, the important part of it is that inflammation or injury sites, because we don't want to get down the rabbit hole of is there inflammation, or not inflammation which is a long standing debate within the musculoskeletal area of medicine.

But let's just say that there's an immunoinflammatory response to a tissue injury. This creates acidity. The environment is acidic, which is perceived as more painful.

Also inflammation in your body creates stickiness. So this is where the post-static dyskinesia comes in is that as you are sleeping or as your sitting in a chair for several hours straight, the inflammation and that stickness is tacking down the fascia fibers so they're stuck to each other.

And then you go to stand up and you're essentially pulling on otherwise stuck down or tacked down fibers, and that creates that essentially sharp pain that you would feel.

So I just want you to kind of understand why we feel what we fell, okay? Now, there is something that is called a tissue stress threshold. This is a very important understanding when it comes to plantar fasciitis, plantarfasciosis and all other itises in the human body.

is that every tissue in the human body, whether it is your skin, it's your bones, It is the joint surface. It Is your fascia, your tendons, all of them have a threshold of stress and day to day movement, working out, running, standing, whatever you are introducing to the body is stress.

You are creating stress to the tissue. And as you introduce that stress, if you do not create enough recovery or you manage that, stress from a day-to-day repetition perspective, you are essentially going to start to work your way up towards a threshold, a tissue stress threshold a level.

Once you reach that tissue, stressed threshold you're going to essentially pass it and get injured. This is how I like to think about plantar fasciitis as an example, is let's say you stand for your job.

You're a teacher, which is a profession that I will see a lot in my practice with non-responding plantarfacial symptoms or pain, you have to stand every day for you job, your standing for eight hours on your feet on tile floors in a school.

Every day you are accumulating that stress. When you come home, if you do not release your feet, use the neuro ball, stretch your calves, maybe you're not using arch supports when you were working on your feets, you will creep slowly closer and closer to that threshold.

And then when pass it, you've essentially fatigued the tissue too far past that point, now it's hard to reel you back in. So I just want you to remember that tissue stress threshold, because it is going to play an important role in the recommendations I give for patients.

Let's say you reach that threshold.

## Tissue Healing Phases and Chronic Pain

You're the teacher. You've never had plantar fasciitis or heel pain a day in your life and now you suddenly have it. You would technically be considered to have acute plantarfasciatis.

Acute. acute meaning it is new. you've Never had it before. Maybe you're presenting with just a few weeks of pain. You now are trying to manage the repair process of those fibers so then you can get back down from that threshold and be able to stand at work, no pain.

So, for this, we need to understand how your tissue actually heals. How does your issue heal? There are three phases of tissue healing. You have your inflammatory stage.

This is just a few days. Again, as part of your immune system. So I just want you to understand that. Inflammation is not just thinking literally there are just pure inflammatory cells in the area.

Inflammation and the inflammatory cycle is redness, so that would be typically what you see with a cut is the redness in the area. Your body right now doesn't understand if it's an infection or an injury, So it is essentially responding the exact same way.

It's also creating vasodilation. Vasodilation means opening up your blood vessels and creating a permeability. Permeability means that fluid can get into the area so that you can circulation.

Circulation is necessary for healing and recovery. Very important to understand that. So your body is saying, if I need to repair and recover, get as much circulation as possible.

which is vasodilation and actually creates swelling. So the swelling response you see after an injury such as an ankle sprain is essentially a vaso dilation tissue permeability response that is natural from an immuno-inflammatory perspective.

Okay, so that's in that first couple of days. You then are going into what's called a repair stage. This can last several weeks. this is now shifting away from the inflammatory cells and this here is starting to lay down the repair.

So any of those micro tears are essentially being repaired with collagen. That's the protein that makes up fibers of your fascia. Collagen is being laid down.

And here's the thing in your plantar fascia and in the body, you have different types of collagen, but you've two main ones that I want you to think about with your planter fasci.

Two main one's collagen type one, healthy. young rubber bandy hydrated collagen. This is the type of collagen that you want in your plantar fascia and your skin.

What happens when we get injured such as the micro tear from standing too many days and hitting that tissue stress threshold is going to be repaired with collagen type three.

Now, this does not make sense why your body does this, but it repairs the injury with collagen type three, which is less elastic. It's a little bit dehydrated.

You could think of it as like scar tissue. And scar tissue is thicker than normal tissue, but it's not stronger. And you would think that the tissue and the fibers that are thicker would be stronger, But they're not.

