Birmingham and Solihull Integrated Care System
Caring about healthier lives

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Review date	Every 12 months

Foot and Ankle Pain Pathway (Age 16+)

Exclude Red Flags requiring Emergency treatment

- History of recent significant trauma/Suspected Fracture – Send to ED
- Clinical suspicion of Infection – Complete News 2 and Send to ED
- Achilles tendon rupture - NICE Guidelines - Achilles Rupture – Positive Simmonds Test – Send to ED
- New foot drop – Assess Neurological Function (CES), Send to ED

Exclude Amber Flags requiring urgent treatment

- NEW Atypical mass or Swelling – NICE Guidance - Symptoms suggestive of bone and soft tissue sarcoma Check criteria and Refer for 2WW to Sarcoma Clinic
- Suspected Inflammatory Disease – Differentiate between Crystal and Non-Crystal Arthropathy - Refer Non-Crystal Arthropathy to Rheumatology
- Rapid Deterioration of symptoms following Surgery – Ensure no systemic infection – Urgently refer to Secondary care back to the operating surgeon
- Sudden Change in Foot Shape - Charcot Arthropathy (RARE), Urgent referral to MDT SPA Diabetic Foot clinic –Possible Stress Fracture of metatarsal – refer for X-ray two weeks following onset of symptoms and consider Osteoporosis

Crystal/non-Crystal differential

Start **Hindfoot/Heel** Pain Pathway

Start **Midfoot** Pain Pathway

Start **Forefoot** Pain Pathway

Start **Generalised foot** Pain Pathway

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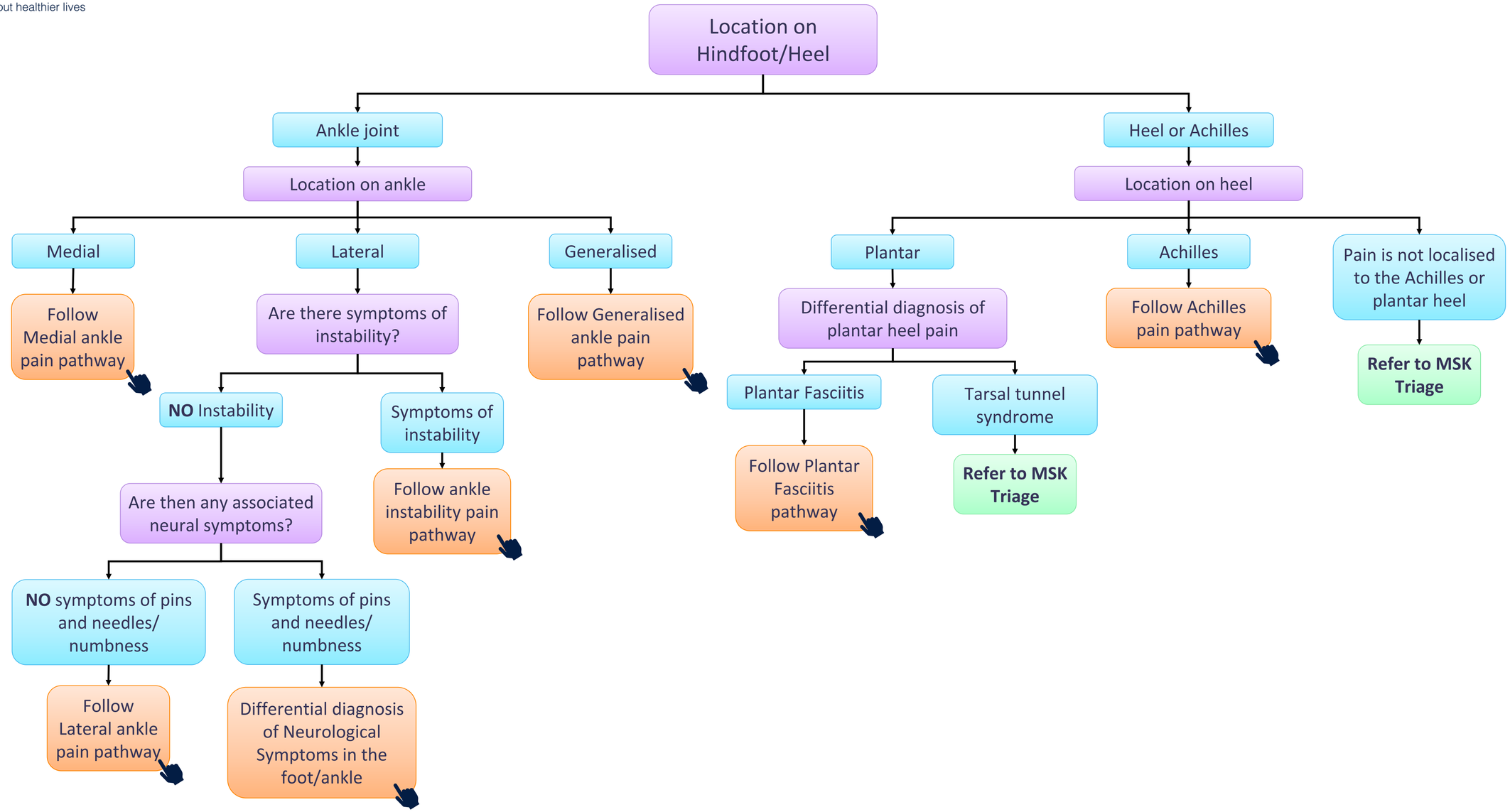

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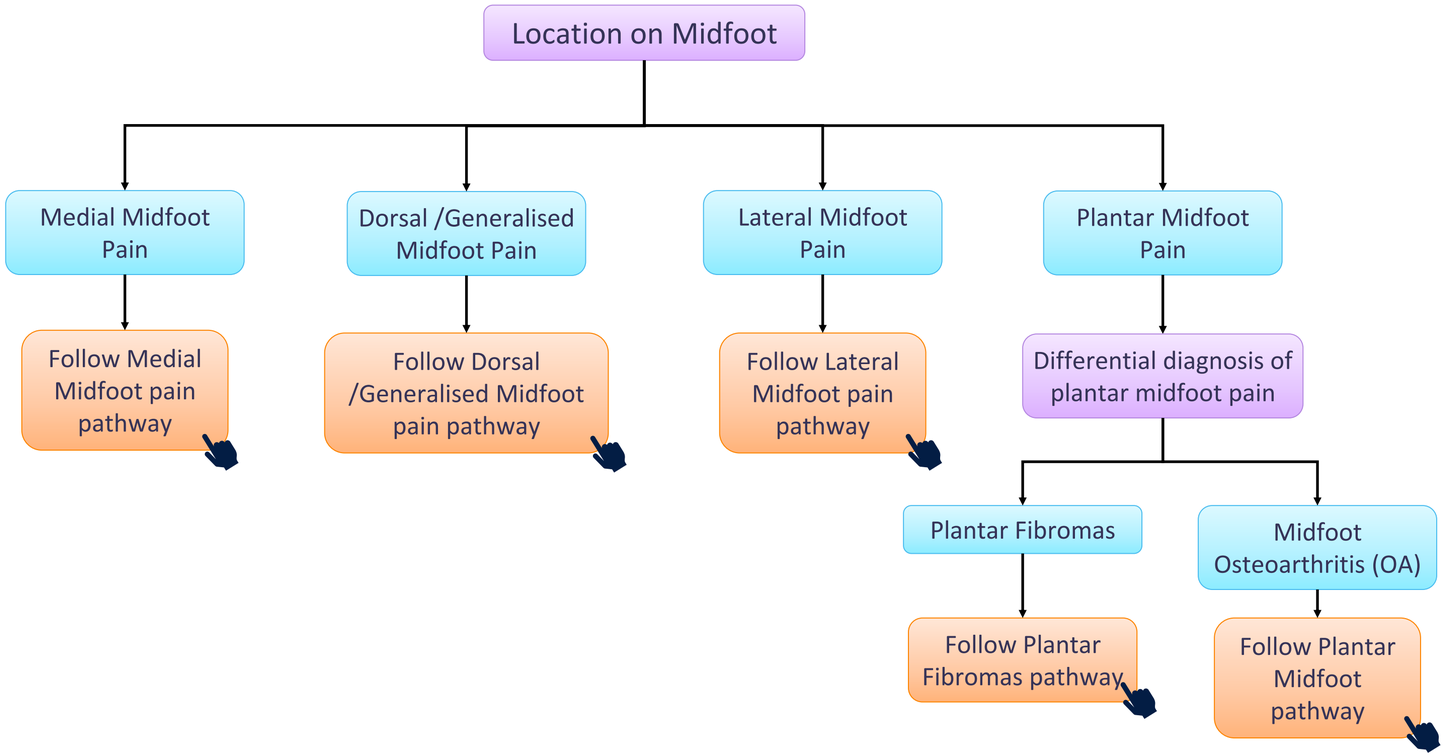

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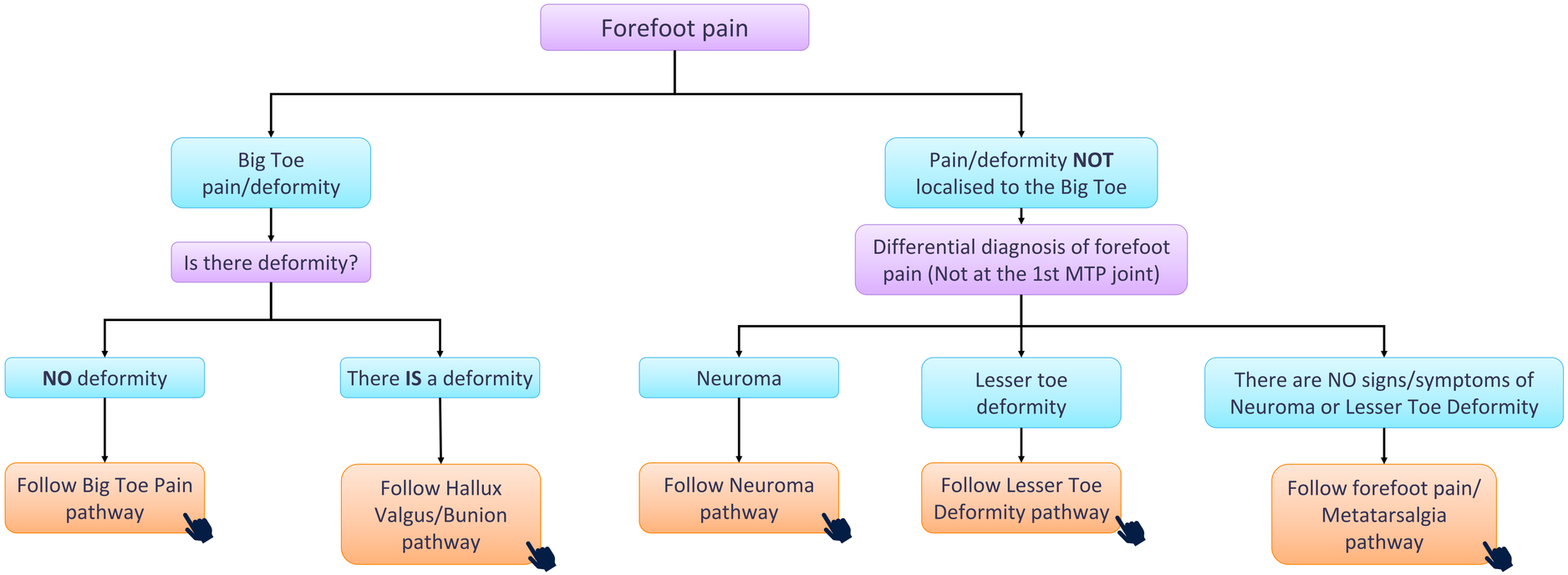

