

## ***Got Foot Pain?***

*A User's Guide to Foot and Ankle Health*

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## Why I Wrote This Book

As a podiatrist, I specialize in the care and treatment of the feet and ankles. In the last decade, I've seen firsthand that the incidence of heel pain in our general population has reached epidemic proportions.

**One out of four Americans will experience some form of heel pain in their lives.**

Heel pain is experienced by people of all ages and demographic backgrounds. We often see children in our practice who are suffering from heel pain, working people who are on their feet most of the day, and older people who just wake up one morning with sharp stabbing pains in their heels.

There are many reasons why more of us are experiencing heel pain, two of the biggest are our increasingly active lifestyles and the increase of obesity. So many of us are exercising on a regular basis, and while this is a tremendous thing for our health, it can contribute to the experience of heel pain. The good news is that you can continue to work out regularly and effectively treat your heel pain too.

There are a number of causes of heel pain and I will cover them in greater detail later in this book. What I find interesting is that most of the root causes can often be prevented. Sometimes it is a simple matter of wearing the correct shoes, learning how to properly stretch your muscles, and proactively working with a podiatrist to maintain the health of your feet and ankles.

So often, the people that come in to see me do so after the pain becomes unbearable. This is frustrating for me because the fact is you simply do **NOT** have to suffer. Don't wait until the pain is so bad that you can't even walk or function normally. If you come in at the first sign of pain I can almost guarantee that together we can fix whatever the problem is.

After noticing all of this I decided to create a publication for you. I wrote it so that you could understand the causes of heel pain, the treatments available to you, and so that you could learn how to prevent heel pain in the future.

If after reading it you think you might be helped by seeing a podiatrist, I hope you consider <name of practice>. My staff and I will do everything we can to treat your condition, reduce or eliminate your pain, and make you feel at home.

Dedicated to your health,

*Dr. Marco A. Vargas*

## **What Causes Heel Pain?**

Pain is the body's way of telling us that we may have suffered an injury or contracted an illness. Pain that occurs in our heels alerts us to seek medical attention. Because a variety of causes exist for heel pain, it is very important to have any type of heel pain properly diagnosed by a podiatrist.

The heel bone is the largest of the 26 bones found in the human foot. The foot also has 33 joints and a network of more than 100 tendons, muscles, and ligaments. The heel bone is subject to a variety of outside influences that can affect its ability to function properly. Symptoms of heel pain that should be treated by a podiatrist include pain on the bottom of the heel or the back of the heel, pain that worsens upon rising, and pain that increases in severity over a period of months. The most common causes of heel pain on the bottom of the foot are plantar fasciitis, heel spurs, and tarsal tunnel syndrome. The most common causes of posterior heel pain or pain behind the heel are Achilles Tendonitis, heel bursitis, and heel bumps. We'll discuss each of these now.

### **Plantar Fasciitis**

This is the most common cause of heel pain on the bottom of the foot and is an inflammation in the band of tissue (the plantar fascia) that runs from the heel to the toes. This condition is most often caused by poor foot structure such as overly flat feet or high arches. It can also be caused by wearing non-supportive footwear on hard surfaces, spending long hours on your feet, or obesity. The pain from plantar fasciitis is usually a sharp, stabbing pain on the inside of the bottom of the heel that can feel like a knife sticking into your heel. Pain from plantar fasciitis is usually most severe when you first stand on your feet in the morning. It will usually subside, but can return with prolonged standing or walking or getting up after long periods of sitting.

### **Heel Spurs**

Sometimes heels spurs are found in people with plantar fasciitis, but they are rarely the source of pain. Heel spurs are bony growths on the underside of the heel bone caused by tension from a tight plantar fascia ligament. They result from strain on the muscles and ligaments of the foot, stretching of the plantar fascia, and repeated tearing away of the lining or membrane that covers the heel bone. Close to 70% of patients with plantar fasciitis have a heel spur that can be seen on an X-ray. Plantar fasciitis and heel spurs are often confused and they are related, but they are not the same condition.

### **Tarsal Tunnel Syndrome**

The tarsal tunnel is a tight space in the foot that lies between bones and tough fibrous tissue. A nerve called the posterior tibial nerve lies within the tarsal tunnel. If this nerve becomes compressed or squeezed, tarsal tunnel syndrome can result. Symptoms include numbness over the bottom of the foot and/or pain, burning and tingling over the base of the foot and heel. Tarsal tunnel syndrome is similar to carpal tunnel syndrome, which occurs in the wrist. Both disorders arise from the compression of a nerve in a confined space.