So you are repairing the micro tear and injury to the plantar fascia with collagen type three versus collagen, type one, which means inherently that plant or fascial is susceptible to getting re-injured easier.

So that, that's important. That's when it comes to what I recommend for my chronic plantar fascial patients. And then the third stage is going to be the remodeling stage.

The remodel stage can take up to three months, sometimes even four. This is important in the protocol that I give

patients, this is where you're building strength and integrity and organization in your tissue fibers.

So we just want to establish and make sure that we're all on the same page. So we got our teacher, she stood too many days in a row unsupported and did not do her neuroball release.

So now she has acute plantar fasciitis. She's going to go through the very stereotypical protocol for plantarfasciatis, which is going be anti-inflammatories.

Stretch your calves. arch supports, maybe a little bit of taking a couple of days off from work. We're doing maybe icing, forgot that one. Maybe we're going to ice.

So we are doing different things to try to manage this acute injury response. And if you can get it in one of those earlier stages of tissue repair, Maybe we can skirt by and get past this isolated acute plantar fascial symptoms.

However, this is oftentimes not the case. And in the patients that I see in my office is going to be the patient that just can't get out of that plant or fascia cycle.

They are essentially flared up every so many weeks or they've just persisted for six months or more. And what often happens and what gets a patient into the state of what I call waxing and waning or chronic persistent heel pain has to go back with that repair stage.

Essentially, they are overloading the tissue. An injured tissue is always going to have a lower threshold than a healthy tissue, so they keep hitting the threshold, hitting in the threshhold, because, let's say for example, our teacher, she has to work.

So she keeps going to work with her plantar fasciitis and she maybe has to sit down as much as she can. She'll be take it easy on the weekend so she's going rest her feet so come Monday she could stand on her feed again.

And she gets in the cycle, in this cycle and before long she has had that plantarfascial symptom for eight months, nine months maybe even a year. So what's now happening is that the persistence of the injury repair cycle is pushing this individual and the tissue into a state of chronic tissue changes.

She's stuck. She is stuck in the repair cycle, which means now she has disorganization. She has what's called neo-vascularization, neo vascularisation are itty bitty blood vessels that start to grow because they want circulation to heal.

Remember that little blood vessel's go and then they just die off and they don't continue creating strong, healthy blood vessels. So it's called neovascularization, a disorganization of the muscle fibers that are tacked down and their collagen type three, not one.

It's a very chaotic, dis-organized state that the fascia is in. And it actually becomes thicker. The fascial thickens with this dis organized tissue in this collagen-type three.

Remember what I had said, thicker tissue, thick fibers does not mean stronger. So as that plantar fascia starts to thicken, it is becoming weaker and weaker, and it sets that individual up for…

potentially partially tearing the plantar fascia, which is what I see a lot in my patients with chronic heel pain, is that they actually have a partial tear of their plantarfascia.

So let's say we need to get control of the situation, whether you are listening now and you've had an acute bout and just kind of said no pain, no gain, I will get past this.

I just need you to essentially keep continuing and my body will hit itself. Or you were someone who was listening and had heel pain for greater than six months, a year, several years.

It's the waxing and waning that every so many months your plantar fascial symptoms reappear. Eventually they go quiescent and then they come back again and it's been doing that for years.

This is the type of patient that I see and this is what I specialize in.

## Putting Out the Fire: Initial Treatment Protocol

Oftentimes what i see, and is no fault of the patient or the individual, so this not your fault for those that are listening and you hear this, but what gets in the way to truly getting past your heel pain is you.

and I'm saying it respectfully, but. We, you, the patient, me, when I'm a patient on other things, is that I get in my own way because I don't understand the injury from a physiological, pathological perspective.

So we get our own away. And the way that we in our way is we overload, stress our feet, return to activity, start running again sooner than we should.

Let's say you're coming to me. This is where I look at it and we need to get control of the situation. This what I call putting out the fire. this is what i put every single one of my patients through.

Whether it's acute or chronic is we start to establish how is your tissue starting to respond to a controlled protocol. And I often will tell my patient I was like there's one cook in the kitchen.

I'm the cook. Okay. And I am going to create the protocol and guide you through a very specific step wise program to truly keep things under control. I will introduce stress and activity and start to strengthen your foot or allow you to start running again when I know those tissue fibers are strong enough to tolerate that stress.

