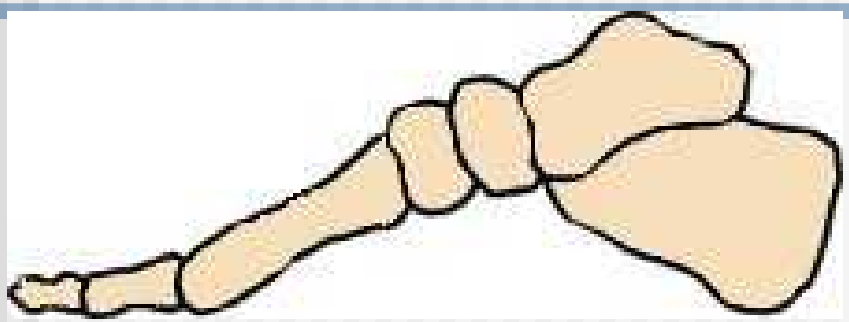
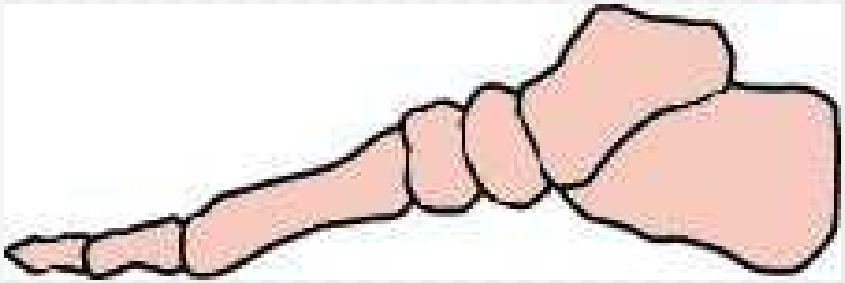
Foot Pathologies

Pes Cavus



- Abnormally High and Rigid Arch
- Plane of metatarsals
- Hypomobile
- Common complaints

Pes Planus



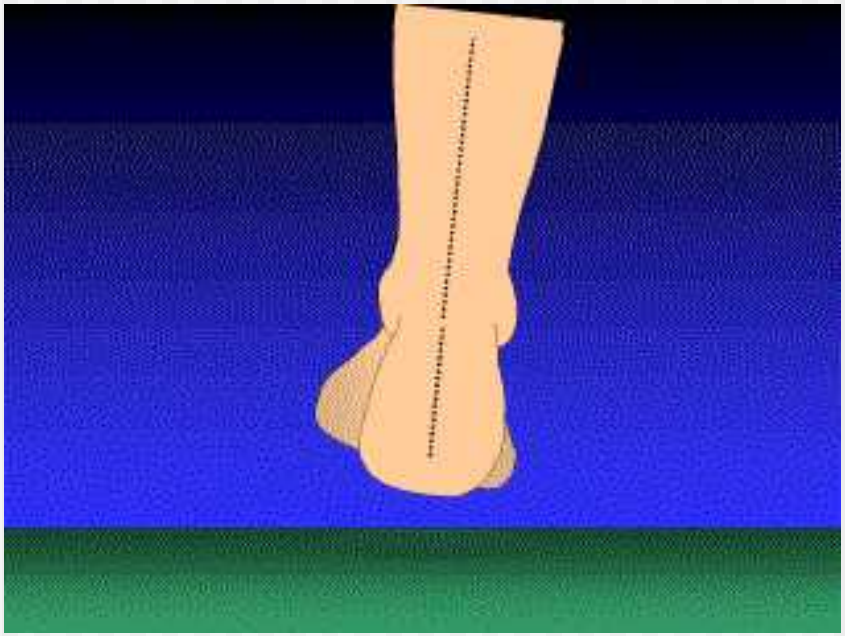
- Flat feet
- Hypermobile
  - Results in:
- Common Complaints
- Assess Using
  - Feiss Line
  - Navicular Drop Test

