Practice Plus Group

Bucks MSK

Foot and ankle pathway GP management

Hallux Valgus

Assessment

- Common condition: affecting around 28% of the adult population. Prevalence increases with age and in females.
- Observation: Lateral deviation of the great toe. May cause secondary irritation of the second toe.
- Lump formation at the base of the big toe (bunion), is due to the bone of the first metatarsal becoming prominent. Check for secondary corns/calluses.
- Assess symptoms. Pain on walking, footwear and skin integrity.
- Severity and symptoms may vary between patients. Restriction of the great toe, secondary callus and corns and second toe involvement (hammer toe) may occur.
- If the person has diabetes then refer to diabetic foot clinic/Podiatry.

Early management

(must be attempted prior to any referral to iMSK)

- Analgesic ladder/NSAIDS as appropriate
- Provide Hallux Valgus patient information leaflet: Bucks MSK and/or Arthritis Research UK and NHS choices website
- Foot care management: avoiding narrow shoes and high heels; advise low heeled, wider shoe base with laces or adjustable strap for comfort
- Foot orthotics: bunion pads and over the counter foot orthotics (hallux valgus correctors / toe spacer via local pharmacy)
- Consider early referral if: Persistent/severe pain and functional impairment interfering with activities of daily living. Severe deformity causing significant impairment. Recurrent skin breakdown/ulceration/infection.

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 6 weeks
- Refer: GP referral, via e-RS

PPG0290 Nov 20 (0049)

Practice Plus Group

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Hallux Rigidus

Assessment

- Common condition: arthritis of the metatarsophalangeal joint of the big toe.
- Pain at the base of the toe and inflammation, diminished dorsiflexion (stiff toe), and footwear discomfort.
- Some patients present with a lump at the top of the big toe.
- Common from the ages of 30 years to 60 years, more likely to affect those who are active and regularly participate in sporting activities. Patients may also complain of pain in the metatarsals and mid foot due to transfer of weight bearing due to the loss of first toe mobility.

Early management

(must be attempted prior to any referral to iMSK)

- Analgesic ladder/ NSAIDS as appropriate
- Provide Hallux Rigidus patient information leaflet: Bucks MSK and/or Arthritis Research UK and NHS choices website
- Foot care management: avoiding narrow shoes and high heels; advise low heeled, wider shoe base with laces or adjustable strap for comfort
- Foot orthotics: rigid insoles, over the counter orthotics (also shoes with rigid insoles, soft upper part)
- Assess the degree of disability and severity
- Consider early referral if: Persistent/severe pain and functional impairment interfering with activities of daily living. Severe deformity causing significant impairment. Recurrent skin breakdown/ulceration/infection.
- Consider x-ray prior to referral

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 6 weeks
- Refer: GP referral, via e-RS

PPG0290 Nov 20 (0049)

Practice Plus Group

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Ankle Sprains - Acute

Early management

(must be attempted prior to any referral to iMSK)

- Weight bearing X-ray if fracture suspected or with obvious bony deformity
- RICE guidelines/ankle support
- Analgesic ladder/NSAIDS as appropriate
- Activity modification/relative rest, but keep the range of movement
- Provide Pt information leaflet : Bucks MSK and/or Arthritis Research UK and NHS choices website
- Continue self-management if pain is improving
- Refer to BUCKS MUSIC Service : > 2 weeks if significant pain and functional limitation

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 6 weeks
- Repeated / Chronic ankle sprains – Ankle instability : consider referral for assessment
- Refer: GP referral, via e-RS

PPG0290 Nov 20 (0049)

Practice Plus Group

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Morton's Neuroma

Assessment

- Interdigital neuroma: pain, paraesthesia, Pins and needles and burning sensation
- Most common at 3rd and 4th interspace, 2nd can be affected
- Pain increased on walking and with tight fitting footwear/high heels.
- Midfoot squeeze test produces pain/symptoms: +ve Mulder's sign

Early management

(must be attempted prior to any referral to iMSK)

- Analgesic ladder/NSAIDS as appropriate
- Activity modification/relative rest
- Footwear advice: shoe wear: loose fitting shoes, avoid high heels/tight footwear
- Orthotics/metatarsal pads over the counter
- Provide Pt information leaflet : Bucks MSK and/or Arthritis Research UK and NHS choices website

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 8 weeks
- Refer: GP referral, via e-RS

PPG0290 Nov 20 (0049)

