

## severs disease

Severs Disease is probably the most frequent cause of heel pain in children. The condition occurs most commonly in (but not limited to) children aged between 8 and 14 years. Both boys and girls are equally vulnerable to its debilitating effects. Severs Disease is characterised by activity-related pain that occurs on the back of the heel, where the Achilles Tendon attaches on the heel bone (Calcaneus). The child may have swelling in the area, and tenderness when touched. Sports requiring lots of running, jumping, and other impact activities are particularly associated with Severs Disease (football, basketball etc.). Many children first signal the start of the problem by rubbing or massaging their heels at training sessions.

The three main factors that contribute to Severs Disease are:

1. Between 8 and 14 years old.
2. Involved in youth sports or other activities.
3. Actively growing



Pain is felt at the base of the Achilles tendon where it attaches onto the heel.

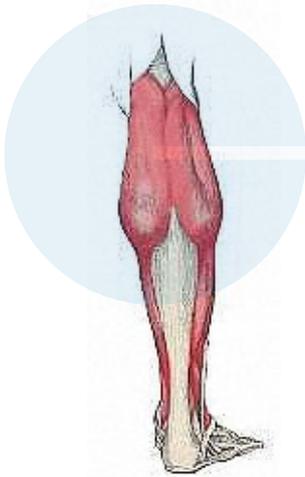
If unresolved it can be painful, of long duration, and may possibly have permanent detrimental effects both on the bone, as well as being a frustrating source of pain in adolescence.

## treatment for severs disease

The most common treatment for Severs Disease is anti-inflammatory measures such as "RICE" (Rest, Ice, Compression and Elevation) and tablets for more extreme cases.

Soft tissue massage techniques are effective when applied to the lower leg, and reduce the tension placed on the Achilles Tendon. If biomechanics are deemed to be a contributing factor to the severity of Severs Disease, your practitioner may consider orthotics or a referral to a Podiatrist. Strapping or tape is sometimes used during activity to limit the ankle joint range of motion.

If the symptoms are bad enough and not responding to these measures, medication to help with anti-inflammatory may be needed. In some cases the lower limb may need to be put in a cast for 2-6 weeks to give it a good chance to heal.



The lower leg. Achilles Tendon (white)

## what you can do

- Reduce the amount of activity. Total rest is not always necessary. A change of activity for a while, such as substituting running for swimming is effective.
- Gradually resume normal training. Be conservative, the 10% rule is an easy way to remember how much to do. Increase the intensity or volume by no more than 10% a week.
- Ice after training. 15 minutes on, 2 hours off, 15 minutes on will be very beneficial.
- Ensure your footwear is not worn. Running shoes are 'dead' before your toes go through the end!! If you can see compression creases on the cushioning, or the sole is wearing out, it is time for new shoes. Old shoes have reduced shock absorption and grip – which increases stress on the body.
- Stretch you lower leg provided the stretch does not cause pain. Please refer to our 'stretches' fact sheet.



Lower Leg Stretch (soleus)