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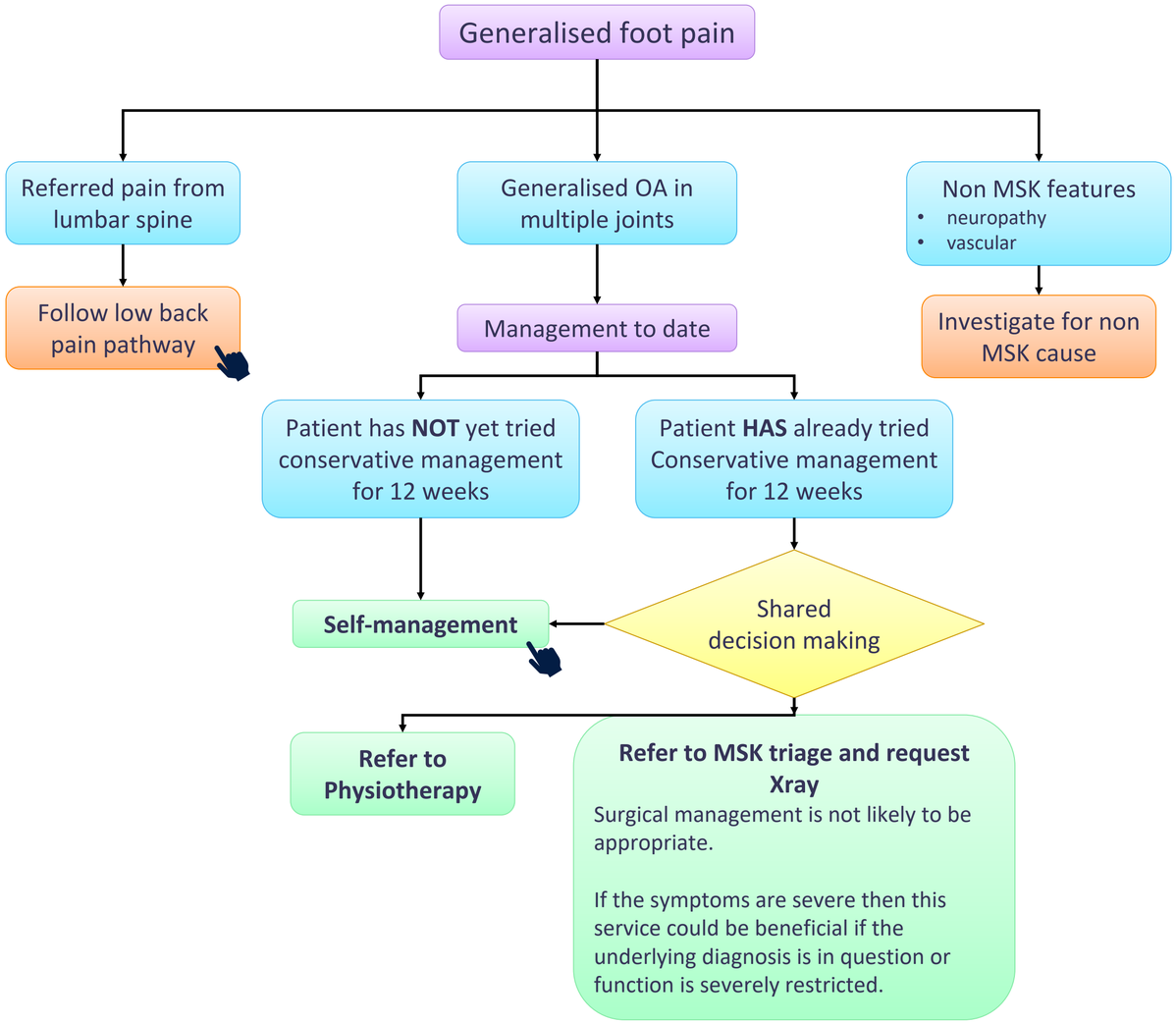

Return to start

Return to Main Pathway

Self-Management for Generalised OA in multiple joints

Consider paracetamol and/or topical non-steroidal anti-inflammatory drugs (NSAIDs) ahead of oral NSAIDs (available OTC)- Check NICE guidance

Explain that imaging is **NOT** routinely required for foot and ankle pain

Discuss referral / self-referral for physiotherapy if not improving within 6-8 weeks. Take into consideration the impact on daily living, sleep, work, and mental health for earlier referral.

Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- Having sore feet is common and isn't usually a sign of anything serious
- The pain does not mean you are causing damage to your foot – it has just become more sensitive
- Protecting your foot and avoiding movements and activity can make your foot worse, however you may have to go gently to begin with to prevent flaring up your pain
- Most acute pain will settle down on its own accord within a few days-to-weeks
- Weight loss for patients with BMI >30 - Lose weight - Better Health - NHS (www.nhs.uk)
- Book a review with GP/Clinician if symptoms not are improving in 6-8 weeks

Additional Information

- Versus Arthritis – Foot and Ankle pain
- Versus Arthritis - Exercises for the toes, feet and ankles
- ROH – Lower Limb exercises

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Medial Ankle Pain Pathway

These could include pain in the
- Medial ligament aspect
- Tibialis posterior tendon

With pain on the medial aspect, it is helpful to firstly confirm whether the tendons are working properly to support the medial arch of the foot.

Exclude Tibialis Posterior Dysfunction

Examine your patient in standing with both socks off
Tibialis Posterior is **NOT** functioning if
- medial arch is flattened on the effected side with a valgus heel position and a positive "Too many toes sign"

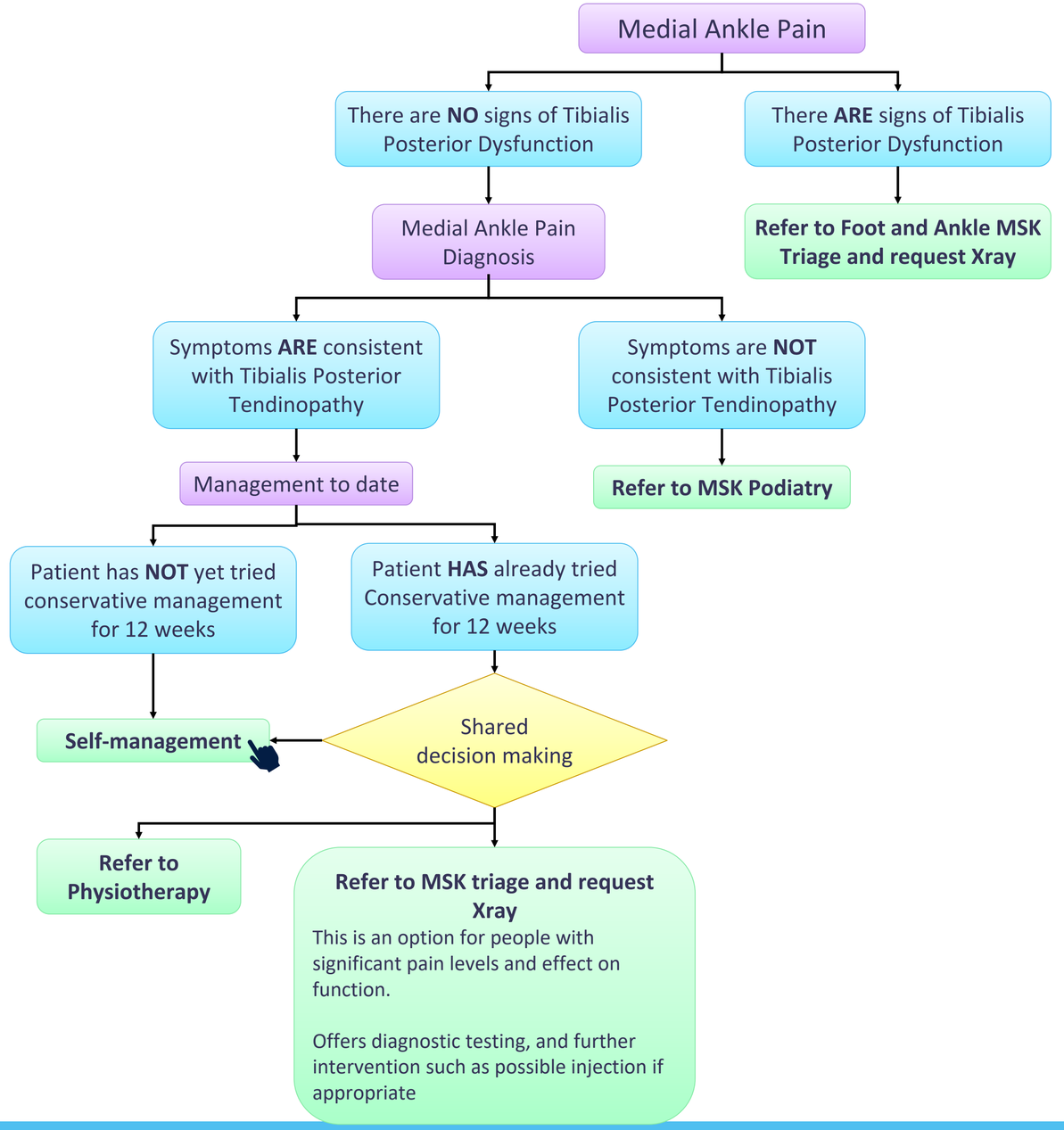
or
- The patient has difficulty heel raising. Ideally this would be tested in a single leg stance with a comparable weakness.

The most common cause of medial midfoot pain **without** Tibialis Posterior dysfunction is Tibialis Posterior Tendinopathy

Most common features
- Pain along the tendon with the ability to heel raise.

Examination
- ask the patient to point to their pain and then palpate.
- tenderness around the medial Tibialis Posterior Tendon.

Risk Factors
- Increased BMI
- Previous injuries
- Planus foot shape



Return to start
Return to Main Pathway

Return to start

Return to Main Pathway

Self-Management for Medial Ankle pain

Advice re simple analgesics +/- NSAIDs if able to tolerate (available OTC)
Encourage self-management regarding weight and diet. Take base line BMI and give advice appropriate to patient as per NICE: **NICE Guidelines**
Explain that imaging is **NOT** routinely needed for foot and ankle pain in the absence of red flags.
Provide information on the nature of foot and ankle pain and reassure that improvement is likely.
Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- Consider footwear supportive trainers/ shoes (Lace up shoes or walking shoes)
- Simple purchased arch support insoles may help
- Consider Weight Loss if overweight
- Exercises will strengthen the muscles that support the arch
- Book a review with GP/Clinician if symptoms not are improving in 12 weeks

Additional Information

- Versus Arthritis - Exercises for the toes, feet and ankles

Return to Medial Pathway

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Lateral Ankle Pain Pathway

In the absence of symptoms of instability or neural symptoms the most likely diagnosis is **Peroneal Tendinopathy.**

Most common features

- Pain posterior to lateral malleolus.
- Pain/weakness on eversion of the foot.

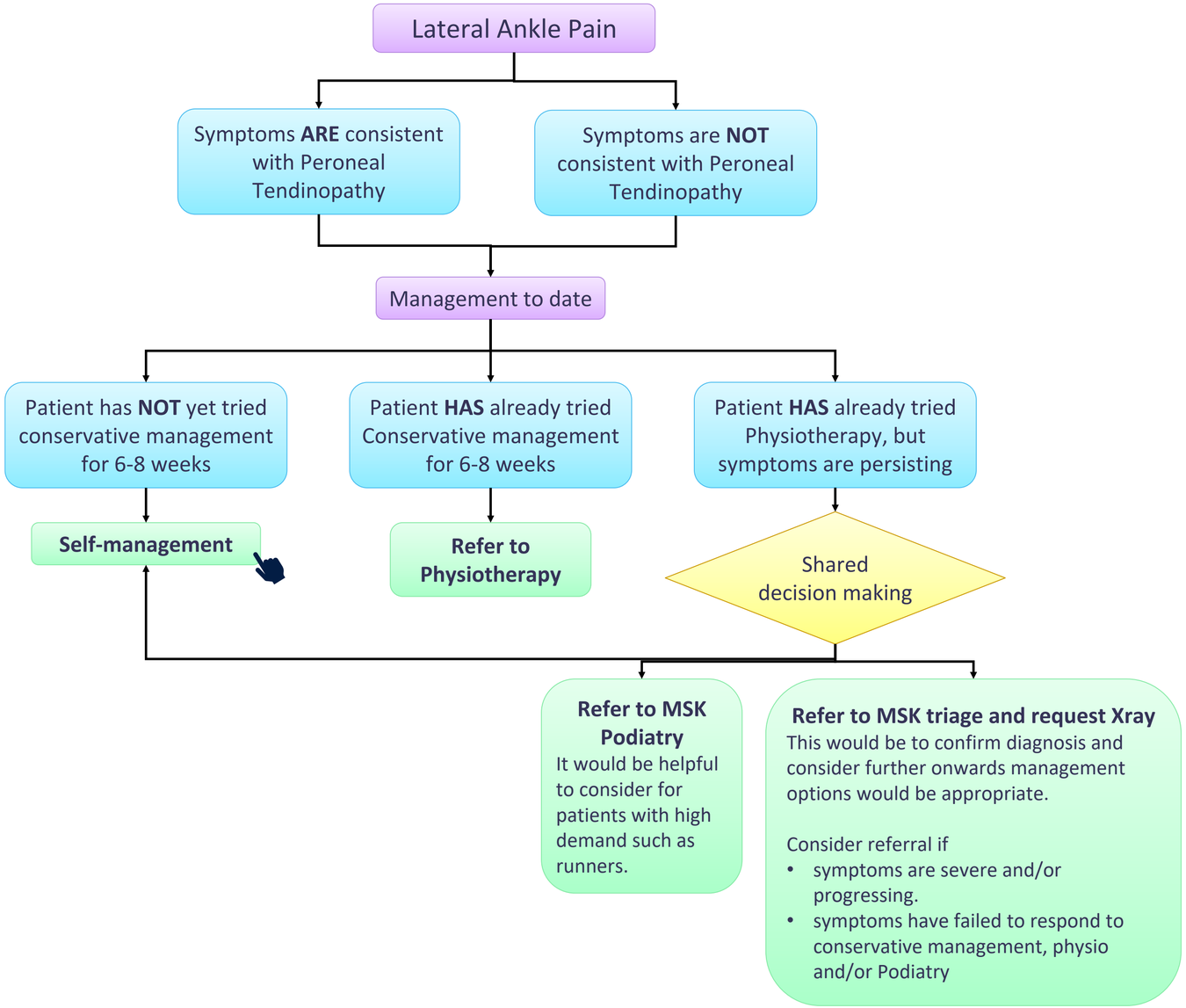
Positive examination findings

- Pain on palpation of the peroneal tendons.

