

**Mr P Ramesh M Ch, FRCS, FRCS (Orth)**  
Consultant Orthopaedic Foot & Ankle surgeon

**Morton's Neuroma**

- An entrapment neuropathy of inter digital nerve
- Thickening of the nerve and bursa formation
- Present insidiously with sharp and radiating pain
- May have altered sensation of toes
- Often worse in shoes
- Examination-Forefoot compression leads to comfort
- Refer for ultra sound/ Orthopaedic opinion

**Stress Fracture (Metatarsals)**

- Results from inability to withstand repeated physiologic forces
- Increased activity or decreased bone stock
- Insidious onset of aching and discomfort
- Usually with increased level of activity
- Examine for swelling / bony tenderness
- X rays will be positive in the healing phase(3-4 weeks)
- Short period of immobilization required

**Posterior Tibial Tendon Dysfunction (PTTD)**

- Chronic degeneration of the tendon
- Leads to adult (late onset) flat foot
- Present with medial hind foot swelling and pain
- Loss of medial longitudinal arch
- Increased heel valgus- check from behind
- Medial / lateral pain
- Tenderness and swelling behind medial malleolus
- Inability to tip toe, especially on one leg
- Consider Orthopaedic opinion
- Treatment – Insoles, tendon transfer, osteotomy of calcaneum  
+/\_ fusion

## **Plantar fasciitis**

- ❖ Degeneration and Inflammation of plantar fascia
- ❖ Insidious onset of pain
- ❖ Look for change of shoes, unusual activity etc.
- ❖ Pain with first step in the morning, which improves later
- ❖ Worse after a long day
- ❖ Better with rest
- ❖ Tender over the attachment of plantar fascia
- ❖ Treat with shoe modifications/ Heel cushions
- ❖ Plantar fascia stretching exercises (Enclosed)
- ❖ Achilles stretching
- ❖ NSAID

Then consider – physiotherapy, night splints, shock wave therapy / Injection  
Followed by surgical evaluation and to consider other diagnoses.

## **Arthritic Ankle**

- ✓ Insidious onset of symptoms
- ✓ Pain on weight bearing, intermittent swelling
- ✓ Stiffness, especially after rest
- ✓ Osteoarthritis, Rheumatoid and trauma
- ✓ NSAIDS, Shoe modifications
- ✓ Consider early Orthopaedic referral
- ✓ Fusion Vs Replacement
- ✓

Patient around 50- 60, low demand, ideally with minimal deformity can be considered for ankle replacement.