### **Achilles Tendonitis**

The Achilles tendon is named for Achilles, the Greek mythology hero, who was vulnerable only at his heel. The Achilles tendon is the largest tendon (a band of tissue that connects muscle to bone) in the human body and is very strong, but is also the tendon we most often rupture. Everyone who is active can suffer from Achilles Tendonitis, a common overuse injury and inflammation of the tendon. Symptoms of Achilles tendonitis include mild pain after exercise or running that gradually worsens, a noticeable sense of sluggishness in your leg, and episodes of diffuse or localized pain, sometimes severe, along the tendon during or a few hours after activity. Symptoms also include tenderness, or sometimes intense pain, when the sides of the tendon are squeezed. Other symptoms can be swelling, morning tenderness in the Achilles tendon, or stiffness that generally diminishes as the tendon warms up with use.

### **Heel Bursitis**

There are several fluid-filled sacs behind the heel bone that act as a cushion and a lubricant between muscles and tendons sliding over bone. They are known as bursa. Repetitive or over use of the ankle can cause the bursa to become inflamed or

irritated leading to heel bursitis. The condition is often mistaken for Achilles Tendonitis. Symptoms include pain in the heel, especially when walking, running, or jumping or when the area is touched. The skin around the back of the heel may be red and warm to the touch, and the pain may worsen when standing on tiptoe. It is commonly seen in people who are just starting an aggressive exercise routine.

## **Heel Bumps**

Also known as *Haglund's Deformity*, heel bumps are a bone enlargement on the back of the heel bone. These usually occur for athletes when the shoes they wear rub up against the heel, and they can be aggravated by the height or stitching of a heel counter of a particular shoe. The result is a painful bump or bumps on the heel that make exercising very difficult. Another term used for this condition is pump bump because it can frequently occur with the wearing of high heels as well.

## **Sever's Disease**

The most frequent source of heel pain in **children** between the ages of 9 and 15 is Sever's Disease. It is caused by an inflammation of growing plates in the back of the heel due to rapid bone growth and is most often seen in children who participate in athletics. With this condition pain is usually felt at the back and side of the heel bone or even the bottom of the heel. Pain usually worsens when the heel bone is squeezed or when the child is running or jumping. Podiatrists are trained to treat patients of all ages and it is important to have your child examined if they are complaining of heel pain or limping.

## **What Can a Podiatrist Do About Heel Pain?**

Let's start at the beginning and answer the question, "**What is a Podiatrist?**"

A podiatrist is a specialist who focuses on your feet and ankles. We are quite simply "The Experts" on your feet, heels, and ankles and should be the very first doctor you call when you experience pain or other problems with them. In addition to heel pain, I've also listed many of the other problems podiatrists treat in this book.

The DPM after our name stands for Doctor of Podiatric Medicine. Most people know that podiatrists deal with foot, heel, and ankle problems and work with seniors, or diabetics, or people with poor circulation; what most people don't know is that podiatrists treat patients of all ages. A podiatrist is also well-qualified to help children and young adults with the problems that they can experience with their feet, heels, and ankles.

Podiatrists are required, just like any other doctor, to be licensed by the state in which they practice. When medically necessary, podiatrists can perform surgery to correct or remedy problems. Before we recommend surgery, we will explore the many conservative therapies and remedies that are available for our patients and then recommend the very best course of treatment. As medical science advances and new therapies become available to the public, podiatrists are increasingly able to offer their patients some of the most state-of-the-art care available. I'm constantly amazed at the new therapies I can offer my patients and will discuss several of them now.

## **Conservative Heel Care**

Also known as non-surgical treatment, conservative heel care is used to treat most heel problems with dramatic results. Any initial visit to a podiatrist's office will start with a patient history and physical examination. Diagnostic x-rays and laboratory tests can also be used to help determine the best course of treatment.

Non-surgical treatments are called for in most cases including medical conditions which preclude the option of elective surgery, time commitment constraints, and elderly patients with many medical conditions. In spite of not being able to opt for foot surgery many patients find great relief from pain and discomfort through the use of conservative heel care treatments.

