



GUIDE TO FOOT PAIN

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Introduction

Foot pain is common. In younger people foot pain is most likely due to an acute injury/accident or from repeated activity leading to overload. In the older people age related changes occur in the foot joint and surrounding soft tissue structures..

The good news is that research has shown that physiotherapy is often effective in the management of foot pain and getting you back to doing the activities you enjoy.

This guide aims to educate you about some common conditions and their treatment and to let you know what you should expect from a treatment provider.



Basic anatomy

The foot contains 26 bones, 33 joints and over 100 ligaments, nerves, muscles and tendons. All of these structures are capable of causing pain. The foot is designed to absorb the forces of walking, accommodate to the shape of the ground and transmit these forces through the ankle to the legs.

The role of your physiotherapist

Physiotherapy is a broad field, meaning that it is impossible to be up to date with the latest information on every problem. It is important that your therapist has an interest in the area which you are seeing them for or has access to a colleague who can give an opinion. In general, the role of the Physiotherapist is to:

- Diagnose your problem
- Provide exercises, treatment modalities and advice which can treat the problem via
 - Minimising negative structural loading by optimising postural habits and movement habits
 - Provide exercises and other modalities to assist with this

What to do if you have foot pain?

01

Let a professional assess you. Foot pain has many causes and even though you may feel pain around your foot it at times could be caused by another source. Only a trained medical professional, physiotherapist or podiatrist can assess this.

02

Manage your pain. This may include medication, exercises and hands on treatment. Activity modification is also very important to allow hip symptoms to settle.

03

Don't stress about it. Psychological stress can actually increase pain. The majority of shoulder pain will settle if managed appropriately.

04

Trial conservative management first- Unless in severe cases (e.g. major ligament rupture or fracture where surgery is required, a trial of conservative management, which may include orthotics and exercise should be trialled first before surgical options are explored.

What to expect from your treatment provider



01

An explanation of your problem

02

Alternative explanations if the actual diagnosis is not clear

03

Advice on what to do and what to avoid

04

An estimate of how long treatment will take and how much this will cost

05

A discussion of your goals for this problem and whether they are realistic

06

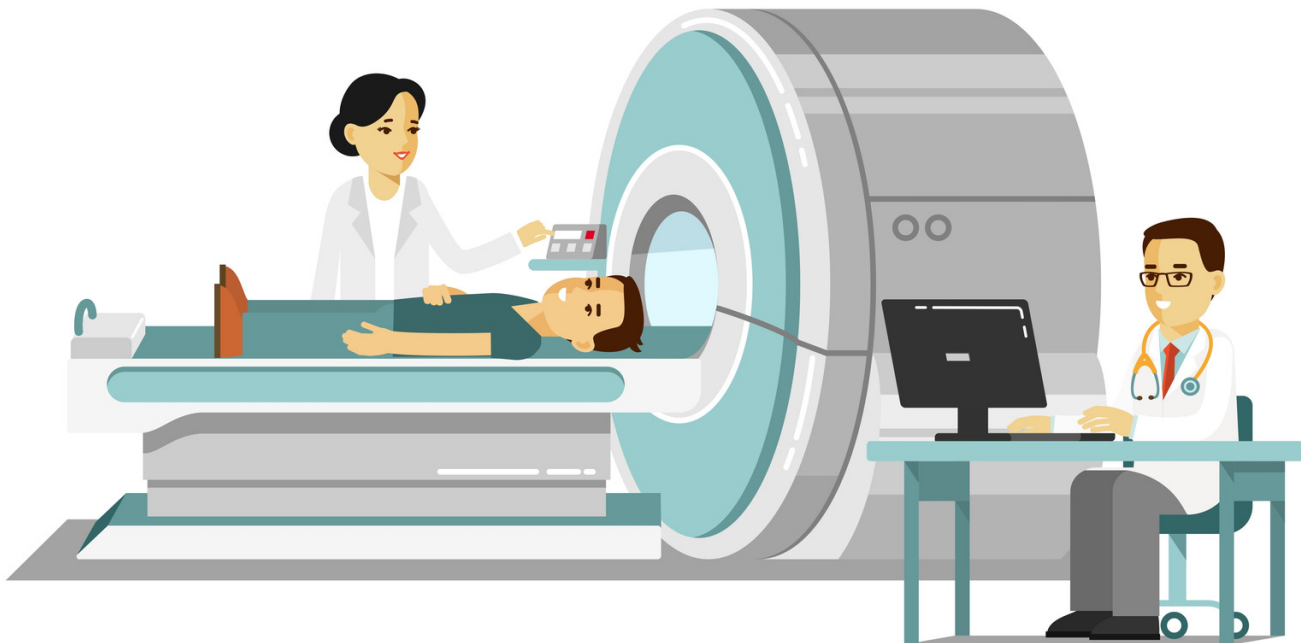
A program tailored to your individual needs.