Risk factors

- Increased BMI
- Previous injuries
- Cavovarus foot

(Management will be the same for all lateral ankle pain)



Return to start
Return to Main Pathway

Return to start

Return to Main Pathway

Self-Management for Lateral Ankle pain/ symptoms

Advice re simple analgesics +/- NSAIDs if able to tolerate (available OTC)
Encourage self-management regarding weight and diet. Take base line BMI and give advice appropriate to patient as per NICE: **NICE Guidelines**
Explain that imaging is NOT routinely needed for foot and ankle pain in the absence of red flags.
Provide information on the nature of foot and ankle pain and reassure that improvement is likely.
Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- Consider supportive footwear especially in the acute phase such as walking boots, lace ups
- Reassurance that most cases improve with exercises
- Whole limb strengthening and balance exercises are important to support the ankle joint
- Continue general exercise as able, initially with lower weight bearing such as swimming, progressing through to cycling, cross-training and then straight-line impact as tolerated
- Book a review with GP/Clinician if symptoms not are improving in 6-8 weeks

Additional Information

- Versus Arthritis - Exercises for the toes, feet and ankles
- NHS - Sprains and strains

Return to Instability Pathway

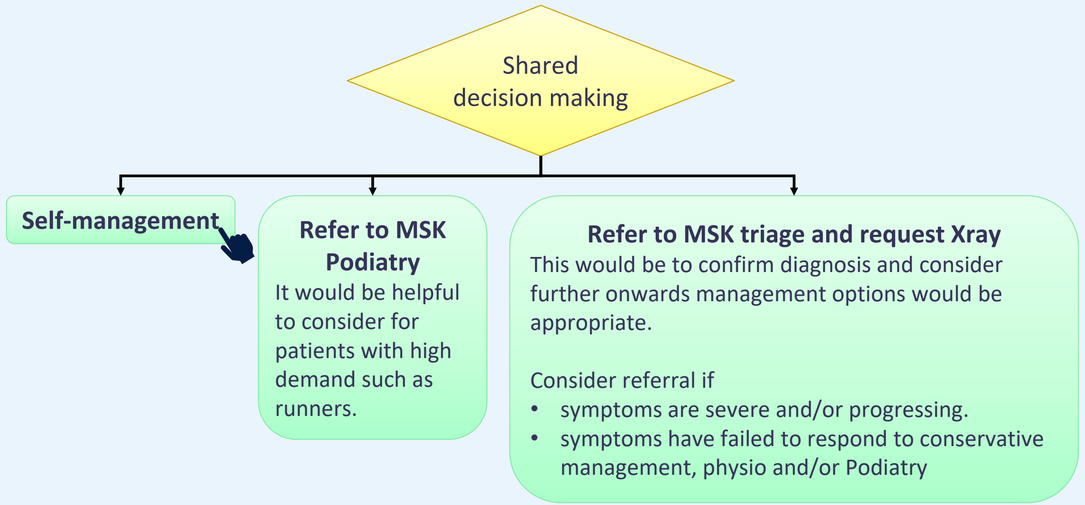
Return to Diagnosis
Sinus Tarsi Syndrome

Return to Lateral Pathway

Return to start

Return to Main Pathway

Differential diagnosis of Neurological Symptoms in the foot/ankle

Sinus Tarsi syndrome	L5 Nerve entrapment
Usually presenting with numbness/pins and needles across the lateral border of the foot but will not extend more proximally. Sinus tarsi syndrome is a disorder that affects the sinus tarsi, a small cavity located between the talus and calcaneus bones in the ankle. May be caused by trauma, overuse, or misalignment of the ankle joint. Treatment for sinus tarsi syndrome typically includes rest, ice, compression, elevation, and physical therapy. Surgery may be recommended in severe cases.	L5 nerve entrapment is a condition caused by compression of the lumbar nerve root in the lower back, which can lead to pain, numbness, and weakness in the lower body. Can cause lateral pain, numbness/pins and needles across the lateral border of the foot but will extend above the ankle to the lateral lower leg. SLR would be positive.
	Follow Low back Pain pathway

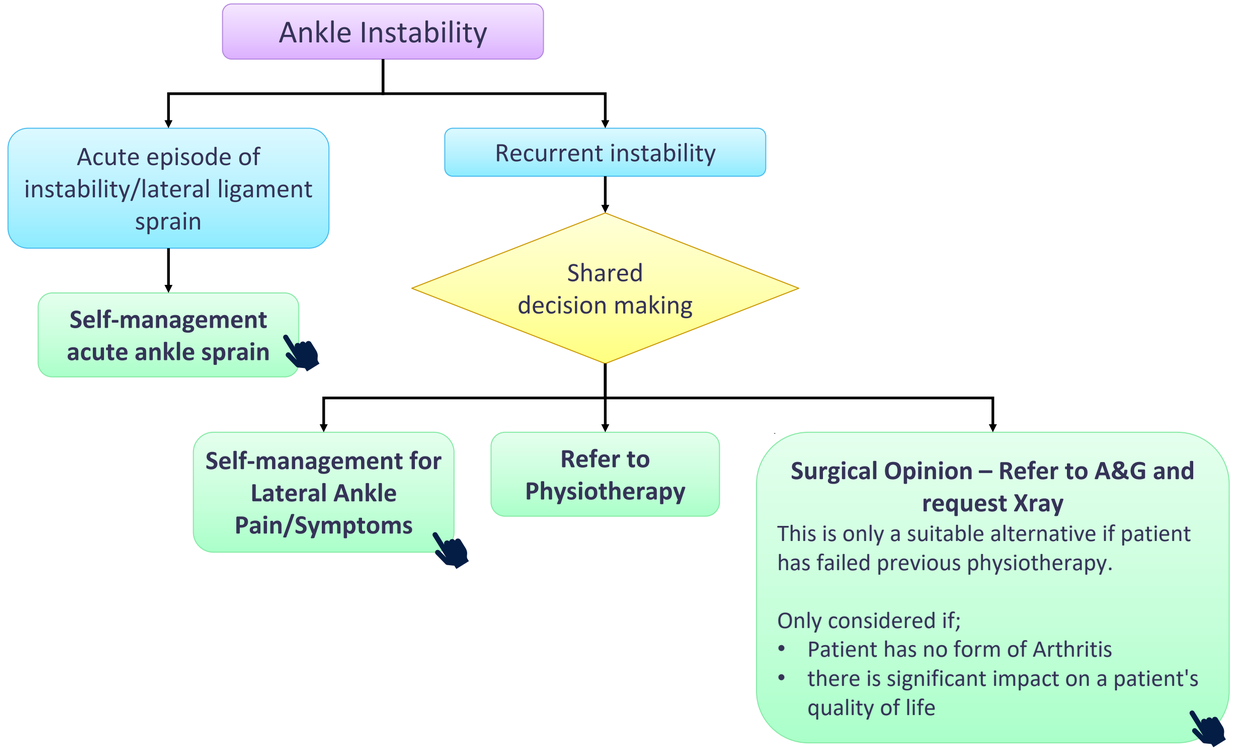
Return to start

Return to Main Pathway

Ankle Instability Pathway

Chronic ankle instability is a condition characterised by the ankle ‘giving way’ or feeling wobbly and unreliable, particularly on uneven surfaces.

Examine the patient to confirm diagnosis of lateral ligament sprain. Look for signs of swelling, bruising, and tenderness around the joint.



Return to start

Return to Main Pathway

Self-Management for Acute Ankle Sprain

Consider NSAIDs if able to tolerate (available OTC) and referral to sports exercise medicine if physical demands are high
Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- Acute ankle injury can take 6 weeks to improve
- Advise on initial 'PRICE' self-management strategies for the first 48–72 hours after injury.

➢ Protection — protect from further injury (for example by using a support or high-top, lace-up shoes).
➢ Rest — avoid activity for the first 48–72 hours following injury.
➢ Ice — apply ice wrapped in a damp towel for 15–20 minutes every 2–3 hours during the day for the first 48–72 hours following the injury. This should not be left on whilst the person is asleep.
➢ Compression — with a simple elastic bandage or elasticated tubular bandage, which should be snug but not tight, to help control swelling and support the injury. This should be removed before going to sleep.
➢ Elevation — keep the injured area elevated and supported on a pillow until the swelling is controlled. If the leg is injured, prolonged periods with the leg not elevated should be avoided. For severe sprains and strains, a short period of immobilization for a few days after injury may be needed.

- Book a review with GP/Clinician if symptoms not are improving in 6-8 weeks

Additional Information

- NHS - Sprains and strains
- Patient Advice

Return to Instability Pathway

Return to start

Return to Main Pathway

Surgical Management for Recurrent Ankle Instability

Request standing AP and lateral X-ray of ankle to assess for presence of degenerative change.

Image should please be requested from same site as A&G request to ensure images are available

Refer for A&G once images have been acquired to ask whether surgical management is an option for your patient

Messaging for Patients

- Surgical management is only likely to be helpful for a patients without the presence of degenerative change.
- It is best placed for the surgical team to view the X-rays to decide whether surgical management is an option for you.
- X-ray results will come back to your GP who will then send them onto the surgeon to see whether surgical opinion would be a possible option.
- If you have not heard any results from the your GP within 8 weeks, please contact the surgery

Additional Information

- Versus Arthritis - Exercises for the toes, feet and ankles

Return to Instability Pathway

Return to start

Return to Main Pathway

Generalised Ankle Pain Pathway

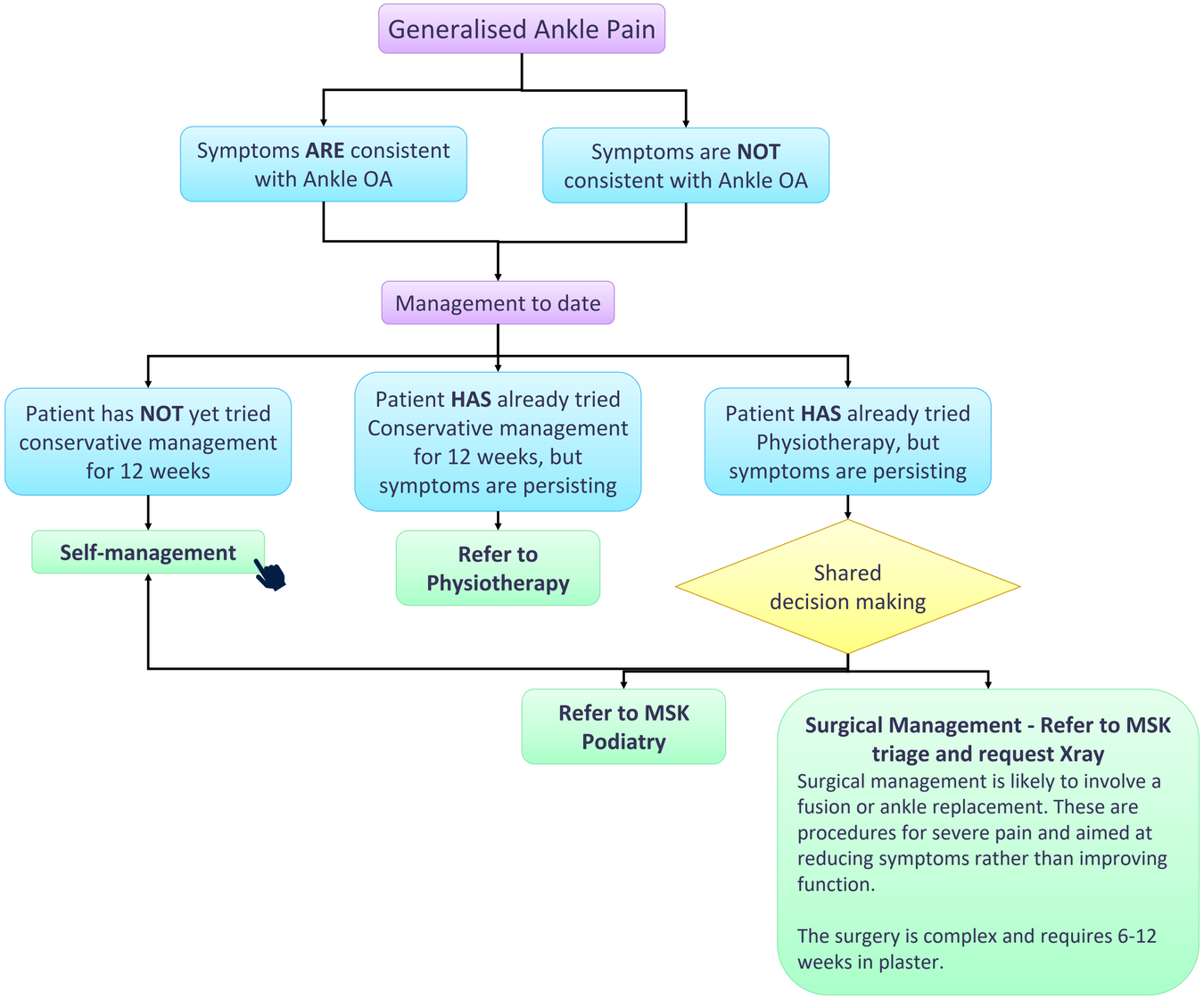
These could include
- Generalised joint pain
- Stiffness
- Locking/catching

The most likely diagnosis for generalised ankle pain is **Osteoarthritis (OA)**

Most common features
- Pain can be in any area of the ankle.
- Swelling can be globalised, or over one aspect.
- Loss of range of motion.
- Symptoms can worsen on uneven ground.

Positive examination findings
- Restricted movement on dorsiflexion and plantarflexion
- Palpable bony spurs can be present

Risk factors
- Increased BMI.
- Previous injuries or overuse.
- Flat foot/pes planus foot shape.