There are a wide variety of non-surgical treatments being used by podiatrists today. Cortisone injections, oral and topical medications, and heel taping or strapping are all examples of conservative heel care. Other options are exercise, custom-made walking shoes, physical therapy, and orthotics.

## **Orthotics**

Custom-made heel supports are known as orthotic devices and are worn under your heel and the arch of your foot. These devices are molded to be anatomically matched to your heel and they do more than just provide support. Orthotics are designed to realign your feet and heels to a neutral or natural position to alleviate pain in your feet, legs and back, as well as to restore balance, improve sports performance, and relieve foot fatigue.

Research shows that the majority of heel problems can be directly connected to skeletal imbalance. More and more people tend to have some amount of either hyperpronation (flat feet) or hypersupination (high arches). The presence of these conditions can cause the heel to be unstable during normal everyday activity. This constant stress on the heel can lead to pain in the feet, ankles, legs, knees, hips, and back. Orthotics can improve function in the heel by compensating for existing imbalances and in most cases can relieve or prevent the associated pains.

How do you know if the use of orthotics is right for you? If you have an obvious imbalance that causes such symptoms as flat feet or high arches, or if you have external misalignments such as “knock knees”, “bow knees”, in-toeing, or out-toeing you are probably a good candidate for orthotics. If you participate in an activity that places stress on your feet or if your work requires you to be on your feet for extended periods of time orthotics could be beneficial. The use of orthotics is just one of the conservative foot treatments used in our offices. They can be used to treat foot, heel, and arch pain and to prevent sports injuries or improve sports function. Orthotics can be used to treat children as well as adults. The best way to find out if orthotics can help you is to make an appointment with us for an exam.

## **ESWT**

Extracorporeal Shock Wave Therapy treatments use high-power sound waves to end chronic heel pain without painful surgery. This treatment is now being offered by our office as an alternative to heel surgery. The discovery of ESWT came about somewhat by accident. Shock wave therapy is used regularly by urologists to break up and disperse kidney stones. Urologists began reporting that patients who had kidney stones treated showed increased bone density and new tissue growth. This led to studies for using shock wave therapy for soft tissue injuries and the results were amazing—75%-80% of patients with soft tissue injuries were reported to be healed or greatly improved following ESWT.

Shock wave therapy works by purposely targeting trauma at the pain site. This stimulates the diseased tissue and activates your body's own healing process. Blood and oxygen rush to the site, activating a metabolic response that fosters healing by the growth of new connective tissue. This is what is damaged and torn when you have plantar fasciitis or heel spur pain. The most important and exciting aspects of ESWT are that it ends the pain, it is not painful, it does not have a lengthy recovery period, and it has no side effects.

## **Cryotherapy**

Cryotherapy is a minimally invasive technique performed in our office which involves the application of cold to the tissues to provide long-term pain relief for various podiatric conditions. Sutures are not necessary and the dressing may be removed within 24 hours. Postoperative discomfort is minimal.

Cryotherapy works by creating a “nerve” block that is similar to local anesthetics. However, the effect is long lasting. The most common podiatric ailments treated with cryotherapy are plantar fasciitis, heel spurs, generalized heel pain, and neuroma.

## **Autologous Platelet Concentrate**

Autologous Platelet Concentrate is a procedure that is done to stimulate healing. Blood is drawn from the patient, spun in a centrifuge, and the platelets (the growth and healing factors of the blood) are drawn out afterwards. After the platelets are drawn out, they are re-injected into the damaged tissue in the plantar fascia. This stimulates healing at a rate of 500% more quickly than the healing rate of normal blood vessels

## **Foot and Ankle Surgery**

In a few cases heel problems do not respond to conservative treatments. A podiatrist can best determine when surgery might be beneficial. In cases when pain or deformity persists surgery may be needed to restore full function.

Prior to surgery a podiatric surgeon will review your medical history and perform an examination. Specific medical tests may be

required before undergoing surgery. These tests may include X-rays, blood tests, urinalysis, and blood flow studies to determine the circulatory status of your feet and legs.

The length and method of postoperative care that is needed is determined by the type of surgery performed. All postoperative care includes some degree of rest, ice, compression, and elevation. Other elements can include bandages, splints, surgical shoes, casts, crutches, and canes. Recovery can be quickened by carefully following your podiatrist's instructions.

