

Sever's Disease



Introduction

- Painful inflammation of the cartilaginous growth at the site of the calcaneal tendon insertion
- Children most likely to suffer from this due to the growth plate being 2-5 times weaker than in adults
- Bone lengthens rapidly, soft tissues become tighter, produces strain on bony attachments
- Calcaneal apophysis subjected to significant shear loads because of its vertical orientation and direction of pull from the gastrosoleus
- Commonly found in athletically active populations aged 8-14
- Higher incidence in males
- Can present bilaterally

Presentation

- Progressive posterior heel pain
- Worse with activity (usually limps)
- Better with rest
- Pain upon palpation of achilles insertion and squeeze test (squeezing medial and lateral calcaneus)
- Mild swelling might be present
- Active plantar flexion and toe raises and passive dorsiflexion can be uncomfortable
- Looks for gastro-soleus weakness, joint hypomobility, poor lower extremity biomechanics (excessive foot pronation), inappropriate or excessive training, improper footwear, running on hard surfaces and excessive weight

Imaging

- Rule out f#, neoplasm, osteomyelitis, bone cysts, foreign bodies (ongoing pain, pain at rest, pain that wakes patient up, significant swelling, fever, constitutional symptoms, significant loss of subtalar motion)
- Can impact ADLs if left untreated



Management

- Ice (Pre and post sports)
- NSAIDs
- Myofascial release/stretching of calves
- Orthotics (1/2 inch heel lifts - eases shear on calves)
- Reduce frequency and intensity of exercise, limitation of running and jumping, cycling and swimming
- Reassurance
- When squeeze test is not painful - strengthen foot stabilisers and calves
- Usually resolves within 2-8 weeks, if severe consider and CAM walking brace for 2-3 weeks

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