Return to start

Return to Main Pathway

Self-Management for Generalised ankle pain

Advice re simple analgesics +/- NSAIDs if able to tolerate (available OTC)
Encourage self-management regarding weight and diet. Take base line BMI and give advice appropriate to patient as per NICE: **NICE Guidelines**
Explain that imaging is **NOT** routinely needed for foot and ankle pain in the absence of red flags.
Provide information on the nature of foot and ankle pain and reassure that improvement is likely.
Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- Foot and ankle pain usually improves enough within a few days to a few weeks to allow return to normal activities.
- Continue normal activities and stay in work where possible, using a fit note or work advisory note if work modifications needed.
- Consider footwear (rocker soles, consideration of wider shoes, avoidance of heels) supportive trainers/ shoes
- Simple purchased arch support insoles may help
- Consider Weight Loss if overweight
- Exercises will strengthen the muscles that support the ankle
- Return if symptoms worsen or remain after 3+ months

Additional Information

- Versus Arthritis - Exercises for the toes, feet and ankles
- Versus Arthritis – Foot and Ankle Pain
- Royal College of Podiatry – Osteoarthritis

Return to General Pathway

Return to start

Return to Main Pathway

Surgical Management for Generalised ankle pain

Surgery should only be used as a last resort.
Refer to routine Foot and Ankle MSK Triage and request X-ray
Request Weightbearing XRAY of FOOT And ANKLE AP & Lateral at the point of referral to support triage

Messaging for Patients

- An opinion from a foot and ankle specialist with an XR will help provide further information and guidance
- Possible surgery options could include;
  - Ankle fusion – Ankle fusion involves removing the damaged ankle joint and fusing your talus bone to your tibia to form a stiff but pain-free ankle.
  - Triple fusion – Triple fusion is the surgical fusion of three joints (the talonavicular, subtalar and calcaneocuboid joints) either as a treatment for arthritis within these joints or as a method of correcting a stiff foot deformity.
  - Ankle replacement – An ankle replacement involves taking out the worn-out ends of your tibia and talus bones and replacing them with a man-made (artificial) ends made of plastic or metal. Unlike an ankle fusion, a replacement allows you to move your joint after surgery.
- Return if symptoms worsen or remain after 3+ months unless symptoms significantly deteriorate.

Additional Information

- Versus Arthritis – Foot and Ankle Surgery
- Versus Arthritis - Exercises for the toes, feet and ankles
- Versus Arthritis – Foot and Ankle Pain
- Royal College of Podiatry – Osteoarthritis

Return to General Pathway

Return to start

Return to Main Pathway

Differential diagnosis of Plantar Heel Pain

Plantar Fasciitis	Tarsal tunnel syndrome
Most likely cause of heel pain is plantar fasciitis Symptoms: • An initial insidious onset of pain. • Intense pain during the first steps after waking or after a period of inactivity. • Pain that reduces with moderate activity but worsens later during the day or after long periods of standing or walking. NICE Guideline Plantar Fasciitis	This is compression of a branch of the tibial nerve. Symptoms: • Paraesthesia medial heel/foot +/- associated pain • Pain that radiates up the leg • A feeling of weakness in the foot or ankle • Burning or aching sensations • Difficulty in flexing the foot or toes • Swelling in the ankle or foot • Difficulty walking or standing for long periods of time
Follow Plantar Fasciitis pathway	**Refer to MSK Triage**

Return to start

Return to Main Pathway

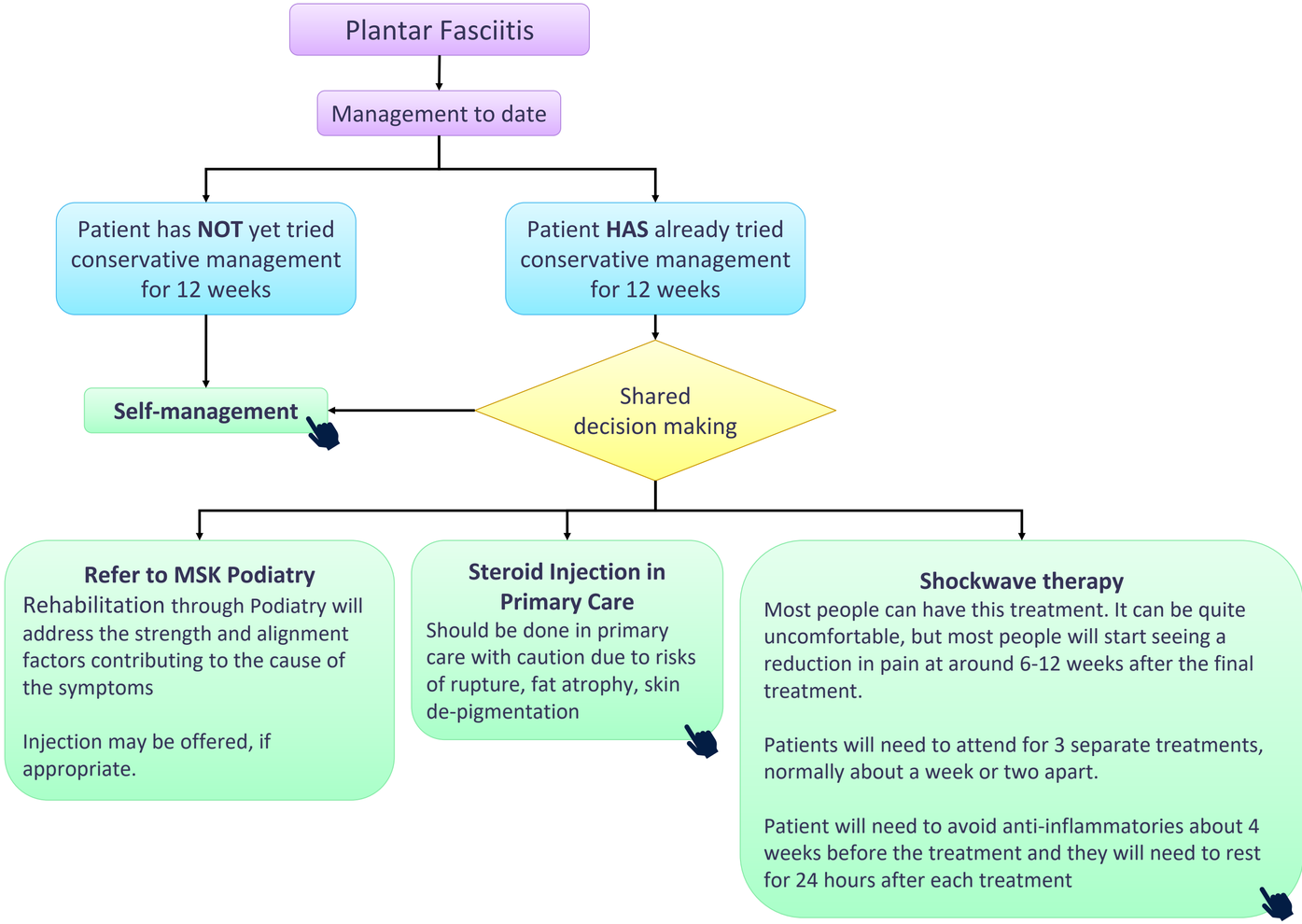
Plantar Fasciitis Pathway

Working diagnosis is Plantar Fasciitis

Plantar fasciitis- pain under the heel, typically pain 1st thing in the morning, worsens on WB for period of time.

Patient should have point specific tenderness to palpate

It is very important that the patient address symptoms aggressively for 3 months prior to moving on through the pathway as this is the best opportunity to achieve a successful outcome.



Go to Diagnosis
Plantar Heel pain

Return to start

Return to Main Pathway

Self-management for Plantar Fasciitis

A high BMI could impact on future options if pain doesn't resolve, Encourage self-management regarding weight and diet. Take base line BMI and give advice appropriate to patient as per NICE: **NICE Guidelines**
Consider Metabolic Health, particularly if associated with other /previous enthesopathies
Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- Usually, plantar fasciitis eventually gets better itself, but this can take months or even years. If you have it once you are more likely to have it again.
- The sooner you start self-management the better. This is your best chance to get this better so please follow the advice given
- Using tennis/ golf ball to massage area ideally twice a day, it will be tender but persevere
- Wearing suitable/ cushioned & supportive footwear including around the house. Avoid bare feet
- Consider weight loss if overweight
- Allow 12 weeks of focussed targeted exercise, foot rolling, weight loss and suitable footwear but if symptoms remain troublesome and still persist after this time period, please request review with GP

Additional Information

- Versus Arthritis – Plantar Fasciitis
- Versus Arthritis - Exercises for the toes, feet and ankles
- NHS – Plantar Fasciitis
- Royal College of Podiatry – Plantar Fasciitis

Return to PF Pathway

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Return to start

Return to Main Pathway

Steroid injection for Plantar Fasciitis

Formulary Link

A high BMI could impact on future options if pain doesn't resolve, Encourage self-management regarding weight and diet. Take base line BMI and give advice appropriate to patient as per NICE: **NICE Guidelines**

Please consider at this point whether the patient would benefit from a more detailed MSK assessment or whether you feel comfortable proceeding with a steroid injection in primary care.

Side effects include:

- infection (rare if sterile technique used)
- post-injection flare of pain
- hyperglycaemia in people with diabetes

Monitor post injection for any immediate adverse response

Safety net regarding accessing ED care if developing signs of infection and/or allergic response

If considering repeated injection, a referral for MSK specialist assessment may be appropriate

Messaging for Patients

- Steroid Injections can be a good short-term option for pain relief in plantar heel pain.
- All patients should be encouraged to attend Podiatry and Physiotherapy for persistent heel pain.
- Post-Injection advice:

➢ Relative rest should be advised for 2 weeks post injection.

➢ Avoid excessive walking and sporting activities

- Return for review if symptoms do not start to improve after 4 weeks or if symptoms return
- If you still have pain after one or two injections, your doctor may wish to investigate your problem further.
- If no other medical problem or cause of stress in your heel is found, a number of other treatments can be tried
- Please read the Steroid Information Sheet
- You will be re-examined by the injecting clinician at your next appointment to confirm that this is the best treatment option for you

Additional Information

- Versus Arthritis – Steroid Injection

Return to PF Pathway

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Shockwave Therapy for Plantar Fasciitis

Non-invasive procedure that uses sound waves to stimulate healing
Most people can have this treatment.
It can be quite uncomfortable, but most people will start seeing a reduction in pain at around 6-12 weeks after the final treatment.
Patients will need to attend for 3 separate treatments, normally about a week or two apart.
Patient will need to avoid anti-inflammatories about 4 weeks before the treatment and they will need to rest for 24 hours after each treatment

Mandatory Requirements

- The Patient has tried TWO MONTHS of TARGETED Conservative Management
- The Patient understands the risks and Benefits

Other relevant clinical information

- The Patients BMI
- Patients on blood thinners, due to the risk of bruising/bleeding
- Patients with established tears/ruptures (poor quality tendon/fascia)

Refer to one of the providers where Shockwave therapy treatment can be offered
In BSol this is Solihull and Good Hope Physiotherapy Departments or ROH Heel Pain Clinic

Messaging for Patients

- It is essential to continue with calf stretches, strengthening, local tissue mobilisation.
- Continue to try and address your weight if relevant both to reduce the stress through the painful area and to improve the likelihood of success with further intervention if offered.
- Please to book a follow up with your GP if experiencing a significant deterioration whilst awaiting your appointment.