## **How Does a Podiatrist Treat Other Conditions?**

Now that we know what a podiatrist is and some of the treatments available let's take a look at some other foot problems and the treatments we can offer to reduce or eliminate your pain. It is impossible to discuss all the potential problems that can affect the health of your feet in a book of this size, but what I want to tell you about here are the problems we see most often at our offices.

**Arthritis** - Over 30 million American adults report being told by a doctor that they have some type of arthritis. It is a major cause of lost work time and serious disability for many people. Although arthritis is mainly a disease of adults, children may also have it. When a patient has arthritis, it means that the cartilage and even the lining of their joints has become swollen and inflamed.

There are numerous types of arthritis. The reason that your feet seem to be more susceptible to arthritis than other parts of your body is that your feet have so many joints that can be affected. The odds are just stacked against your feet. In addition, your feet and ankles bear the full weight of your entire body every single day.

While there are dozens of types of arthritis, I want to point out two of the most common.

**Osteoarthritis** - The most common type of arthritis is osteoarthritis. It is seen in many people as they age, although it may begin when they are younger as a result of injury or overuse. It is often more painful in weight bearing joints such as the knee, hip, and spine than in the wrist, elbow, and shoulder joints. All joints may be affected if they are used extensively in work or sports, or if they have been damaged from fractures or other injuries.

In osteoarthritis, the cartilage covering the ends of the bones gradually wears away. In many cases, bone growths called "spurs" can develop in osteoarthritis joints. The joint inflammation causes pain and swelling. Continued use of the joint produces pain. Some relief may be possible through rest or modified activity.

**Rheumatoid Arthritis** - Rheumatoid arthritis is a long-lasting disease that can affect many parts of the body, including the joints. Rheumatoid arthritis can affect people of all ages, even children. However, more than 70 percent of people with this disease are over 30 years old. Many joints of the body may be involved at the same time. Arthritis cannot be cured but it can be treated. The goals of treatment are to provide pain relief, increase motion, and improve strength.

**Bunions** - Bunions are caused by your big toe joints becoming incorrectly aligned. This causes the first joint on your big toe to slant outward and the second joint then angles toward your other toes. Your joints then begin to swell. It causes a bump of bone on the foot that can become very painful if left untreated.

Bunions can be hereditary, but also can be aggravated by shoes that aren't a good fit. Surgery is often recommended to correct the problem. Most bunions can be treated without surgery by wearing protective pads to cushion the painful area, and of course, avoiding ill-fitting shoes in the first place.

**Diabetes** - Diabetes can affect many parts of the body, especially the feet and heels. According to the American Diabetes Association, about 15.7 million Americans (5.9 percent of the United States population) have diabetes. It is very important that a diabetic gives the feet very special care. A small problem in a healthy person could become a severe one to a diabetic.

Diabetes can affect the feet in a number of different ways. The first is infection, which is one of the most common complications of the diabetic foot. Because diabetes causes reduced immune response, a diabetic patient's ability to fight infection is decreased. Early treatment of infection is a critical component to success. If neglected, infection of the foot can cause gangrene, ulceration, osteomyelitis, and even amputation.

Another complication of diabetes called neuropathy causes decreased sensation to pain and temperature. This may cause a patient to underestimate a foot problem. It may also be responsible for an absence of perspiration leading to dry, cracking skin

that can more easily become infected.

With a diabetic foot, a wound as small as a blister from wearing a shoe that is too tight can cause a lot of damage. Diabetes decreases blood flow, so injuries are slow to heal. When your wound is not healing, it's at risk for infection. As a diabetic, your infections spread quickly. If you have diabetes, you should inspect your feet every day. Look for puncture wounds, bruises, pressure areas, redness, warmth, blisters, ulcers, scratches, and cuts. Get someone to help you, or use a mirror. Diabetic foot care can be very complicated and good podiatric care is an essential component of managing diabetes.

**Here is some basic advice for the care of diabetic feet:**

Inspect your feet every day.

Keep your feet clean and dry.

Always keep your feet warm.

Take extra care drying your feet and toes after showering. Pay special attention to the space between your toes.

Be sure to exercise. Walking is one of the best exercises for diabetics unless you have complications. If you struggle with balance use a cane.

Always protect your feet and legs. Never walk barefoot. Avoid hot water bottles and heating pads.

Do not overexpose skin to the sun.

Never use razor blades, knives, scissors or medicated corn/wart removers.