My protocol for putting out the fire, this is something I am very, very into as far as getting control of the situation. Putting out a fire. We do this for two weeks and there's four steps to putting at the fired.

They're going to be support, stress, SMR or self-myofascial release, and systemic enzyme. So there's four S's to this protocol. Your first one, support.

This is going to be arch supports. Maybe it's supportive shoes, shoes with cushion, maybe you for a couple of weeks go into a hoca. Are you going into something like a cam boot?

I don't know, right? But there is something that is gonna support the and you're going to use that arch support every single day, all day. Even in your home, I want arch supports sandals if you need to, like an UFOs or a Hoka sandal.

And we're gonna use every day for two weeks. Think of this as a tissue timeout. Let's just control the stress, okay? That's your first step. Your second step, and we're doing all of these concurrently, your second is you're taking away the stresser.

So if you are a runner, you cannot run for two weeks. If you stand for work, could you sit down as much as possible? Could you minimize the activities outside of work So what works with your lifestyle, right?

Can you realistically not work on your feet? I don't know. Could you do a desk job temporarily? Let's say the teacher, could the teachers sit down as much as possible and explain to the class why she's doing that?

But you are taking away the stressors. Some that people don't think about is definitely standing. So if you use this standing desk for two weeks, I need you to use a traditional seated desk.

Do you take your dog to walk every single night for 30 to 45 minutes? I needs you do not do that for 2 weeks. Right? Or I needed you modify it for the 2 week.

You're taking the away stressor. Next, the third part of this is going to be self-mile fascia release. So we're not

going stretch. No stretching your plantar fasci.

Please no. Could you stretch your calves? Sure. I actually try to hold out on that as well. And I would much rather do self mile fascial release, whether you're using like a Theragon, you going do a foam roller to your soleus, which is the lower part the calf.

This is where I recommend toe spacers. The reason I recommended toe spacer is remember your planar inserts onto your toes. If you're doing the neural ball release and you familiar with what that is, you would do the entire release minus point number one, which is at your heel.

But we're something for fascial hydration. And that fascia hydration is what I call peri. Peri means around. So to take tension off of your plantar fasci, even doing something like a pelvic floor release, will take attention off your planter fasca.

Your third step and then your fourth one for the ass, I call it systemic enzymes. I love systemic. Enzymes. This is like a Sarah peptidase. These are naturally anti-fibrillitic.

They modulate the inflammatory cycle. So they are great. You could use something like of course it in a bromelain maybe. Red light. I love red light therapy and says, I seen prescription Mobic, but you're doing something for the inflammation cycle.

So that's you putting out your fire. Okay. Now you were doing this all day, every day consistently for two weeks. From there, this is the important part of the protocol from there.

Um, trying to see how you respond to this. So if before we started the putting out the fire, you had your chronic heel pain and you were an eight out of 10, my goal is to see you drop by 50%. If you dropped by 15%, so now you are a four out 10. Guess what?

You keep it up. I'm going to have you do that protocol again, for another two weeks, and we're going to continue to allow that tissue to repair itself and to minimize that stress and take a load off of the rest of that issue.

And then what you should see, this is in kind of very stereotypical response to it, is if you were a four out of 10, can I get you to a two out 10? And I may transition you two physical therapy, et cetera.

So that's one way that I navigate a patient. Let's say in some patients, especially the acute, acute are much easier to navigate than chronic.

## Regenerative Injections for Chronic Heel Pain

But if you had acute plantar fasciitis and we did this protocol and you were awesome about it, before that you're a six out of 10 and drop down to like a two out 10. Maybe you are like, I don't know, maybe some days it's even a one.

Awesome. you are also going to keep it up for another two weeks and then I'm gonna get you to skirt by this injury. And now we're going focus on strengthening your foot and other aspects of focusing on recovery so that we do not injure the tissue again.

So that's kind of a stereotypical response of what we would want to see on this. Okay. Now what happens is that in the patients who they were an eight out of 10, and then that eight outta 10 doesn't drop and they stayed, maybe they're like a seven out 10 now, even though they did that putting out the fire for two weeks.

What that means when I look at the way that I flow patients through this is that there's something deeper going on here. There's some thing with the disorganization and the degeneration of that connective tissue that now I'm going to be thinking about regenerative injections.

I am going be think that possibly they have a partial tear of the plantar fascia. So this where I would order an MRI on a patient. Through that MRI, I would be looking to see the results.