Additional Information

- Royal Orthopaedic Hospital – Shockwave therapy for Heel Pain

Return to start
Return to Main Pathway
Return to PF Pathway

Return to start

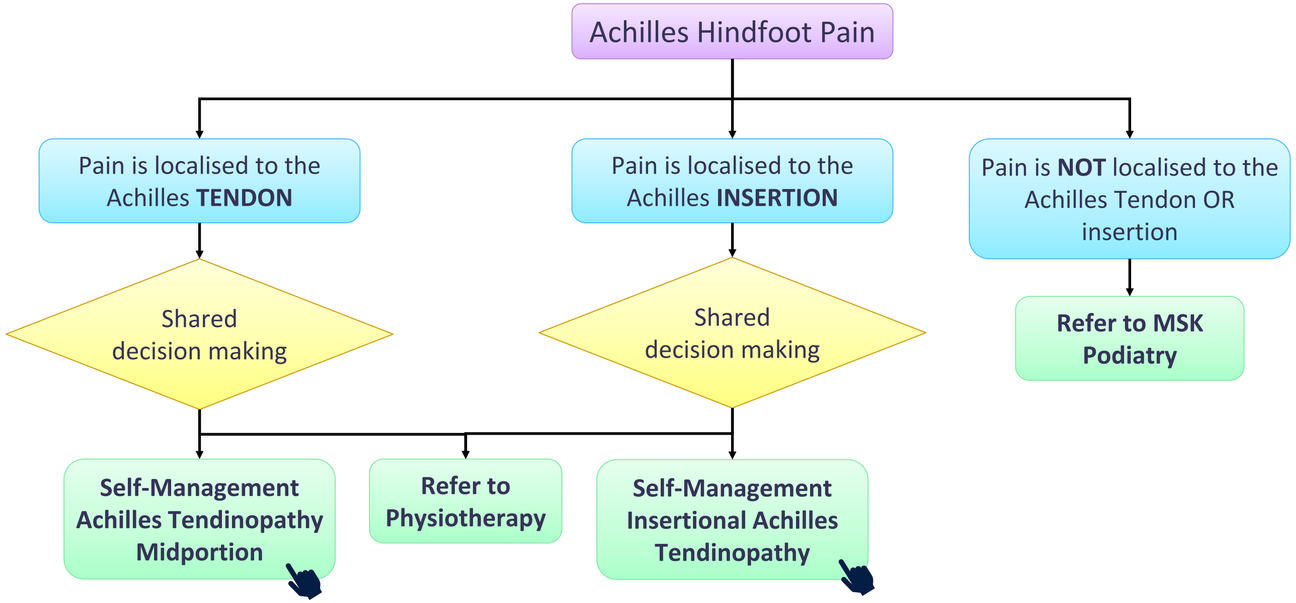
Return to Main Pathway

Achilles Hindfoot Pain

Working diagnosis is Achilles tendinopathy

Achilles tendinopathy is an injury to the tendon.
Symptoms include:

- pain
- stiffness and swelling on the back of the heel
- the tendon might be warm and tender to touch
- the tendon might be red, swollen or thickened in appearance



Return to start

Return to Main Pathway

Self-Management for Achilles Tendinopathy Midportion

There is controversy over the use of Anti-inflammatories in the early stages of tendinopathy.
Anti-inflammatories should be used sparingly and in short courses (available OTC)
Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- Pain in the tendon can occur as a result of overloading, for example with a change in activity levels or it can occur as an age-related change
- Exercise that provides mechanical loading of the Achilles tendon is the treatment with the highest level of evidence.
- This problem will tend to improve with the correct form of strengthening and advice.
- Focus on activity modification and progressive tendon-loading exercises. The sooner that you start the programme the better, but you need to persevere with them.
- Consider your footwear (e.g. Trainers)
- Book a follow up if deteriorating symptoms occur

Additional Information

- Achilles Tendinopathy Toolkit

Return to Achilles Pathway

Return to start

Return to Main Pathway

Self-Management for Insertional Achilles Tendinopathy

There is controversy over the use of Anti-inflammatories in the early stages of tendinopathy.
Anti-inflammatories should be used sparingly and in short courses (available OTC)

Messaging for Patients

- Pain in the tendon can occur as a result of overloading, for example with a change in activity levels or it can occur as an age-related change
- This problem will tend to improve with the correct form of strengthening and advice.
- NO Heel dips on steps/ stairs should be done if the insertion of the Achilles is the concern. The sooner that you start the programme the better, but you need to persevere with them.
- Consider your footwear. Trainers or soft backed shoes are ideal
- Book a follow up if deteriorating symptoms occur

Additional Information

- Achilles Exercises - These exercises are for tendon pain. Please use these but perform exercises in standing only and NOT on the stairs to avoid stretching at the point that the tendon joins the heel

Return to Achilles Pathway

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Medial Midfoot Pain Pathway

With pain on the medial aspect, it is helpful to firstly confirm whether the tendons are working properly to support the medial arch of the foot.

Exclude Tibialis Posterior Dysfunction

Examine your patient in standing with both socks off

Tibialis Posterior is **NOT** functioning if

- medial arch is flattened on the effected side with a valgus heel position and a positive "Too many toes sign"

or

- The patient has difficulty heel raising. Ideally this would be tested in a single leg stance with a comparable weakness.

The most common cause of medial midfoot pain **without** Tibialis Posterior dysfunction is Tibialis Posterior Tendinopathy

Most common features

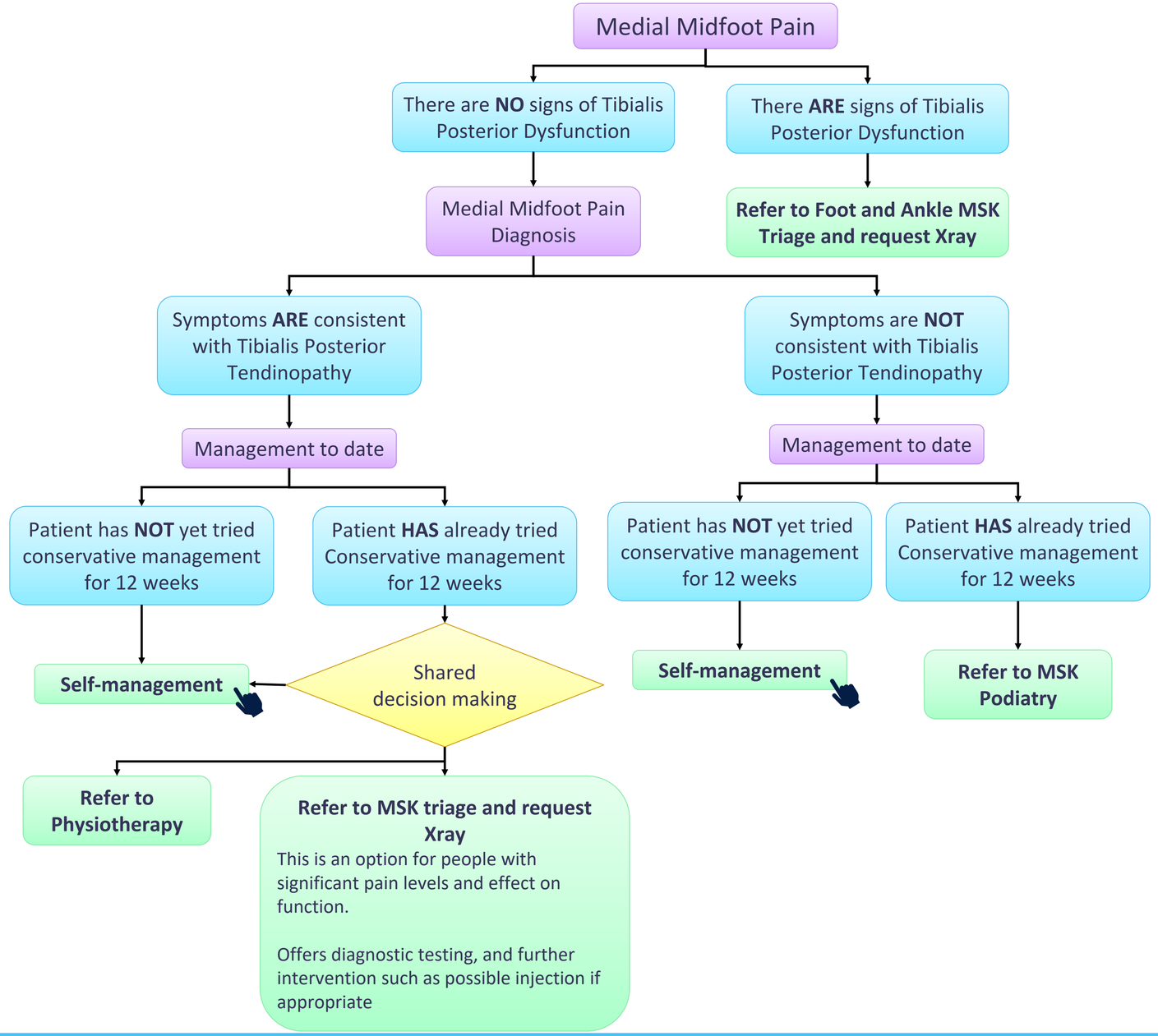
- Pain along the tendon with the ability to heel raise.

Examination

- ask the patient to point to their pain and then palpate.
- tenderness around the medial Tibialis Posterior Tendon.

Risk Factors

- Increased BMI
- Previous injuries
- Planus foot shape



Return to start
Return to Main Pathway
Self-management

Return to start

Return to Main Pathway

Self-Management for Medial Midfoot pain

Advice re simple analgesics +/- NSAIDs if able to tolerate (available OTC)
Encourage self-management regarding weight and diet. Take base line BMI and give advice appropriate to patient as per NICE: NICE Guidelines
Explain that imaging is **NOT** routinely needed for foot and ankle pain in the absence of red flags.
Provide information on the nature of foot and ankle pain and reassure that improvement is likely.
Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- Consider footwear supportive trainers/ shoes (Lace up shoes or walking shoes)
- Simple purchased arch support insoles may help
- Consider Weight Loss if overweight
- Exercises will strengthen the muscles that support the arch
- Book a review with GP/Clinician if symptoms not are improving in 12 weeks

Additional Information

- Versus Arthritis - Exercises for the toes, feet and ankles

Return to Medial Pathway

Return to start

Return to Main Pathway

Dorsal / Generalised Midfoot Pain Pathway

The most likely diagnosis for dorsal/generalised midfoot pain is Osteoarthritis (OA)

Most common features

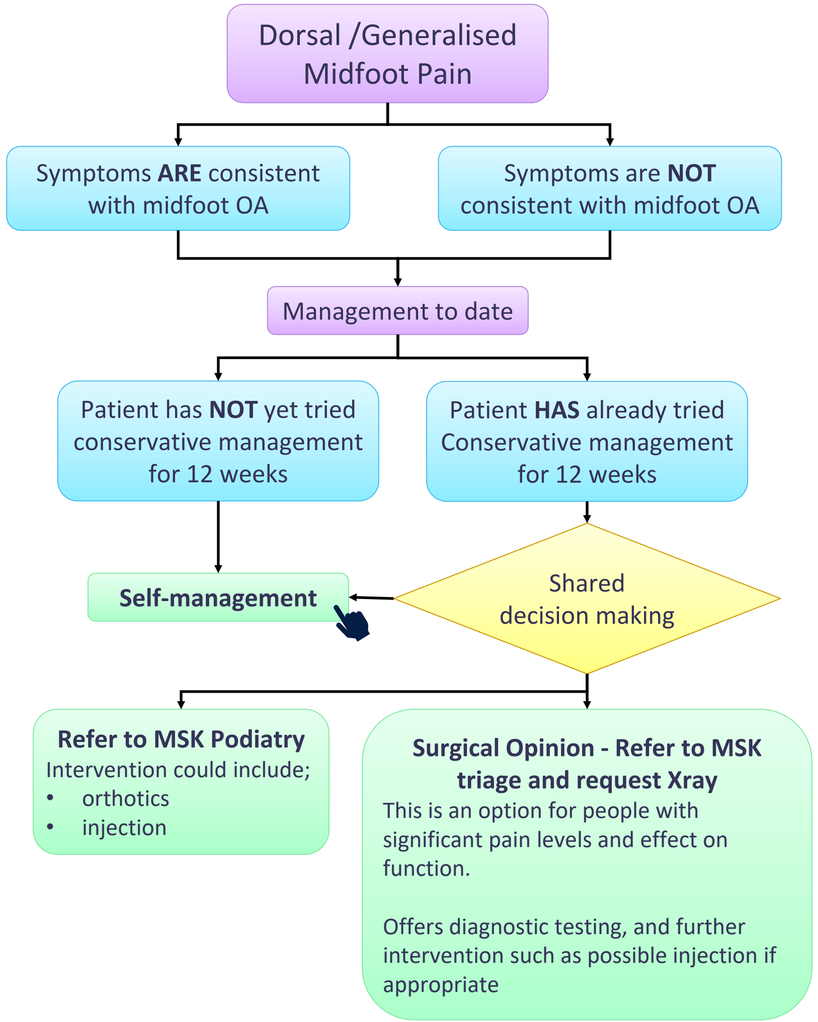
- Pain over the centrally over the dorsal aspect of the foot.

Positive examination findings

- Pain on palpation of the dorsal midfoot
- Dorsal exostosis/lumps

Risk factors

- Increased BMI
- Previous injuries
- Flat foot/pes planus foot shape



Return to start

Return to Main Pathway

Self-Management for Dorsal Midfoot Pain

Advice re simple analgesics +/- NSAIDs if able to tolerate (available OTC)
Encourage self-management regarding weight and diet. Take base line BMI and give advice appropriate to patient as per NICE: **NICE Guidelines**
Midfoot pain usually settles with rest, but gentle activity should be encouraged
Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- Cause of pain often related to wear and tear due to multiple joint interaction on dorsal aspect of foot- can cause swelling and lumps (Exostosis)
- Footwear (rocker soles, consideration of wider shoes, avoidance of heels); Supportive trainers/ shoes
- Weight can have influence
- Simple exercises e.g. calf stretches
- Book a review with GP/Clinician if symptoms not are improving in 12 weeks

Additional Information

- Versus Arthritis - Exercises for the toes, feet and ankles

Return to Dorsal Pathway

Return to start

Return to Main Pathway

Lateral Midfoot Pain Pathway

The most common diagnosis for lateral midfoot pain is Peroneal Tendinopathy

Most common features:

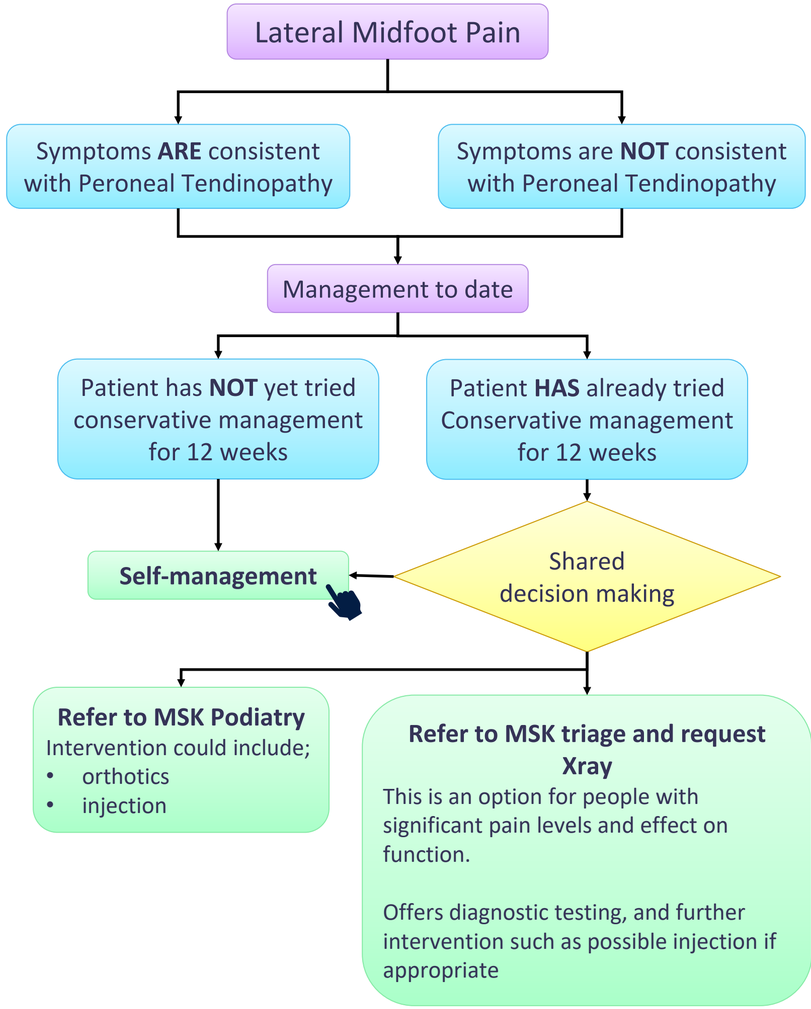
- Pain at the base of 5th metatarsal.
- Pain/weakness on eversion of the foot.