Practice Plus Group

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Achilles Tendinopathy

Assessment

- Pain and +ve/-ve swelling on Achilles tendon: often distal third and insertion to heel
- Chronic achilles dysfunction can have generalised thickening and medial achilles nodule formation
- May have pump bump: a prominence of the posterior calcaneous
- Functional limitations: painful standing after inactivity (in am, after sitting) and with weight bearing activities
- Often biomechanical influences of the foot or onset of new activities can be precipitating factors

Early management

(must be attempted prior to any referral to iMSK)

- Analgesic ladder/NSAIDS as appropriate.
- Activity modification/relative rest
- Insoles/padding: heel raises/foot inserts, heel pads
- Footwear advice: slight heel helps offload the tendon, walking boots/trainers with high posterior arch may irritate the tendon
- Provide Pt information leaflet : Bucks MSK and/or Arthritis Research UK and NHS choices website
- Set patient expectations. Conservative treatment should be followed for long time (up to 6 months)

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 8 weeks
- Continue self-management if improving
- Refer: GP referral, via e-RS

PPG0290 Nov 20 (0049)

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Peroneal Tendinopathy

Assessment

- Lateral ankle pain; peroneal tendons (longus and brevis) and 5th metatarsal pain common
- Overuse dysfunction: pain worse on activities: running/dancing, walking on uneven surfaces etc. Common with chronic ankle sprains.
- Pain/ swelling on palpation at peroneal tendons posterior and inferior to lateral malleolus
- Functional: pain turning foot in/out and on resisted eversion. May see subluxation behind the lateral malleolus and patient complains of clunking/clicking .

Early management

(must be attempted prior to any referral to iMSK)

- Analgesic ladder/NSAIDS as appropriate. RICE if acute
- Activity modification/relative rest
- Insoles with medial arch support from chemist.
- Provide Pt information leaflet : Bucks MSK and/or Arthritis Research UK and NHS choices website

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 6 weeks
- Refer: GP referral, via e-RS

PPG0290 Nov 20 (0049)

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Tibialis Posterior Dysfunction

Assessment

- Medial foot and ankle pain: posterior and distal to malleolus/ along medial arch to navicular.
- Patient presents with flattening of medial arch and splayed toes (too many toes sign)
- Acute or insidious onset: after prolonged activities or walking/high impact activities
- Decreased calcaneal inversion on single leg heel raise (SHR)

Early management

(must be attempted prior to any referral to iMSK)

- Analgesic ladder/NSAIDS as appropriate
- Activity modification/relative rest/RICE in acute stage
- Advise insoles with medial arch support from chemist and Footwear advice – supportive footwear with arch support/Pacing. Refer to iMSK for early intervention.
- Provide Pt information leaflet : Bucks MSK and/or Arthritis Research UK and NHS choices website

Referral to Bucks MSK:

- Persisting pain after use of insoles .
- Refer: GP referral, via e-RS

PPG0290 Nov 20 (0049)

Practice Plus Group

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Mid Foot Pain

Assessment

- Pain and stiffness midfoot, can radiate to toes. Worse on weight bearing activities.
- Visual morphological bony changes/deformity/localised swelling/thickening maybe present
- Altered gait pattern: rigid foot on walking : decreased heel to toe flexibility through stance (step through) phase

Early management

(must be attempted prior to any referral to iMSK)

- Analgesic ladder/NSAIDS as appropriate
- Activity modification/relative rest/RICE in acute stage and walking aids to offload
- Footwear advice: supported midfoot/orthotics/Podiatry
- Provide Pt information leaflet : Bucks MSK and/or Arthritis Research UK and NHS choices website

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 8 weeks
- Refer: GP referral, via e-RS

PPG0290 Nov 20 (0049)

Practice Plus Group

Bucks MSK

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Plantar Fasciitis

Assessment

- Pain medial heel and attachment of fascia to medial calcaneus. Thickening/redness/swelling common. Tender on palpation.
- Functional limitations: painful standing after inactivity (getting out of bed, after sitting) and with prolonged weight bearing activities.
- Tender to touch at site of pain
- Pain can be responsive to differing footwear: flat shoes/flipflops can exacerbate symptoms. Trainers with medial arch support may help.

Early management

(must be attempted prior to any referral to iMSK)

- Analgesic ladder/NSAIDS as appropriate
- Activity modification/relative rest
- Insoles/orthotics: medial insole if foot rolling inwards
- PF stretches / Achilles Tendon Stretches. Roll a soft ball with foot
- Provide Pt information leaflet : Bucks MSK and/or Arthritis Research UK and NHS choices website
- Evidence of steroid injections effectiveness is limited

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 12 weeks unless significantly affecting profession.
- Refer: GP referral, via e-RS

PPG0290 Nov 20 (0049)