I will be look to if again, partial tear, degeneration, what's going on. If there is a partial tear and degeneration and thickening of the plantar fascia, then this is where I would shift a patient to regenerative injections.

I'm going to go into that, and then I am going shift back to the patient that responded and what's my protocol, because it ends up being the protocol for the patients after I do the regenerate injections, so essentially all the patience that flow through my flowchart eventually end up down here with a functional foot protocol.

They just flow sometimes a little bit uniquely down into that. So let's take the patient who did not respond to the two weeks of putting out the fire.

We ordered the MRI. we see that they have degeneration and partial tearing of their plantar fascia. My mind is going to regenerative injections. Now with regenerative injections, this is maybe your PRP, different growth factors.

I personally, in my office, use Wharton's Jelly, which is an umbilical cord matrix. And the growth of factors, these are not stem cells. The cells are mesenchymal stem cell, but really they are stimulating growth factor.

So I like to use that word for my patients. So with the growth factor injections, again, using Wharton's jelly in my office, is going to, when I inject the patient, it is gonna stimulate the cell that creates the collagen to increase the integrity to the tear.

That's essentially what we're trying to do. We are trying create a regenerative response. Because again we are in a state of degeneration. tissue tear, which is going to be disorganization and essentially a break in the actual collagen fibers.

So, do the growth factor injections. I'm doing the injections to stimulate the fibroblast, which is the cell that creates collagen. Now, the way that growth-factor injections work is whatever you inject them to, they will stimulate cell, that is, building block to the tissue that you are injecting it into.

In the case of a bone, The building-block in a BONE is going to be an osteoblast. If I inject it into a joint, the cell that is stimulated in the joint with cartilage is going to be a chondrocyte.

So the chonderocyte is stimulating. In the case of our plantar fascia, we are stimulating a fibroblast and the fibroblast is the cells that makes the collagen and that's what each of the fascial fibers are made of.

So that is the goal. Now, when I take a patient through this protocol, I am oftentimes in almost every case, 90% of cases doing two injections of the growth factors and each of those injections is done two weeks apart.

During this period, I'm going to have the patient immobilized in a cam walker in boot for four weeks because I do not want to disrupt the stimulation and the organization of what the fibroblast is trying to do.

So we're trying keep it in non-disrupted state for 4 weeks. In addition to this, we are adding in some photobiomodulation. We're doing some red light therapy.

we're adding systemic enzymes. I already told you that I'm a huge fan of systemic enzyme because of their anti-fibrinolytic effect and the fact that they modulate the inflammatory cycle.

I keep this patient in the walking boot for the four weeks. From there, we transition into a supportive shoe and here they're still continuing that red light and the systemic enzymes, but we are now starting to downgrade the immobilization and very gradually introducing stress.

Remember too much stress too soon is gonna tip the scale back towards that injury cycle. So we are going to slowly increase that stress. After four weeks in that shoe with the art support, we transition into a less supportive

shoe or we downgrade the arts support.

Depends on the patient and their foot type. And then from here, as we enter into month three, they shift into my functional protocol. And the functional protocol, which is on the bottom, is going to be the exact same protocol that I give to the acute plantar fasciitis that we put out the fire and they responded beautifully.

Now they're sitting at like a one. One out of two, or maybe some days, no pain at all. Boom. I'm pushing them into my functional protocol. Or they are the chronic plantar heel pain that started as an 8 out 10, we put out the fire, they dropped to a 4 out a 10. We did another two weeks of putting out fire and they drop to 2 out Now we're going to start to shift everybody down into this functional protocol.

And with that functional protocols, this is very important that we are doing this in a very progressive way. You do not want to overload the tissue. But what this incorporates is sensory stimulation.

## Functional Recovery and Long-Term Prevention

Let's wake up the foot muscles. Lets wake the circulation. lets wake-up the nerves. We're gonna understand how to create a neutral, stable foot. Maybe it is using custom orthotics for some of the patients.

Maybe, it's an over-the-counter art support or maybe it just through them understanding how to rotate the foot. We're going to incorporate foot strength.

Of course, that's going be integrated and then we are going start a consistent daily foot recovery protocol. Now with the sensory stimulation, if you follow my work, you know I love sensory simulation, but this is going to be, of course, incorporating anything neboso, anything vibration based.

Are we going start doing some earthing and you're walking outside? Do we want to wear minimal shoes? How are we gonna incorporate this? But I need you to at least get 30 minutes a day of barefoot stimulation every single day.