Positive examination findings

- Pain on palpation at the base of the 5th metatarsal, where the peroneus brevis inserts.

Risk factors

- Increased BMI
- Previous injuries
- Cavovarus foot



Return to start

Return to Main Pathway

Self-Management for Lateral Midfoot Pain

Advice re simple analgesics +/- NSAIDs if able to tolerate (available OTC)
Encourage self-management regarding weight and diet. Take base line BMI and give advice appropriate to patient as per NICE: **NICE Guidelines**
Provide information on the nature of foot and ankle pain and reassure that improvement is likely.
Midfoot pain usually settles with rest, but gentle activity should be encouraged
Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- Cause of pain often related to wear and tear due to multiple joint interaction on lateral aspect of foot
- Footwear (rocker soles, consideration of wider shoes, avoidance of heels); Wear supportive trainers/ shoes
- Weight management if appropriate
- Use exercises in signposting

➢ Simple resistance exercises
➢ Simple exercises e.g. calf stretches

- Book a review with GP/Clinician if symptoms not are improving in 12 weeks

Additional Information

- Versus Arthritis - Exercises for the toes, feet and ankles

Return to Lateral Pathway

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Differential diagnosis of Plantar Midfoot Pain

Plantar Fibromas	Midfoot Osteoarthritis (OA)
Examination findings • Well defined lump. **Features** • Most common alongside hand symptoms such as Dupuytren's. **Risk factors** • Increased BMI • Previous injuries, reaction to trauma.	**Examination findings** • Generalised pain. • No obvious lump. **Features** • Other joints affected in the foot and ankle **Risk Factors** • Increased BMI • Previous injuries • Flat foot/pes planus foot shape
Follow Plantar Fibromas pathway	Follow Midfoot OA pathway

Return to start

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Plantar Fibromas Pathway

Examination findings

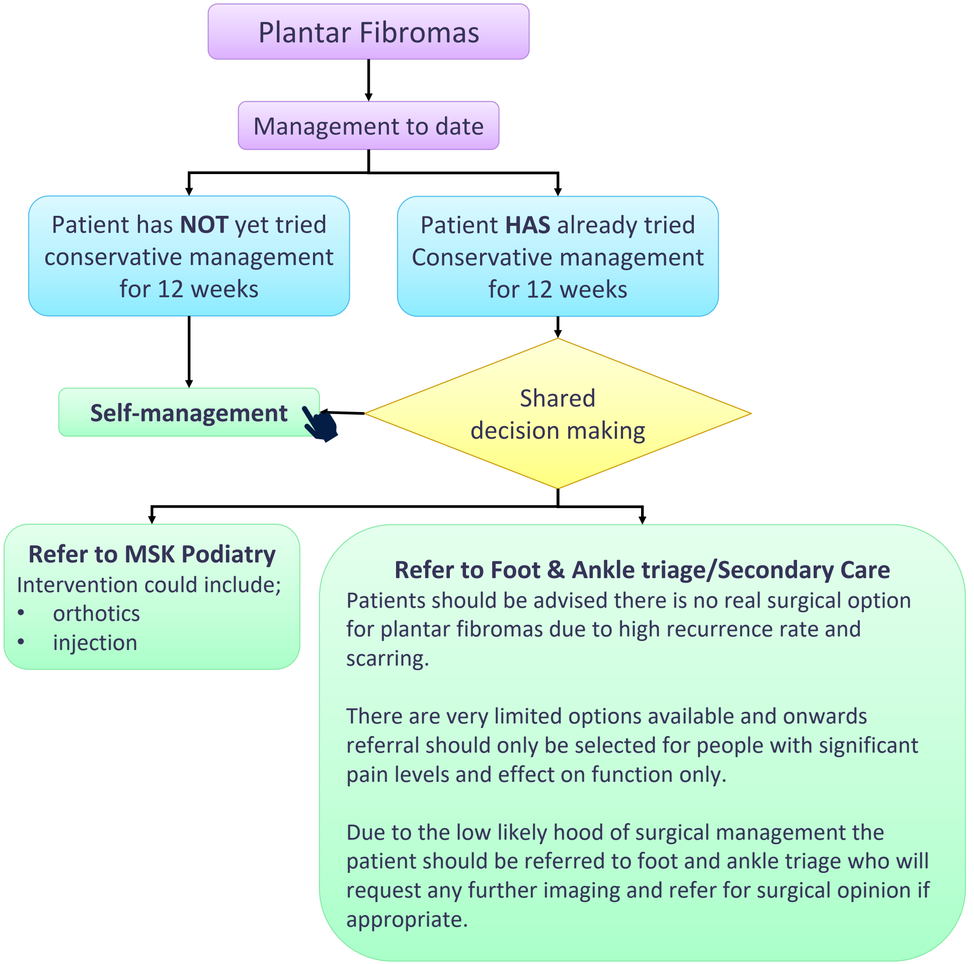
- Well defined lump.

Features

- Most common alongside hand symptoms such as Dupuytren's.

Risk factors

- Increased BMI
- Previous injuries, reaction to trauma.



Go to Diagnosis
Plantar midfoot pain

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Self-Management for Plantar Fibromas (Ledderhose Disease)

Insoles and shoes are mainly treatment options through Podiatry
A high BMI could impact on future options if pain doesn't resolve, Encourage self-management regarding weight and diet. Take base line BMI and give advice appropriate to patient as per NICE: **NICE Guidelines**
Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- Can be related to plantar fibroma (lump of fibrous tissue in the plantar Fascia)
- Footwear & ensure soft insoles if lumps/ fibroma present; Supportive trainers/ shoes
- Weight management if appropriate
- Follow exercises from signposting
- Book a review with GP/Clinician if symptoms not are improving in 12 weeks

Additional Information

- Versus Arthritis - Exercises for the toes, feet and ankles
- Dupuytren's society – Ledderhose disease

Return to Plantar Fibroma Pathway

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Plantar Midfoot Pain

The most likely diagnosis for Plantar midfoot pain is Osteoarthritis (OA)

Examination findings

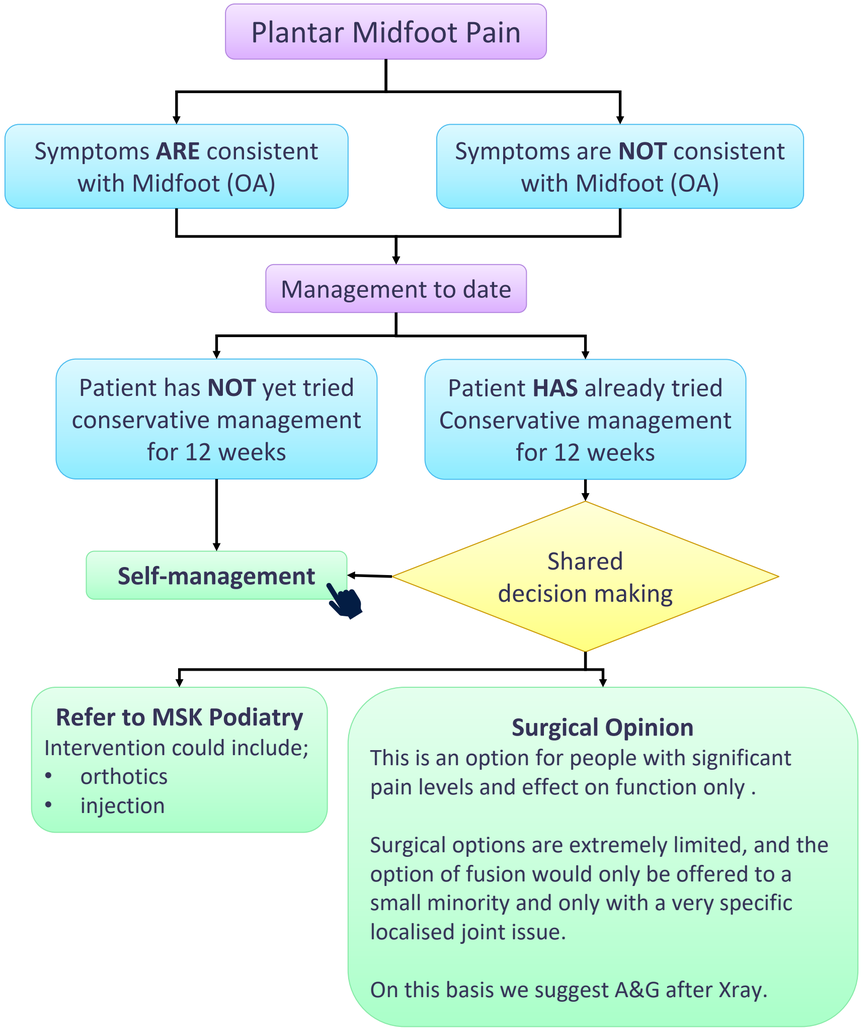
- Generalised pain.
- No obvious lump.

Features

- Other joints affected in the foot and ankle

Risk Factors

- Increased BMI
- Previous injuries
- Flat foot/pes planus foot shape



Return to start

Return to Main Pathway

Self-management

Go to Diagnosis Plantar midfoot pain

Return to start

Return to Main Pathway

Self-Management for Plantar Midfoot Pain

Insoles and shoes are mainly treatment options through Podiatry
A high BMI could impact on future options if pain doesn't resolve, Encourage self-management regarding weight and diet. Take base line BMI and give advice appropriate to patient as per NICE: **NICE Guidelines**
Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- Rocker soled shoes can be helpful
- Weight management if appropriate
- Follow exercises from signposting

➢ Simple exercises e.g. calf stretches

- Book a review with GP/Clinician if symptoms not are improving in 12 weeks

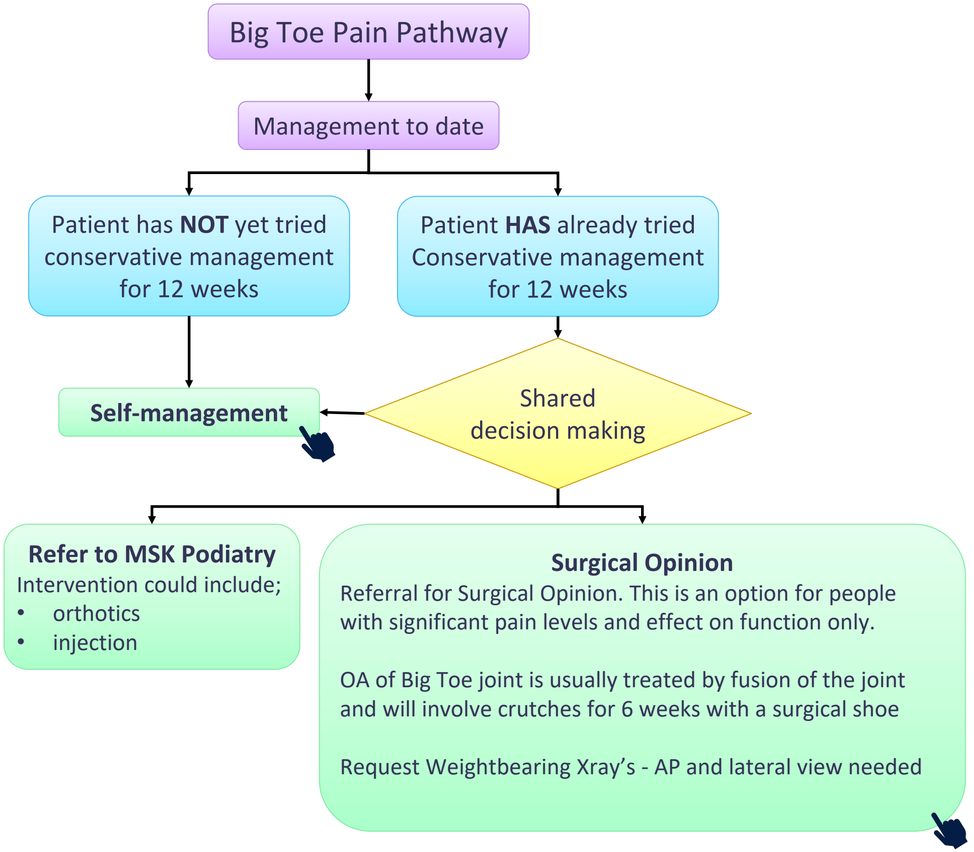
Additional Information

- Versus Arthritis - Exercises for the toes, feet and ankles

Return to Plantar Pathway

Birmingham and Solihull Integrated Care System
Caring about healthier lives

Big Toe Pain Pathway



Return to start
Return to Main Pathway

Return to start

Return to Main Pathway

Self-Management for Big Toe Pain

A high BMI could impact on future options if pain doesn't resolve, Encourage self-management regarding weight and diet. Take base line BMI and give advice appropriate to patient as per NICE: **NICE Guidelines**
Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- Pain in the big toe is commonly associated with Osteoarthritis/ Wear and tear
- Changing the load and forces through the joint is likely to improve symptoms. Simple exercises can help reduce pressure through the forefoot eg calf stretches
- Consider footwear (rocker soles, consideration of wider shoes, avoidance of heels)
- Consider bunion pads or simple over the counter insoles (maybe helpful in the short term if foot shape is flattened to take the load off the inner part of the foot)
- Simple painkillers (available OTC) and / or ice may relieve pain and inflammation
- Being overweight may worsen symptoms
- Book a review with GP/Clinician if symptoms not are improving in 12 weeks

