

Patient Presentation

Hallux valgus (Bunions)

- Lateral deviation of hallux
- Become symptomatic with ill fitting shoes
- Bursitis forms over medical prominence, may ulcerate
- Secondary corns callous



Analgesia & NSAIDs appropriate in all cases

Primary Care

- Education on foot wear/ extra width shoes
- Care of secondary lesions
- Evidence base does not support use of orthoses to limit progression
- Refer to orthopaedic consultant**

Refer

Orthopaedic Consultant

- Pain should be the primary indication for surgery
- Difficulty in obtaining suitable shoes
- Recurrent ulcers
- Infection

Hallux rigidus

- Degenerative osteo-arthritis of 1st MTP joint
- Pain during and following activities
- Restriction of movement in joint
- Dorsal exostosis
- Transfer metatarsalgia due to stiff MTJP



- Inshoe orthoses/rigid insoles/rocker sole
- Intra-articular steroid injections and or Mobilisation
- Refer to podiatry**

Refer

- Pain either due to pressure effects of the dorsal osteophytes or degenerative joint Failure of conservative treatment

Metatarsalgia

General Pain Under metatarsals

- MTP joint synovitis/instability
- Intermetatarsal bursitis
- MTP joint arthritis
- Painful plantar callosities

Morton's Neuroma

- Paroxysmal neuralgia affecting Web spaces and 2/3/4 toes
- Mainly a clinical diagnosis & further investigations are done as indicated



- Advice re footwear (avoid heels and tight fitting shoes)
- Custom fit orthoses
- Refer to podiatry**

Podiatry

- Failure of conservative treatment
- Fixed toe deformities
- Morton's neuroma not responded to steroid injection

Posterior Heel Pain

Pump Bumps

- Prominent posterior aspect of calcaneum
- Achilles Tendinosis
- Tenderness/swelling proximal to insertion of tendon to posterior calcaneum.



- (i) Simple padding & foot wear advice
- (ii) Stretching programme
- heel raises / inshoe orthoses
- Refer to podiatry**

Podiatry

- Mainstay of treatment is conservative: if unsuccessful Should be referred for surgical excision of bursa/decompression of Achilles tendon

Plantar Heel Pain

(i) Plantar Pad

- Fat pad atrophy with non-specific pain under heel

(ii) Plantar Fasciitis

- Pain worse on taking 1st steps in morning
- Tenderness at attachment of PF to medial calcaneal tubercle
- Spurs are not significant & therefore X-rays are not indicated



- (i) Heel cushions
- (ii) Regular calf/ plantar fascia
 - In shoe orthoses
 - Steroid injection
 - Night splints
- Refer to podiatry**

Podiatry

- 80% self-limiting, resolving in 12-18 months
- Surgery is rarely indicated

Midfoot arthritis

- Pain and stiffness
- Local tenderness
- Loss of medial longitudinal arch



- Foot wear modification
- Refer to podiatry**

Podiatry

- Surgical fusion is necessary if the orthotic Management is unsuccessful

Lateral ankle sprains

- Lateral ankle pain, swelling and giving away



- Acute injury – rest, ice, Compress and elevation (RICE)
- X ray if suspected fracture
- Taping
- Proprioceptive/balance exercises
- Semi rigid ankle orthoses reduce re occurrence
- Refer to orthopaedic consultant**

Refer

- No indication for surgery after acute ligament injuries
- Chronic pain and instability need further imaging and may require surgical reconstruction