Look for redness, blisters, scratches, cracks between the toes, discoloration or any other change.

Avoid all actions that diminish circulation such as tobacco use, sitting with legs crossed, and circular elastic garters.

Change your shoes and socks daily.

Wear soft leather shoes that conform to the shape of your overall foot.

Gradually "break in" new shoes and avoid blisters.

Call us immediately if you see any changes in your feet.

## **Fungal Nails**

Fungal infections of the nail bed, matrix, or nail plate are responsible for about 50% of all cases of thick, discolored toenails. There are four different types of fungal nail infections classified by the part of the nail involved. Fungal nails can be caused by tight footwear, minor trauma caused by exercise, communal showers, and diseases that influence the immune system.

Treatment for fungal nails varies by the nature of the infection and the severity. A podiatrist can detect a fungal infection early and formulate a suitable treatment plan. This can include topical or oral medication, debridement, and in extreme cases, surgery. Trying to solve any nail infection without the help of a podiatrist can lead to more problems.

## **Hammertoe**

Hammertoe is a flexible or rigid contraction usually affecting the second, third, fourth, or fifth toe. In this condition, the toe is bent at the middle joint, resembling a hammer. Muscle imbalance leads to a bending or "buckling" of the toe joints. These buckled or contracted positions create any number of problems within and on top of the toe deformity. It is important to treat hammertoes early. As they advance and lose flexibility the only option for correction may be surgery. Hammertoes can cause complications such as corns or calluses at the point where they come into contact with the shoes. As with many foot problems one of the causes of hammertoes can be improperly fitted shoes.

Podiatrists have a variety of ways to treat hammertoes, including surgery, better shoes designed with extra room for toes, corn pads, straps, and cushions.

## **Metatarsalgia**

Metatarsalgia is foot pain in the ball of your foot which is the area between your arch and your toes. It gets its name because the pain experienced is located in the metatarsals located in this part of the foot.

In this condition one or more of the metatarsal joints becomes inflamed and possibly painful. People often develop a callus

under the affected joint. There are many causes of Metatarsalgia including injuries, arthritis, poorly fitting shoes, and working on very hard surfaces. Sometimes changing your shoes will fix the problem. We may also recommend orthotics or implants.

## **Sprains**

An ankle sprain occurs by stretching or tearing one or more ligaments on either or both sides of the ankle. Ignoring a sprain won't help it heal any faster. Ankle injuries that are serious enough to cause disabling pain should be treated by a podiatrist. Further examination may even reveal a torn ligament or bone fracture. Common treatments for sprains include rest, elevation, compression, and ice. More serious sprains may call for crutches or other walking devices.

## **Stress Fractures**

An incomplete break in the bone caused by overuse is known as a stress fracture. Symptoms can include pain, swelling, and redness. Up to 15% of all sports injuries are stress fractures. A podiatrist needs to perform an examination and look at X-rays of the injury in order to diagnose a stress fracture. Treatments include immobilization of the foot with the use of a cast, medications, and in some cases orthotic devices to prevent further injury.

## **Warts**

Warts are caused by a virus that generally enters the body through small nicks or abrasions in the skin. When they occur on the soles of the feet they are known as plantar warts. Due to the amount of pressure that is put on the feet in the course of a day, plantar warts can become quite painful. Teenagers between the ages of 12—16 are most commonly infected by warts but they can occur at any age. Warts are often contracted by walking barefoot on dirty surfaces or ground. The virus thrives in warm, moist environments like showers and swimming pools.

If you suspect that you or a family member has a plantar wart, see a podiatrist to get a correct diagnosis and treatment plan. Treatments may include the use of a wart-removal preparation or CO2 laser cautery performed under local anesthesia to safely remove the wart.

## **Wounds and Ulcers**

Foot ulcerations or open wounds are a condition where there is a breakdown in many layers of skin and tissue sometimes going all the way to the bone. They can be caused by pressure to a weight bearing point on the foot, but they can occur on top of the foot or due to pressure from shoes or a bony spur. The risk of ulcer formation is higher in patients with decreased circulation or impaired blood supply to the legs and feet. Diabetics are prone to heel ulcerations, but they can be found in patients with high blood pressure, blood clots, varicose veins, and phlebitis as well.

