



PBSGL
NHS Education for Scotland
Centre for Health Science
Old Perth Road, Inverness IV2 3JH
Tel: 01463 255712 Fax: 01463 255736
PBSGLadministrator@nes.scot.nhs.uk
<http://www.cpdconnect.nhs.scot/pbsgl/>

Common Non-Traumatic Foot Problems in Adults

Practice Based Small Group Learning Programme

INTRODUCTION

Foot problems frequently prompt a visit to a primary health care provider. The prevalence of foot conditions increases with age, often limiting mobility. Management aims to help relieve pain, prevent further complications, return to baseline physical function, enhance cosmetic appearance and promote quality of life. Preventive foot care education is pivotal and timely referral to a foot care professional may be required, especially for those with systemic or underlying chronic conditions.

OBJECTIVES

This module will enable the clinician to:

- Assess and diagnose common foot conditions and incorporate comprehensive screening for those with diabetes.
- Recommend evidence-based (or best-practice) treatment strategies that include those related to pain, mechanical deformity, skin and nail conditions.
- Understand the current role and scope of practice for different foot care professionals in the U.K.

- The module will *not* cover acute sports related foot and ankle injuries.
- Although assessment of the foot for those with chronic and systemic conditions will be highlighted, detailed management for diabetes, arthritis (gout), and peripheral arterial disease will *not* be included. See PBSGL module Type 2 Diabetes: Diagnosis and treatment of complications – Updated November 2016 (Scottish Module)

CASES

Case 1: Miriam, female, age 55

Miriam presents with a one month history of increasing left heel pain since she started a running programme to help her lose weight. Her pain is worse first thing in the morning when she gets out of bed and takes her first steps. She is frustrated as the throbbing in her heel is affecting her ability to exercise and perform some of her duties as a security guard. She has not had a specific injury to her foot or ankle.

Miriam is obese with a previously recorded (six months ago) BMI of 34 but is otherwise well.

What further information might be useful in making a diagnosis?

Part Two

Miriam has pain in her left foot that is “start up” only. Clinical findings include left foot pronation seen best with Miriam standing in her bare feet, and decreased ankle dorsiflexion suggestive of a tight Achilles tendon. The flexibility of her first metatarsophalangeal (MTP) is good and there is no hallux valgus deformity.

You elicit tenderness on palpation of the medial plantar surface of the heel (region of medial calcaneal tuberosity, see [Diagram 2](#)), suggestive of plantar fasciitis. Miriam does not have a thinned heel pad. Miriam’s footwear for running consists of thin-soled running shoes. She has never experienced anything similar to this type of foot pain.

What treatment options might you recommend to Miriam?