Keep those nerves healthy. Next, we're going to have this awareness of a neutral foot. Are we going rotate that foot and try to hold it in a stable position as much as we can?

That's an option. Or like I had said, are we gonna go into arch supports over the counter? Or are you going use something like a custom orthotic? All of that depends on the patient's foot type.

So there is not one all be all for all of them. We of course are going incorporate strengthening of the foot We know there's 26 muscles in the bottom of the foot, and the power of your foot is also in your toes.

And your toe connects to your pelvic floor, which connects your diaphragm, foundation. And then, of course, one of the most important is that we are going into a daily recovery program.

I would highly recommend the Neural Ball. If you do not have the neural ball, I will go to Noboso.com and check out our Neural Ball, or we have a new Ignite, which is a smaller Neuro Ball which, is even more stimulating, but you are recovering your feet bringing that foot massage, that circulation stimulation, giving a little TLC to your foot every single day.

It is your foundation. We use it when we stand, we walk, whatever activity we're doing that is closed chain, you are stressing your feet. So starting to incorporate that.

And then of course other things like stretching the calves, opening up your hips, making sure that your pelvis and your T-spine rotate well because the body is again an integrated system.

So that functional protocol for all of these patients, regardless of the stage that you are in, is going to be part of your lifestyle. So we want to take a realistic integration of barefoot stimulation.

We're thinking about the integrated foot strength. We are trying to incorporate that daily recovery. All of these things have to be part of your lifestyle so that when you get rid of acute plantar fasciitis or your chronic plantarfascial symptoms that they stay away.

And this is very, very important. So as we recap here, what I think is the most important for all listeners is if you are experiencing heel pain, is to first understand, do you have acute?

Do you have chronic? That is where we start to transition into the recommendations to truly help you get rid of your heel pain. The second thing that I would very much connect to is understanding why we get plantar fascial symptoms in the first place.

And some of it could be systemic. Some of could it be that you have a limb-like discrepancy, or it can be you that have underactive glutes on one side.

Maybe you just had a knee injury, which all of those things are essentially telling me that your have an asymmetrical load or stress to the foot, and the food is not able to repair fast enough for that day-to-day repetitive stress, Which goes right back to your tissue stress theory.

So understanding that is important because it goes back to the importance of recovering your feet every single night doing something for foot recovery.

So, understanding. And then remember the protocol is you have to get control of the situation. We need to put out the fire and see the way that we respond.

You do not need a see me as a patient to start putting out. The fire on your heel pain. It is going through that two week protocol and seeing how you respond.

We have our stress, minimize that stress bringing in support, self myofascial release and using systemic enzymes. And you have to do a full two weeks.

If you feel awesome after one week, No, continue for two weeks. You want to always over-treat. When it comes to repair of the human body and the musculoskeletal system or whatever it is, over treat.

Do that full two week so you are fully past the symptoms that you were experiencing so that are clear, clear clear from whatever you're experiencing. So you doing it for that two-weeks.

And then that gives you an understanding of where you at. So if you have had heel pain, if put out the fire for two weeks and you were awesome about it and still sitting at an 8 out of 10, then that is where I would highly recommend thinking about other options for your chronic heel reach out to me and do a consultation because regenerative medicine and regenerating injections may be the best recommendation for you.

And if you do want to see me as a patient, I see patients virtually all around the world. My website is just my name or the easy way to find it is TheFunctionalFootDoc.com and then I will see you as the patient.

Now, to wrap up, the last thing that I'm going to say with this is to know that your body is very, very intelligent to heal itself. Your body IS designed for survival and longevity, so we just need to give the body the building blocks and the support and structure to allow it to optimize this natural healing response that we hold.

And in some cases, we just need a little bit of an extra boost, whether that's through the growth factor injections, maybe that is a systemic enzymes, a photobiomodulation, but it's really knowing that there are so many options.

Your last option should always be to go under the knife. Surgery is always a last resort, which is why I may Huge fan of regenerative medicine, regenerating injections, and I have helped thousands of patients through this.

So no, your heel pain is not normal. No, you do not need to just accept your heal pain. There are options that exist.

I challenge you to start asking questions, to learn more, get that imaging, then to truly unlock the healing power of the human body.

Thank you all so much. I hope that you enjoyed and I will hopefully see you on another episode of Root to Rise.