07

A discussion with other treatment providers, who can assist in your management.

Medical imaging

X-Rays, MRIs and CT scans are commonly used in foot pain. They are vital tools in the diagnosis of some problems. However they produce a lot of misleading information. The information from imaging needs to be looked at as one piece to the diagnostic puzzle only. Don't stress about imaging findings, your Physiotherapist or Doctor can explain if they are relevant.



The role of orthotics

A close-up photograph showing a person's foot being examined by a professional wearing white gloves. The professional is holding a light-colored, curved foot orthotic device, likely a custom-made insert, in front of the foot. The background is a solid yellow color.

Foot orthotics are devices that you can wear in your shoes. They are designed to redistribute the force from one part of the body to another. They have the greatest effect on the foot but can also have an effect on the knee, hip and low back. Not everyone requires an orthotic and this includes people with flat feet. Flat feet are sometimes completely normal and often will not benefit from an orthotic. Orthotics come in a variety of types, ranging from fully customised to off the shelf. Your requirements will vary depending on what your problem is. Frequently an off the shelf orthotic will be as effective as an expensive customised version.

Potential Causes of Foot Pain



These are numerous and include more serious diseases such as injured growth plates, loss of blood supply to the bone, fractures, nerve compressions, tendon ruptures and tumours. Problems in the low back can refer to as far as the foot.

Although these are not common, their presence indicates that a trained health professional assess you if you have symptoms around the foot. More common causes of foot pain include:

