INTRODUCTION
You have been diagnosed with retrocalcaneal bursitis. Pain at the posterior heel or ankle most commonly is caused by pathology at either the posterior calcaneus (at the calcaneal insertion site of the Achilles tendon) or associated bursae.

BACKGROUND
Two bursae are located just superior to the insertion of the Achilles tendon. Deep to the tendon is the retrocalcaneal bursa. Superficial to the Achilles tendon is the subcutaneous calcaneal bursa or sometimes called the Achilles bursa. Inflammation of either or both of these bursae can cause pain at the posterior heel and ankle region. It is fairly common and is caused by repetitive trauma or overuse and is aggravated by pressure from tight-fitting shoes. There can also be an association with gout, rheumatoid arthritis, and seronegative spondyloarthropathies. In some cases, retrocalcaneal bursitis may be caused by a prominent calcaneus tuberosity, which is called a Haglund deformity. In Haglund disease, impingement occurs during ankle dorsiflexion.

CLINICAL PRESENTATION AND DIAGNOSIS
Posterior heel pain is the chief complaint. Patients may report limping due to the pain. Some patients have noticeable swelling or enlargement of the heel, which is sometimes called a "pump bump", presumably named after association with high-heeled shoes or pumps. This condition may be unilateral or bilateral. You may be asked about footwear, such as high-heeled shoes or tight-fitting athletic shoes and any recent change in footwear or activities.

On examination, there is often tenderness, swelling, and redness at the posterior aspect of the heel. If inflamed, the area may be slightly warm to the touch. Ankle and foot posture will be assessed, as well as gait and strength. Xrays are often taken to assess the joints and to rule out other bone abnormalities. The xrays may show a Haglund deformity. If there are other signs, a blood test is sometime done to assess inflammatory or systemic causes such as the possibility of gout, rheumatoid arthritis, or spondyloarthropathy. MRI does not offer much more information than is apparent by physical examination and is generally not necessary.

TREATMENT
Initially, it is important to reduce the mechanical irritation to the bursa. This is primarily accomplished with decreased activity and shoe modifications. Additional options to reduce pain inflammation include ice, compression, elevation, and anti-inflammatory medications. Gradual progressive stretching of the Achilles tendon may help improve the stresses acting on the calcaneus. Complete rest may not be necessary, as opposed to alternative activities such as
swimming. Corticosteroid injection in this region is not recommended due to the potential risk of Achilles tendon rupture. After the pain and swelling improve it is important to gradually return to usual activities.

Changing footwear may be the most important form of treatment. Use of an open-backed shoe may relieve pressure on the affected region. Individuals whose symptoms were precipitated by a dramatic change from wearing high-heeled shoes to flat shoes (or vice versa) may need to make temporary use of footwear with a heel height somewhere in between. Encourage athletes to change running shoes on a regular basis because the support and fit may change over the course of hundreds of miles of use. A portion of the heel counter can be cut away and replaced with a soft leather insert to cause less friction at the site where the heel counter meets the skin. Avoid shoes without laces because they inherently fit closely onto the heel. Inserting a heel cup in the shoe may help raise the inflamed region slightly above the restricting heel counter of the shoe.

Despite appropriate activity and foot wear changes, some patients do not improve or have recurrence with a return to activities. For these refractory cases, options include casting for complete rest or surgical Intervention. Surgical management may include resection of Haglund deformity and/or excision of the painful bursa with debridement of the Achilles tendon insertion.

PROGNOSIS
Most patients respond well to a combination of activity modifications, icing, oral medications, Achilles stretching, and modification of footwear. Patients with persistent symptoms despite non-surgical measures generally can expect improvement with the surgical approaches previously discussed.

MORE INFORMATION
Further information can be obtained on the internet. Your local public library can help you explore these sources if you are interested. Two good sites for expert and peer reviewed information are the American Academy of Orthopedic Surgeons at www.aaos.org and www.emedicine.com.

FEEDBACK
If you have questions or comments, please contact the office or submit them to the web site at www.pedortho.com.