Additional Information

- NHS – Toe pain

Surgical Management

Return to Big Toe pain Pathway

Return to start

Return to Main Pathway

Self-management

Surgical Management for Big Toe Pain

Ensure risk factors are managed whilst patient is awaiting treatment- Diabetes, BMI

- Diabetes HbA1c >69
- Peripheral Vascular Disease
- BMI >35 kg/m2

A high BMI could impact on future options if pain doesn't resolve, Encourage self-management regarding weight and diet. Take base line BMI and give advice appropriate to patient as per NICE: **NICE Guidelines**

Request Weightbearing Xray's - AP and lateral view needed

Messaging for Patients

- Please continue to address any elements that will increase load through the joint with appropriate footwear and weight loss
- It is important to optimise conservative management fully whilst waiting for appointment
- Consider a follow up with GP/Clinician if symptoms deteriorate severely whilst awaiting consultant appointment.

Additional Information

- BOFAS – Big Toe OA
- NHS – Toe pain

Return to Big Toe pain Pathway

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Hallux Valgus/Bunion Pathway

Examination findings

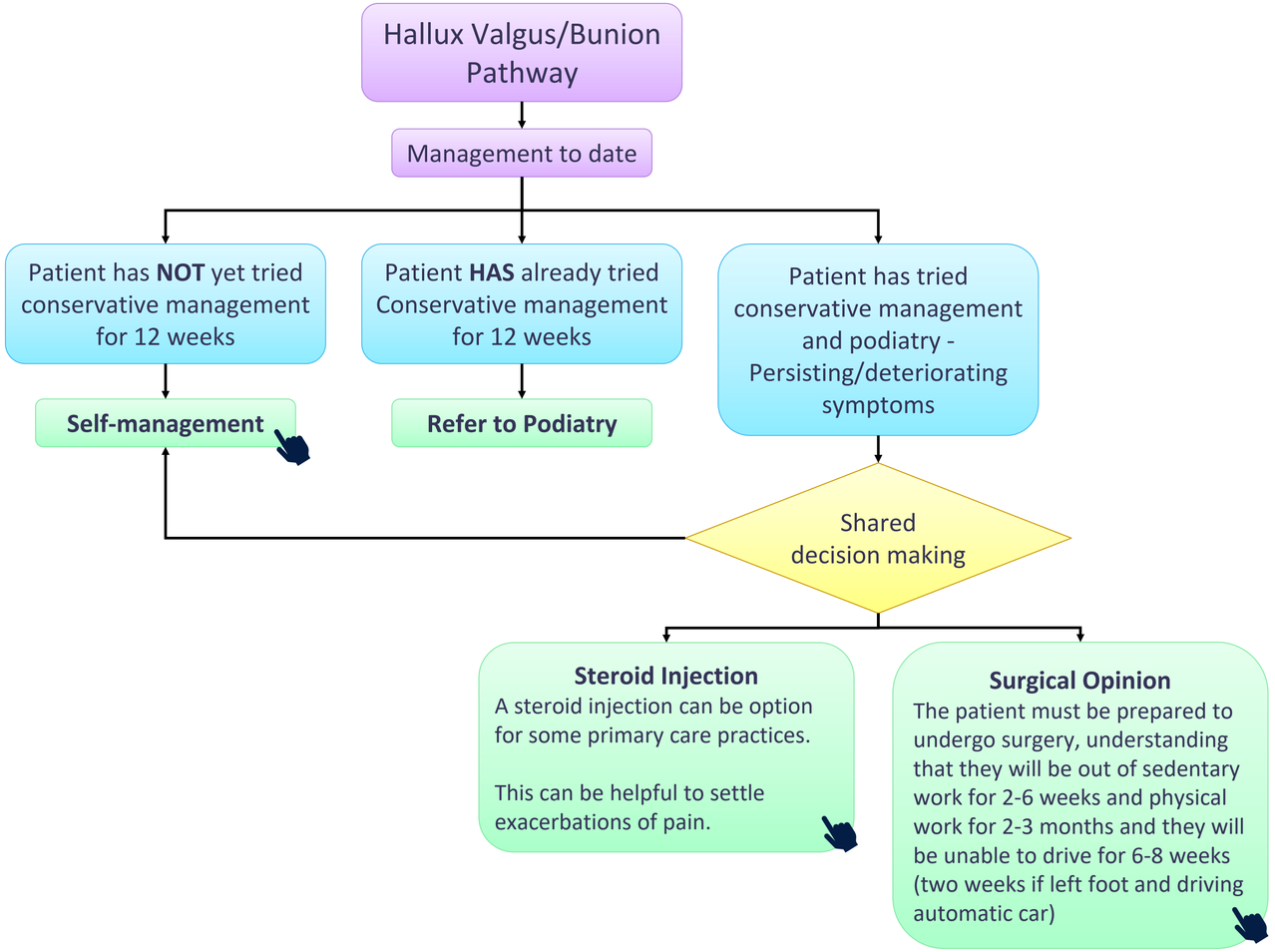
- Hard lumps on the sides of patient's feet, by their big toes.
- Big toe pointing towards their other toes.
- Hard or swollen skin. The bunion may look red or darker than the surrounding skin.

Features

- Pain, swelling and redness are common symptoms. These tend to be worse when walking.
- The big toe can rub against the other toes, sometimes sitting on top or under the other toes.
- Problems with fitting your foot into certain shoes due to the prominence and the width of the foot.

Risk factors

- Poorly fitting or tight shoes.
- A possible hereditary link (they often run in families).
- Inflammatory arthritic conditions (such as rheumatoid arthritis).
- Certain neurological conditions and muscle imbalances in the foot.



Return to start
Return to Main Pathway

Return to start

Return to Main Pathway

Self-Management for Hallux Valgus/Bunion

A high BMI could impact on future options if pain doesn't resolve, Encourage self-management regarding weight and diet. Take base line BMI and give advice appropriate to patient as per NICE: **NICE Guidelines**
Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- Pain in the big toe is commonly associated with Osteoarthritis/ Wear and tear
- Changing the load and forces through the joint is likely to improve symptoms. Simple exercises can help reduce pressure through the forefoot eg calf stretches
- Consider footwear (rocker soles, consideration of wider shoes, avoidance of heels)
- Consider bunion pads or simple over the counter insoles (maybe helpful in the short term if foot shape is flattened to take the load off the inner part of the foot)
- Simple painkillers (available OTC) and / or ice may relieve pain and inflammation
- Being overweight may worsen symptoms
- Book a follow up if deteriorating symptoms occur

Additional Information

- NHS – Bunions
- ROH – Bunion information
- RCOP – Bunions (hallux valgus)

Return to Bunion Pathway

Return to start

Return to Main Pathway

Steroid Injection for Hallux Valgus/Bunion

Formulary Link

Injections can be administered in clinic/ general practice or if available Ultrasound guidance should be used.
Please consider at this point whether the patient would benefit from a more detailed MSK assessment or whether you feel comfortable proceeding with a steroid injection in primary care.

Side effects include:

- infection (rare if sterile technique used)
- post-injection flare of pain
- hyperglycaemia in people with diabetes

Monitor post injection for any immediate adverse response
Safety net regarding accessing ED care if developing signs of infection and/or allergic response
If considering repeated injection, a referral for MSK specialist assessment may be appropriate

Messaging for Patients

- Steroid Injections can be a good short-term option for pain relief in big toe pain.
- Post-Injection advice:

➢ Relative rest should be advised for 2 weeks post injection.
➢ Avoid excessive walking and sporting activities

- Return for review if symptoms do not start to improve after 4 weeks or if symptoms return
- Please read the Steroid Information Sheet
- You will be re-examined by the injecting clinician at your next appointment to confirm that this is the best treatment option for you

Additional Information

- Versus Arthritis – Steroid injection

Return to Bunion Pathway

Return to start

Return to Main Pathway

Surgical Management for Hallux Valgus/Bunion

Ensure risk factors are managed whilst patient is awaiting treatment- Diabetes, BMI

- Diabetes HbA1c >69
- Peripheral Vascular Disease
- BMI >35 kg/m2

A high BMI could impact on future options if pain doesn't resolve, Encourage self-management regarding weight and diet. Take base line BMI and give advice appropriate to patient as per NICE: **NICE Guidelines**

The aim of surgery is to address the underlying deformity to prevent recurrence. As with all surgery, there are risks and complications, so it is not usually advised unless the bunions are causing pain or are starting to deform the patients' other toes.

Messaging for Patients

- Please continue to address any elements that will increase load through the joint with appropriate footwear and weight loss
- It is important to optimise conservative management fully whilst waiting for appointment
- Consider a follow up with GP/Clinician if symptoms deteriorate severely whilst awaiting consultant appointment.

Additional Information

- BOFAS – Bunion surgery

Return to Bunion Pathway

Return to start

Return to Main Pathway

Differential diagnosis of forefoot pain (Not at the 1st MTP joint)

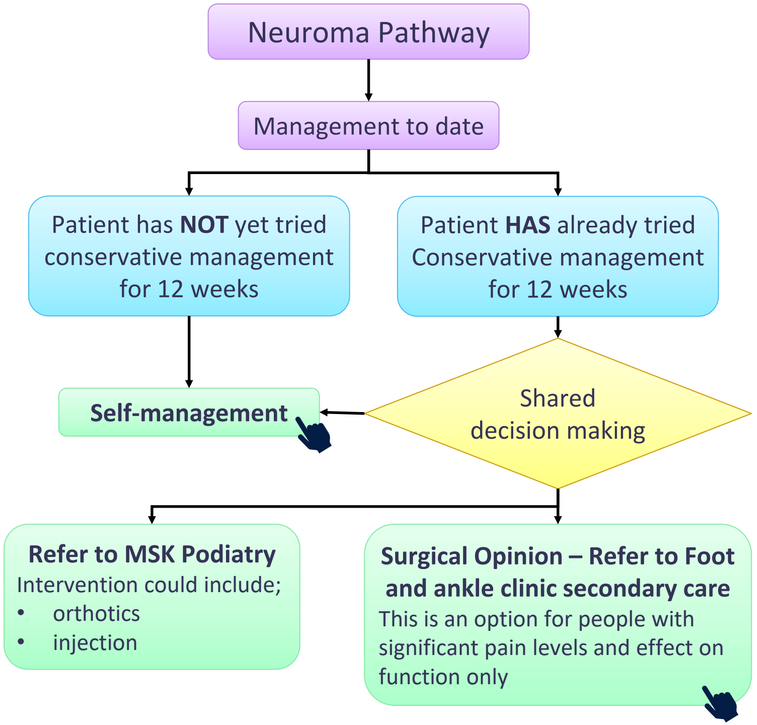
Neuroma	Lesser Toe Deformity
Symptoms will include; • Burning • Tingling • Numbness **Neuroma can occur in the 2nd/3rd web space or 3rd/4th web space (Morton's Neuroma).** **Examination;** • Pain on lateral compression of the foot (squeeze test) • May have positive Tinel's test	**Symptoms include;** • Pain on the; ➢ tip of the toes ➢ top of the toes ➢ MTPJ **Examination;** • Changes in the shape of the toes (clawing, hammering)
Follow Neuroma pathway	Follow Lesser toe deformity pathway

Neuroma Pathway

Symptoms will include;
- Burning
- Tingling
- Numbness

Neuroma can occur in the 2nd/3rd web space or 3rd/4th web space (Morton's Neuroma).

