**Medi**Maps **FOOT PAIN** MEDIMAPS.CO.UK | 27TH JUNE 2023 Disclaimer: Read the disclaimer at medimaps.co.uk/disclaimer References: 1. physiou.com 2. Mr Pinak Ray, Consultant Orthopaedic Surgeon. Youtube. June 2016. 3. Orthopaedic consultant BMI Hospitals, Sept 2017. 4. Paediatric consultant MediConf, June 2023. Forefoot pain - Footwear advice (wider). - Xray will not show for up to 3/52. - Pain in dorsum. Bunionette - 'Bunion' of the 5th toe. - Podiatrist. Air cast boot. Stress # But MRI will detect. - Swelling. - Last resport is surgery. - No sports for 3/12. - No obvious trauma. - RICE. - NSAIDs. - Pain in distal dorsum. Synovitis / Capsulitis - Podiatrist once settled as usually an overload issue. Claw toe All 3 joints of toe affected. No obvious trauma. If fails, steroid injection. - Refer before fixed flexion deformity of MTPJ. MTP impingement - Wide fitting and deep depth shoes. - Pain in dorsal MTPJ. Hammer toe - Only PIJ of toe affected. - Soft soles, memory foams, skethers. Podiatrist. - If bunion causing slight overlap, refer. If fails refer to orthopaedics for fusion. - Once the 2nd toe affected and lifted and clawed, the - 50 % genetic. **←** Bunion surgery is less successful.
- If no overlap, to see podiatrist for orthotics. - 50 % footwear. Mallet toe - Only DIP of toe affected. Halux rigidus - Footwear advice (wider). - Pain ball of the foot when walking. Podiatrist. Subungal exostosis - Surgical excision. - Lump under gt toe nail. Mortons neuroma - Numbness. - USS steroid injection works in 50-70%. - No callosities. - Last resport is surgery. - Restricted dorsiflexion of MTPJ. Metatarsalgia - Rocker bottom footwear. Overiding toes (child) - Minor toe abnormalities in children are very common. - If late OA changes refer for fusion, bone removal, replacement etc. - Xray. - Most are completely harmless because their toes are very flexible. Curling toes (child) - Difficult to inject steroid as osteophytic joint, amd limited - General RULE = treatment in NOT a good idea unless the toes are duration of benefit. - Pain ball of the foot. - Dropped arches. - Unnecessary toe surgery in childhood can cause problems with - Callosities. growth of the toes and lead to worse problems in the future. - 2nd toe can overlie 1st or 3rd toes in the young child's foot. - As the foot becomes thinner with growth and spreads the wt, the toe most often corrects itself. - Wide fitting shoes. - Leave alone. - 5th toe overriding also common. - Rocker bottom footwear. No strapping. - Arch support. - No surgery. - Curling of toes rarely cause problems even though they tend to Podiatrist. sit under the next toe, and are never the reason for delayed walking. - If fails after 6/12 refer to orthopaedics for surgery. - If the toe causes no pain there is no need for treatment. Strapping, or toe spacers do not correct the deformity. Occasionally a curly toe nail can dig into the next toe. Lengthening a tendon in the toe usually allows the toes to become sufficiently straight to relieve the - Surgery cannot be justified for cosmetic reasons only due to the risk of making a painless toe into a painful one Midfoot pain Tarsometatarsal arthritis - Commonly 2nd and 3rd. (TMTJ) - Refer to orthopaedics. - Insole. Cavus foot - Insoles. Needs to be specific for pt, not off the shelf. Stiff foot. - Physiotherapy for achiles stretches. (high arch) - Pain medial aspect. - Diffcult to perform in acute situation. Flat foot Too many toe signs. - Usually should only see 5th toe and half of the 4th toe. - Heel angulated to lateral aspect. can tip toe cannot tip toe ??? tendon or muscle. what is +ve and -ve??? This tendon maintains the arch. - USS tibialis posterior tendon. - Medial heel wedge. If it is dysfunctional, causes flat feet. - Achiles stretches. - Refer to orthopaedics. - Physiotherapy. - US guided steroid injection. - Insole. Surgery. - Flat shoes. - Physiotherapy. - If fails refer for surgery. Hindfoot pain - Pain behind maleolus area. - Physiotherapy. - If fails refer for surgery. - Due to prominent talar process or os trigonum (ossicle). - NSAIDs. Posterior impingement - Lateral ankle pain. - Ankle support. Young pt. - Refer to physiotherapy. - If fails surgical intervention. Severs - Pain at achiles insertion. - Limit activity to favourite sports only. (child) - Physiotherapy for stretching achiles. Very active child. Peroneal tendonitis/tear - Elderly pt. - Use heels 2.5cm or heel lift. - Refer to podiatrist. - NSAIDs. - Physiotherapist. - Footwear that provides good support. Activity modification. - USS guided steroid. - Rocker bottom footwear. - Refer to physiotherapy. - Surgery as last resort. Ankle arthritis - Offload the foot temporarily with walking stick. - If fails refer for debridement. - Taping and/or orthotics to reduce excessive pronation. Exercises. - Overuse injury in the young pt. Image from PhysioU MRI - Degenerative process in the older pt - Pain when dorsiflex. - Mainly medial ankle and plantar surface of the foot. - Limited ROM when dorsiflexing. - Burning pain, paresthesia, or weakness in ankle or foot, or - Combined dorsiflexion eversion test and then cramps in the longitudinal foot arch. perform the tinel test for 10 sec. - Worse with activity. Achiles tendinopathy - Rarely resting pain. - Unilateral heel pain at night. Anterior impingement Spinal nerve compression - Diabetes. Tarsal tunnel syndrome Tibial nerve is compressed as it passes - Obesity. ← risk factors include (posterior tibial neuralgia) through the tarsal tunnel. - Alcohol. - Hypothyroidism. - Diabetes. - Bilateral heel pain at night. Thyroid. - Calcium & vitmain D deficiency. - Pain when squeezing calcaneum Stress # - Stop exercise for at least 3/12. on both sides. - Usually with exercise. Plantar faciitis Strassburg socks.Treat tight achilles tendons. - Podiatrist for arch support (often have flat feet). Also use with 'Crocs' at home to continue the support. - Massage. - Surgery almost never done on the plantar facciaa as causes scar tissue and tight again. - Note: heel spur is incidental finding if detected. Up to 50% of normal population has it.