

Severs Disease (Calcaneal Apophysitis)

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Physio**



Keeping You Active

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Newsletter

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Severs disease or calcaneal apophysitis is a common cause of heel pain in physically active children. This usually occurs during the growth spurt in adolescence. Kids between the age of 10 to 16 usually can suffer pain at the level where the calf tendons insert at the heel bone (Calcaneum). The growth plate at the calcaneum can get inflamed as a result of the strain leading to pain and dysfunction. Particularly sports involving running / jumping lead to this excessive load at the heel bone resulting in pain.

Parents may notice their children limping with pain in one or both heel.

Clinically the diagnosis does not need any investigation but a clear examination by your GP / Physiotherapist is sufficient to confirm the diagnosis. Your physiotherapist may notice other biomechanical factors including ankle / foot motion mechanics, gait analysis to further understand the contributing factors

Treatment: In early stages it is important to respect the pain your child is suffering from. It needs relative rest along with icing and protection in the form of appropriate footwear or minimalistic support (taping / orthotics etc) to off-load the tendon and heel while the inflammation settles down.

MY CHILD IS LIMPING?

Severs disease is a common treatable musculoskeletal problem often affecting the children

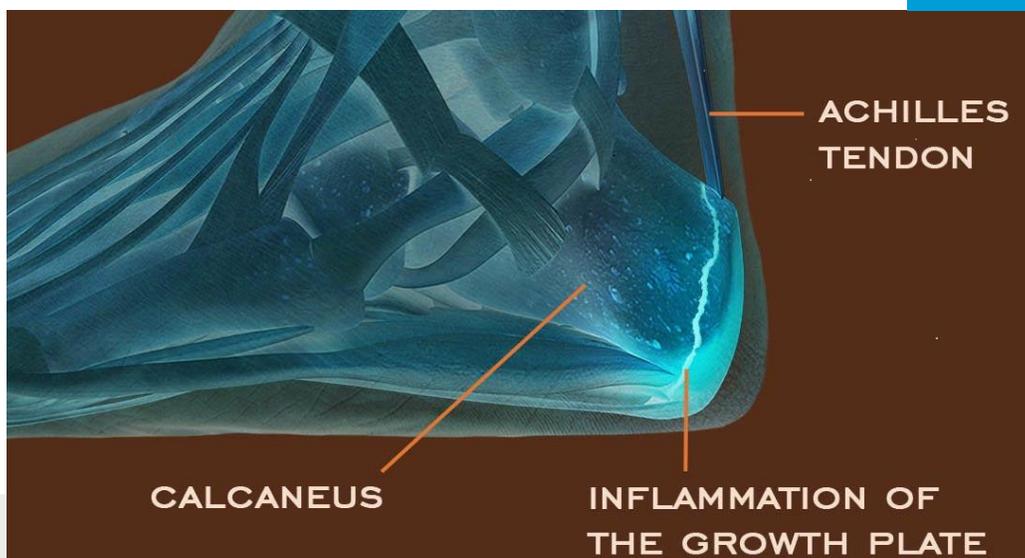
Early identification and seeking medical help is important to early treatment and restoration of function.

Active heel stretches, and supportive footwear and temporary orthotics may be prescribed if necessary.

Once the pain settles down, there must be graded exercise program to regain the flexibility and strength in ankle / lower leg. Often important once the pain settles down is to address any abnormal biomechanics of the ankle and foot.

It is important to restore full functional and sporting ability of the children with physiotherapy and podiatry interventions as necessary.

In some occasions it may even take even up to 2 years before the symptoms settle down. Early treatment is paramount in reducing the inflammation and restoring function in a child.



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