Examination;
- Pain on lateral compression of the foot (squeeze test)
- May have positive Tinel's test



Return to start
Return to Main Pathway
Go to Diagnosis
Forefoot pain

Return to start

Return to Main Pathway

Self-Management for Neuroma

Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- Morton's neuroma is where there's a thickening of tissue around a nerve in your foot that's been irritated or damaged. The symptoms can often be eased with treatments you can try yourself.
- Footwear should be appropriate (rocker soles, consideration of wider shoes, avoidance of heels)
- Exercises - Calf stretches
- Return if symptoms worsen or remain after 3+ months

Additional Information

- NHS – Morton’s Neuroma
- ROH – Morton’s Neuroma
- ROH – Lower Limb exercises

Return to Neuroma Pathway

Return to start

Return to Main Pathway

Surgical Management for Neuroma/forefoot pain

Surgical Management may include a number of procedures depending on the presenting problem:

Neuroma excision:

- Cut to top of foot between toes to remove the Nerve thickening. Can leave permanent numbness and small chance of regrowth

Lesser Toe deformity correction:

- Hammer/ Claw toe deformity can be corrected through fusing one/ both of the toe joints. Can only correct joint deformity in frontal plane (up and down)

Little Toe Surgery:

- Pain from lesser MTPJ can involve osteotomies/ shortening of bones

All Forefoot surgery will involve use of crutches for 6 weeks AND USE of surgical shoes. In view of this ASK YOUR PATIENT Would they accept surgical management if offered

Ensure risk factors are managed whilst patient is awaiting treatment-

- Diabetes HbA1c >69
- Peripheral Vascular Disease
- BMI >35 kg/m2

Messaging for Patients

- A consultant will review your case to see whether surgery may be an option
- it is very important that you address all elements within your control to make sure you have fully tried all non-surgical options and to optimise the chance of a good outcome

Return to forefoot pain Pathway

Return to Neuroma Pathway

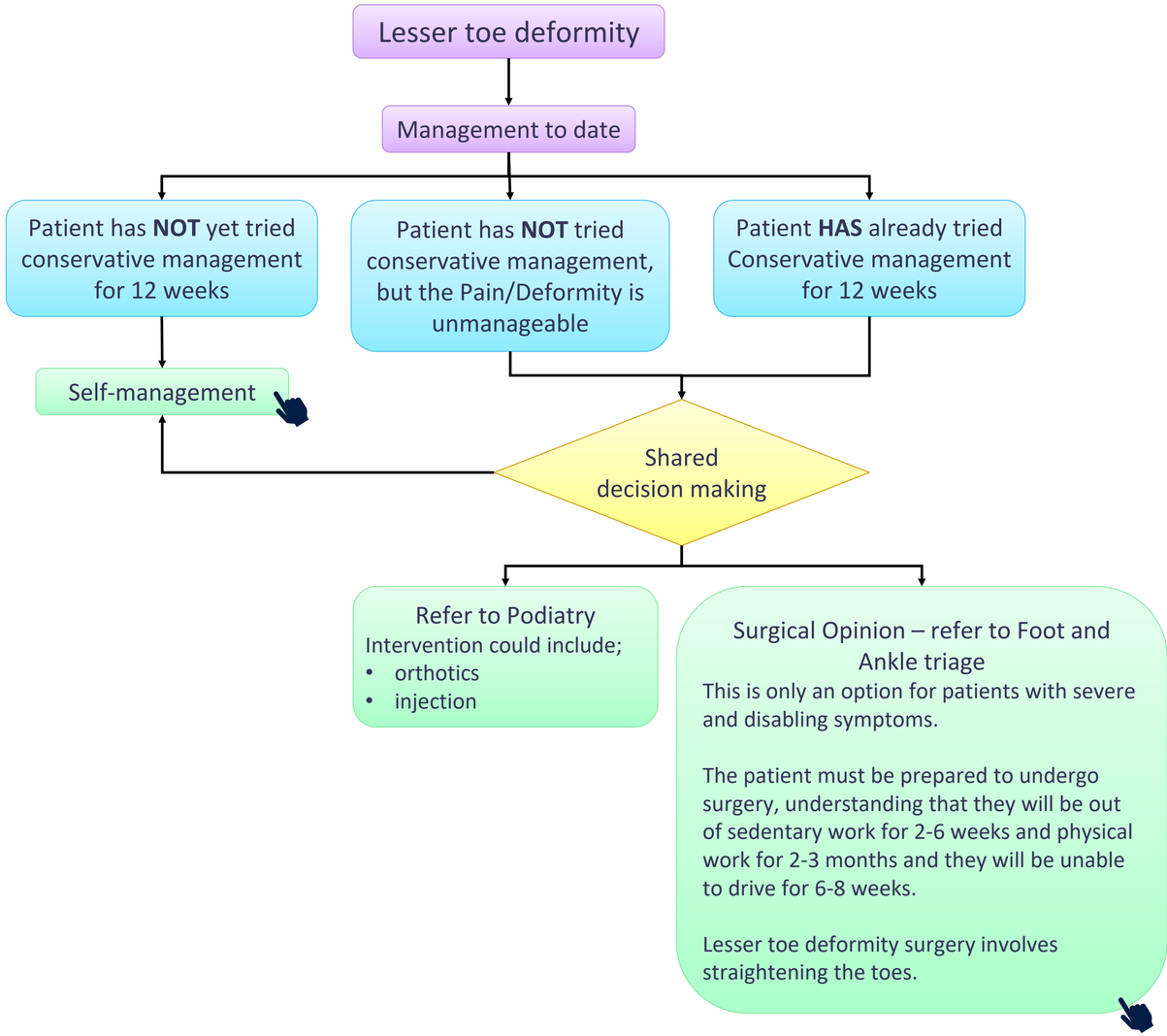
Lesser toe deformity Pathway

Symptoms include;

- pain on the;
  - tip of the toes
  - top of the toes
  - MTPJ

Examination;

- changes in the shape of the toes (clawing, hammering)



Return to start
Return to Main Pathway
Go to Diagnosis
Forefoot pain

Return to start

Return to Main Pathway

Self-Management for Lesser Toe Deformities

Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- Lesser toe deformities are changes in the shape of any of the four smaller toes of your foot.
- These changes can often cause pain in the toe itself or can be uncomfortable when wearing shoes due to friction and pressure of the toes against the shoe.
- These changes are commonly seen in the second toe but can affect any of the lesser toes, leading to clawing, curling or overlapping.
- Wear shoes with cushioned heels and good arch support
- Use insoles in your footwear
- Try regular stretching and foot exercises
- Try exercises which put no pressure on your feet, such as swimming
- Try to lose weight if you’re overweight
- Return if symptoms worsen or remain after 3+ months

Additional Information

- RCOP – Toe Deformities
- BOFAS – A guide to Metatarsalgia and lesser toe deformities

Return to Lesser toe Deformity Pathway

Return to start

Return to Main Pathway

Surgical Management for Lesser Toe Deformities

Lesser Toe deformity correction:

- Hammer/ Claw toe deformity can be corrected through fusing one/ both of the toe joints. Can only correct joint deformity in frontal plane (up and down)

All Forefoot surgery will involve use of crutches for 6 weeks AND USE of surgical shoes. In view of this ASK YOUR PATIENT Would they accept surgical management if offered

Ensure risk factors are managed whilst patient is awaiting treatment-

- Diabetes HbA1c >69
- Peripheral Vascular Disease
- BMI >35 kg/m2

Messaging for Patients

- A consultant will review your case to see whether surgery may be an option
- it is very important that you address all elements within your control to make sure you have fully tried all non-surgical options and to optimise the chance of a good outcome

Additional information

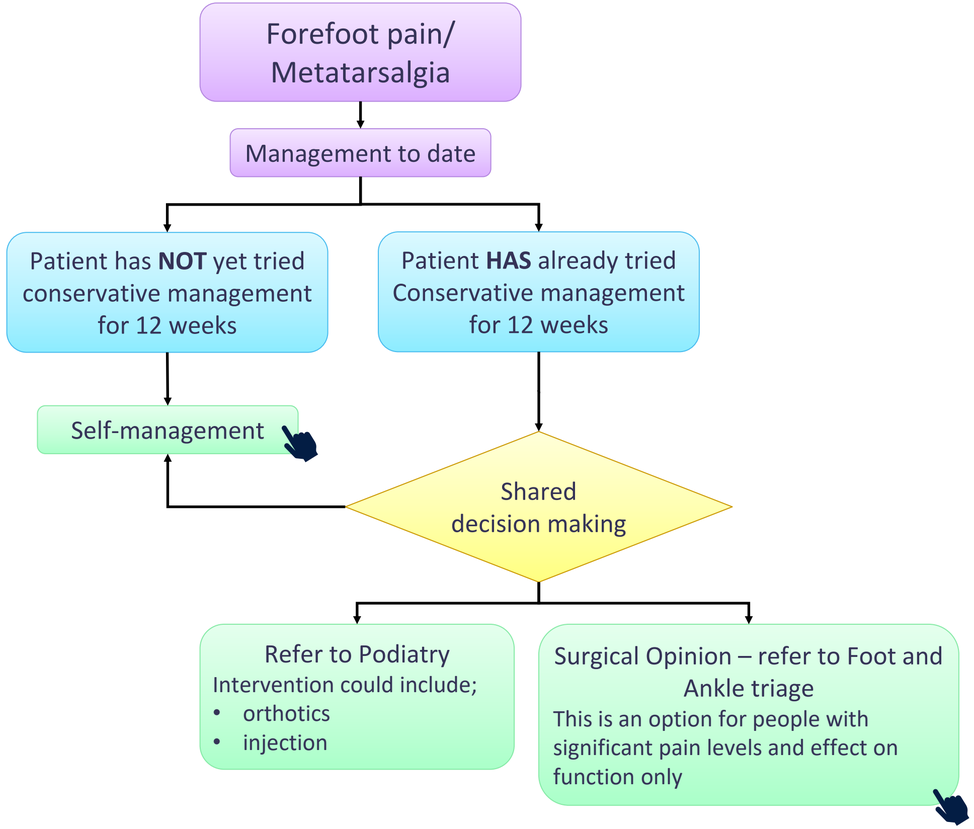
- ROH – Lesser Toe Surgery

Return to Lesser toe Deformity Pathway

Return to start

Return to Main Pathway

Forefoot pain/ Metatarsalgia (not first MTPJ) Pathway



Return to start

Return to Main Pathway

Self-Management for Forefoot pain/ Metatarsalgia

Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- Wear shoes with cushioned heels and good arch support
- Use insoles in your footwear
- Try regular stretching and foot exercises
- Try exercises which put no pressure on your feet, such as swimming
- Try to lose weight if you're overweight or obese
- Return if symptoms worsen or remain after 3+ months

Additional Information

- BOFAS – A guide to Metatarsalgia and lesser toe deformities

Return to forefoot pain Pathway

Return to start

Differential Diagnosis of Inflammatory Foot and Ankle pain

Pseudogout/Gout	Other inflammatory joint problems can affect one joint or multiple joints (Non-crystal inflammatory arthritis)
Crystal Arthritis (Gout / Pseudogout) is a common cause of single joint inflammation in older patients, and it is reasonable to consider management of acute inflammation in primary care as a first step. In older male patients' gout is a common cause of inflammatory arthritis. Frequently affected joints include the knee, ankle and big toe Tophi may be present with more established disease Typically, the onset of pain in gout is rapid (hours). The assessing clinician may feel it is reasonable to provide treatment for acute gout in patients with a known history of gout who have a history of similar inflammatory episodes. Pseudogout is also a common cause of inflammatory arthritis in older patients with pre-existing osteoarthritis, particularly if X-rays have shown signs of chondrocalcinosis. Pseudogout is often triggered by infection/dehydration and is more common in patients using diuretics. The acute management is the same as for gout.	Features that raise the suspicion of alternative causes of inflammatory arthritis would be 1. Younger patient (<60) 2. Persistent swelling (>2 weeks) 3. Involvement of other joints – either synchronously or over the past year – particularly when accompanied by swelling. 4. History of psoriasis, uveitis, inflammatory bowel disease. 5. Recent gastroenteritis or sexually acquired infection 6. Symptoms suggestive of inflammatory spinal disease or sacroiliitis Early referral to rheumatology for an inflammatory arthritis diagnosis is essential for timely initiation of disease modifying treatment
Primary care management	Refer to Rheumatology In BSol Rheumatology Referrals should be sent via A&G for triage by a consultant rheumatologist within one working day.

Return to start

Primary Care Management of Crystal Arthropathy

Management acutely NSAIDs or colchicine if able to tolerate, prednisolone as an alternative as per NICE Guidance
Request CRP to confirm an inflammatory response
Do **NOT** perform serum urate acutely; arrange in 2/52 alongside cv risk bloods
Aspiration is not an accurate means of diagnosis within the time frame required for an acute differential diagnosis but can be considered
Gout is rare in premenopausal women and referral to rheumatology would be advised in this group

Messaging for patients

- Crystal arthritis is so called because of small particles in the joint causing irritation
- This can cause significant acute pain that is best treated with rest, ice and elevation and painkillers
- Maintain fluids with regular water and take if medication if prescribed
- Will need GP review following bloods to discuss future prevention and possible medication
- If pain and swelling significantly deteriorates, particularly with a fever please attend the Emergency Department

Additional information

- https://www.versusarthritis.org/about-arthritis/conditions/gout/
- https://patient.info/bones-joints-muscles/calcium-pyrophosphate-deposition-pseudogout

References;

- The British Society for Rheumatology Guideline for the Management of Gout
- RCCP Podcast: Gout

Return to inflammatory Diagnosis