

Do you have Sever's Disease?

Your doctor diagnoses Sever's Disease based on your symptoms, clinical examination, and x-rays. X-rays may be ordered by your doctor to confirm the diagnosis or to exclude other problems.



Symptoms

In Sever's Disease, the heel pain can be in one or both feet. The pain usually starts after a child begins a new sport or sporting season. The pain usually worsens with athletic activities that involve running and jumping. The child may walk with a limp.

Can Sever's Disease be prevented?

Sever's Disease may be prevented by maintaining good flexibility while your child is growing. The stretching exercises can help lower your child's risk for injuries during their growth spurt. Having good quality shoes with firm support and a shock-absorbent sole will also help. The child should avoid excessive running on hard surfaces.

Can you play sports again?

Your child can start playing sports again after the heel pain has resolved. Your doctor will let you know when it is safe to resume physical activities.

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Sever's Disease



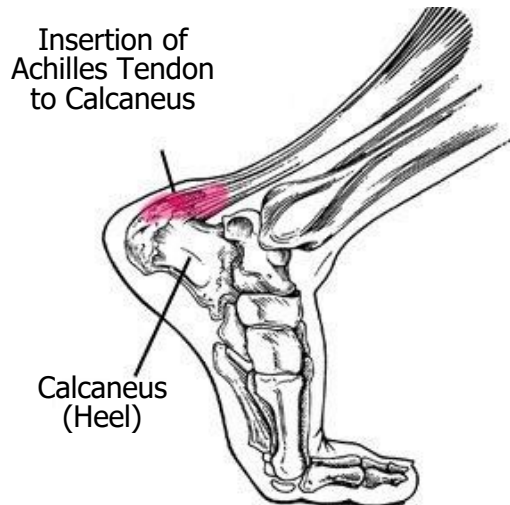
What is Sever's Disease?

Sever's Disease is a common cause of heel pain. It is an overuse injury to the growth plate of the calcaneus (heel). The growth plate is the growing part of the heel. It is commonly seen in growing, active children 8-12 years of age. Soccer players and gymnasts often get Sever's Disease, but children who do any sort of running or jumping activity may also be at an increased risk.



Where does Sever's Disease occur?

Sever's Disease occurs at the back of the heel (also known as the apophysis). This is the insertion of the Achilles tendon. (see diagram below).



Understanding Sever's Disease

Causes

Increased activity can cause heel cord tightness (Achilles Tendon) causing pressure on the apophysis of the calcaneus. This will cause irritation of the growth plate and sometimes swelling in the heel area thus causing pain. This usually occurs in the early stages of puberty.

Treatment Options

Treatment for Sever's Disease includes anti-inflammatory medication (as directed by the doctor), applying ice to the heel, stretching, orthotics, and modification of activities. There are rarely any complications and symptoms generally resolve within 2 weeks to 2 months.

Medication

Taking anti-inflammatory medicine or NSAIDS (non-steroidal anti-inflammatory drugs) such as Motrin, Advil, Naproxen or Aleve as directed by your doctor can be effective. This medication should be taken for 10 to 14 days to allow the medicine to build up therapeutic levels in the body. Taking the medication infrequently allows the medicine levels to drop, which decreases effectiveness.

Icing

- Ice pack or ice massage can be applied to the injured heel(s) for 20 minutes 3 times a day.
- Ice massage is performed by filling several paper cups with water and placing them in a freezer. When frozen, the cup's rim is torn off to create a ice cone. The ice is then directly applied to the sore area until the area becomes numb.

Orthotics

Your physician may recommend heel cups or an inner shoe heel lift. Using running shoes with built up heel cups that help soften the impact on the heel when walking, running, or standing can also decrease the symptoms.

Stretching

It is important that children perform exercises to stretch the hamstrings, calf muscles, and the tendons on the back of the leg. Stretching should be performed 2-3 times a day. Each stretch should be performed for 20 seconds. Stretch both legs, even if the pain is only in one heel.



Calf Stretch



Heel Cord Stretch

(Achilles Tendon)

Hamstring Stretch

Strengthening Exercise



using a bungee cord



or rubber tubing