ORTHOPAEDIC GUIDELINES – FOOT PAIN 1 of 2 - Charcot foot, metatarsalgia, arthritis

**Patient Presentation:**
Red, hot, swollen foot with neuropathy and bounding pulses. Diabetics higher risk
**Acute phase Charcot foot**

**Patient Presentation:**
Weight bearing pain over ball of foot generally of non traumatic origin although may manifest follow surgery.
**Metatarsalgia (includes Morton’s Neuroma)**

- **Diabetic**
  - **Refer urgently to diabetic clinic**
- **Non Diabetic**
  - **Do not Xray in primary care**
  - **Refer to Podiatry for full assessment, orthotics (dome insole or metatarsal bar) and further management**

**Diabetes**
- **Refer urgently to diabetic clinic**
- **Do not advise OTC orthotics (need to be personalised)**

**Patient Presentation:**
Foot pain, not otherwise specified

- **Arthritis suspected**
  - Confirm diagnosis via “foot series” plain Xrays
  - **Arthritis confirmed**
  - Analgesia/NSAIDs, activity modification, walking aids, footwear advice/insoles.
  - **When no longer able to cope or find footwear to fit, refer to podiatry**
  - **Refer to Podiatry for personalised orthotics/footwear**
- **Arthritis excluded**
  - **Refer to podiatry for full assessment and further management**

**Non Diabetes**
- **Analgesia/NSAIDs, activity modification, walking aids, footwear advice/insoles. When no longer able to cope or find footwear to fit, refer to podiatry**
- **Refer to Podiatry for personalised orthotics/footwear**

Podiatry will refer on to MATT or T&O if needed

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PLANTAR FASCIITIS (HEEL PAIN):
Soft tissue pain in heel / arch
Affects 1 in 10. Can take a year to settle
Differential diagnosis: neurological, arthritic or traumatic causes of heel pain

DO NOT Xray or ultrasound in primary care (not needed)

NB: Plantar spurs often seen on x-rays do not cause pain nor confirm plantar fasciitis – often coincidental findings

Do not inject in primary care

Patient education:
Avoid strenuous exercise
Massage with ibuprofen gel;
Footwear (trainers, not barefoot); Heel cups/pads/orthotics OTC;
Stretches, roll on cold drinks can;
Review if needed at 12 weeks

Refer to MATT (via Triage Plus) if significant symptoms persist after 12 weeks for personalised orthotics and consideration of USS guided injection

PLANTAR FIBROMATOSIS (LUMPS IN ARCH):
Relatively uncommon non-malignant thickening of the feet’s deep connective tissue, or fascia.
Refer only if symptomatic / growing

Do not Xray in primary care

Refer to MATT for confirmation of diagnosis and non-surgical management (removal not required)
References:

**Metatarsalgia**

Diagnosis and treatment of forefoot disorders. Section 2. Central metatarsalgia.

*Citation:* Journal of Foot & Ankle Surgery, March 2009, vol./is. 48/2(239-50), 1067-2516;1542-2224 (2009 Mar-Apr)

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Diagnosis and Treatment of Forefoot Disorders. Section 3. Morton's Intermetatarsal Neuroma

*Citation:* Journal of Foot and Ankle Surgery, March 2009, vol./is. 48/2(251-256), 1067-2516 (March/April 2009)

*Author(s):* Thomas J.L., Blitch IV E.L., Chaney D.M., Dinucci K.A., Eickmeier K., Rubin L.G., Stapp M.D., Vanore J.V.

**Charcot foot in diabetes**

NICE (2004). *Type 2 diabetes: footcare* (CG10)

[http://www.nice.org.uk/CG10](http://www.nice.org.uk/CG10)


[http://www.nice.org.uk/CG59](http://www.nice.org.uk/CG59)

**Plantar Fasciitis**

Royal College of Radiologists (no date). *Heel pain: suspected plantar fasciitis* in iRefer.