Treatment for foot ulcerations varies according to the cause of the wound. The goal of the treatment is to close the wound from the inside out as quickly as possible. In cases where there is adequate circulation, debridement (removal of dead tissue) may be used around the edges and within the ulcer itself to promote healing. Other treatments include oral medications, compression, and bed rest. New advances have been made in wound care in recent years including the use of a platelet-derived growth factor as a way to promote healing.

## **What Can You Do About Foot Pain?**

The first step in dealing with foot pain is to care for your feet. Your feet are the hardest working part of your body. They carry you wherever you need to go, whenever you need to go there and they do it for years and years. In fact, during your lifetime you will have traveled on your feet the equivalent of three trips around the entire world. You take, on average, 15,000 steps a day and will walk or run well over 75,000 miles in your lifetime. Caring for your precious feet is the best step to avoid pain and is a critical component in eliminating it as well.

### **Here are some steps you can take to keep your feet healthy and functioning:**

First and foremost – do not ignore pain in your feet and ankles. Healthy feet don't have persistent pain or skin that looks unusual. If your pain doesn't subside quickly, please contact our office right away. The sooner we can see you and examine your feet, the quicker we can begin to make the corrections needed to get your feet healthy again. So often we see people who have waited a very long time and suffered needlessly –sometimes for years.

Try to develop a habit of always checking your feet. A great time to do this is right after a shower or during a bath. If you start a habit of carefully drying your feet after bathing (pay special attention to the skin between your toes) you can quickly check your feet to see if you notice any changes. If you see nails that look unusual you might be seeing a potential fungus developing. If your skin is broken, cracked or an unusual color you are noticing abnormalities. Finally, if your foot is changing shape or you observe new growth you should make an appointment to see us so we can treat these conditions before they progress and become worse.

If you have diabetes it is especially important to check your feet very regularly and often. In fact, we recommend that you have someone else help you check your feet, because you may not be able to see or, most importantly, feel problems. Early detection and treatment may avoid potentially serious complications later.

See a podiatrist if you have a problem with your feet. Treating yourself can often cause problems or exacerbate existing problems. If you are diabetic you are at greater risk for foot problems so be sure to make an appointment to see us at least once a year. We'd love to see you. We are here to help!

### **When to Call a Podiatrist**

Podiatrists are the experts on feet and ankles and should be the first doctor you call when you experience any of the symptoms or pains described in this book. Remember that foot, ankle, or heel pain is never normal regardless of age or activity.

Podiatrists treat foot problems for patients of all ages. You should call a podiatrist when you have pain in your feet or in your heels. If you notice that there is any change at all to your heels or the skin on your feet and ankles, you should see the "expert" on your feet.

If you have diabetes or poor circulation and you develop any abnormal symptoms you should see us immediately. You are at much greater risk for serious complications. And if you have diabetes you should see us at least once a year whether or not you have symptoms or pain. Regular checkups are a great way to help keep your feet healthy.

Most importantly, you should **call us first** when you have pain or any issue that affects your feet.

### **What to Do If You Are In Severe Pain**

Pain is our body's way of telling us that something is wrong. And it is usually true that the more severe the pain, the more serious the problem. If you are experiencing severe foot pain, seek treatment from a podiatrist immediately. Podiatrists specialize in dealing with foot problems and are experts in helping treat your symptoms. You can reach our offices at:

Foot & Ankle Associates  
17510 W. Grand Parkway South, Suite 530  
Sugar Land, TX 77479  
Phone: 281-313-0090

If you are experiencing an emergency, call 911.

### **Final Thoughts**

I hope the information in this publication has been helpful. My purpose in sharing it with you is to give you the information you need to take the appropriate actions to care for your feet. I hope it helps you understand the pain you or your loved one may be experiencing. I also wrote it to help you see that podiatric medicine has benefited greatly from the advances medical science is making in the treatment of heel and overall foot conditions.

I know that making an appointment to see a doctor isn't always the easiest thing to do, but with knowledge and understanding you can see that we podiatrists can offer you many treatments that can greatly improve the quality of your life. In fact, many of our patients usually have immediate relief after their first visit.

Dedicated to Your Health,

*Dr. Marco A. Vargas*

## **Free Copy of**

### Got Foot Pain?

If you have any friends or family members who might benefit from the information provided in this book, we would be happy to provide them with their own copy free of charge. Just tell them to visit our website at [www.TheFootPros.com](http://www.TheFootPros.com) to request it online or call us at 281-313-0090 OR return this form.

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