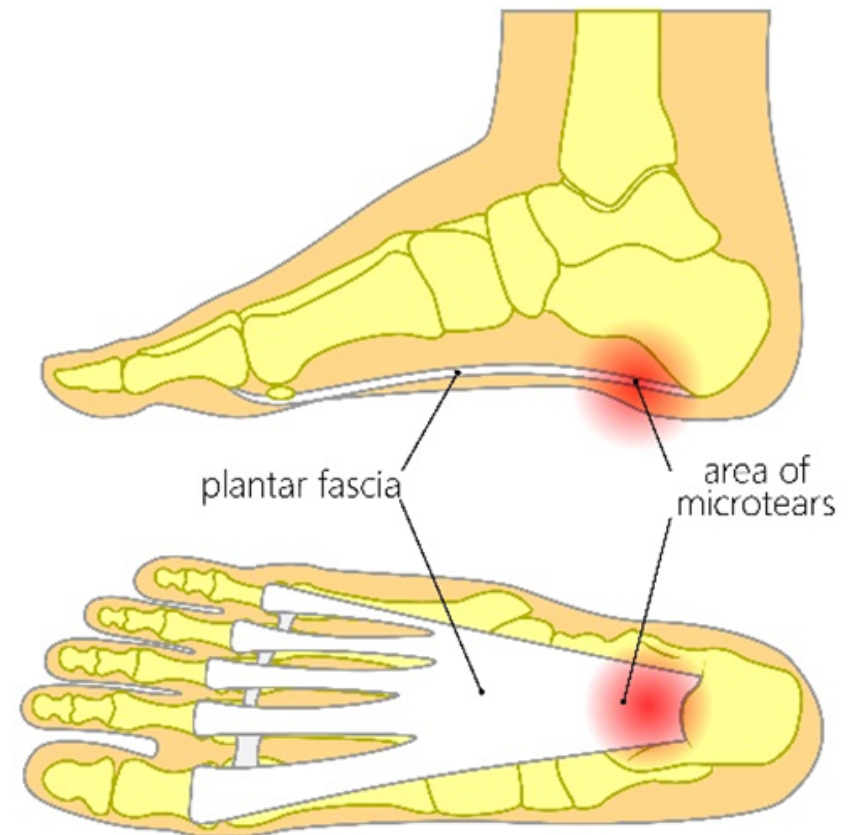
- Plantar fasciitis
- Osteoarthritis

Plantar fasciopathy

This pain is typically located in the heel of the foot. It is usually worse in the morning and aggravated by standing, walking and running. The risk factors are high volumes of physical activity such as running or standing, and in the non-athletic population, obesity. It may be related to foot and knee posture but this has not been conclusively determined. Decreased flexibility of the ankle and hamstrings have been found to be associated with it.

Initial treatment will typically consist of taping the foot to support the plantar fascia and orthotics. Other treatments included night splints, stretching exercises and extra-corporeal shock wave therapy (although this may be painful). Other exercises such as tibialis posterior strengthening may be prescribed. Other treatments such as cortisone injections and surgery (rarely) are available for resistant cases.

PLANTAR FASCIITIS



Osteoarthritis

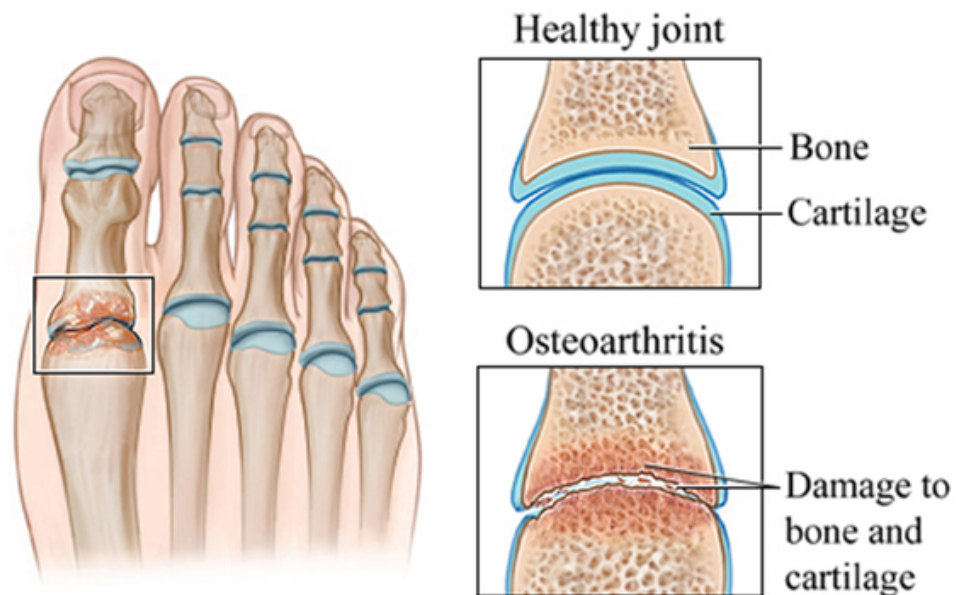
Osteoarthritis is the most common form of arthritis. Also known as degenerative arthritis it involves degeneration of the joint surface of articular cartilage, spurring of the bone and resultant inflammation of the joint. Painful foot osteoarthritis is estimated to affect 1 in 6 older adults (1).

Symptoms typically include loss of movement, tenderness, swelling and pain with weight bearing. The most common joints involved in the foot are the joints in the inside part of the foot including the joint between to middle of the foot and the big toe.

Management can include orthotics, footwear advice, injections and if all else fails surgery.

Remember, always seek professional advice. Your Physiotherapist is the best person to guide your treatment. We hope this guide is helpful.

Please feel free to share it with anyone you think would benefit from it.



References

- 1 Roddy, Thomas, Marshall, 2015 The population prevalence of symptomatic radiographic foot osteoarthritis in community-dwelling older adults: cross-sectional findings from the Clinical Assessment Study of the Foot. *The Annals of Rheumatic Disease*.



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