Forefoot Varus

- Inversion of forefoot relative to rearfoot
- Medial side of foot is raised
- Compensations

Forefoot Varus

- Inversion of forefoot relative to rearfoot
- Medial side of foot is raised
- Compensations
- Common Issues



Forefoot Valgus

- Eversion of forefoot relative to rearfoot
- Lateral border of foot raised
- Compensations
- Common Issues

Assessing Forefoot to Rearfoot Alignment

- Prone Position
- Rearfoot in subtalor neutral
- Plane between heel and plan of 2^{nd} – 4^{th} MT heads

Rearfoot Varus

- Most common
- Inverted calcaneus
- Initial contact
- Compensations
- Common Pathologies

Rearfoot Valgus

- Eversion of Calcaneus
- Hypermobile foot
- Common Pathologies

Plantar flexed 1st Ray

- PF 1st ray relative to other MT's
- Compensatory to
  - rearfoot varus
  - Pes Cavus

Tarsal Coalition

- Bony, fibrous or cartilagenous union between two or more tarsal bones
- Etiology
- S/S

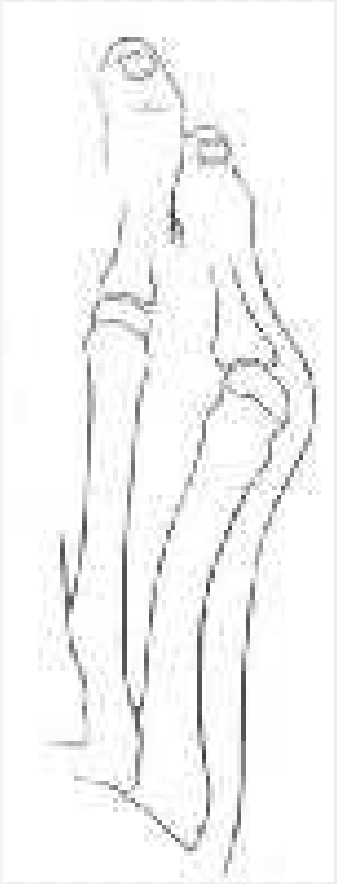
Hallux Valgus

- Valgus deformity of 1st MTP joint
- Deviations

Hallux Valgus

- Valgus deformity of 1st MTP joint
- Deviations
- Bunion
- Congruous vs Pathological Hallux Valgus

Bunionette

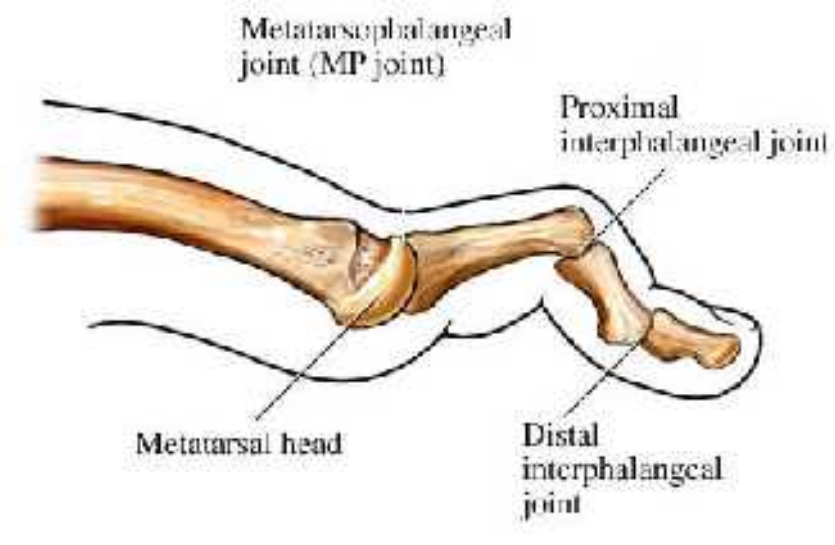


- Prominence of lateral aspect of 5th MT head

Hallux Rigidus

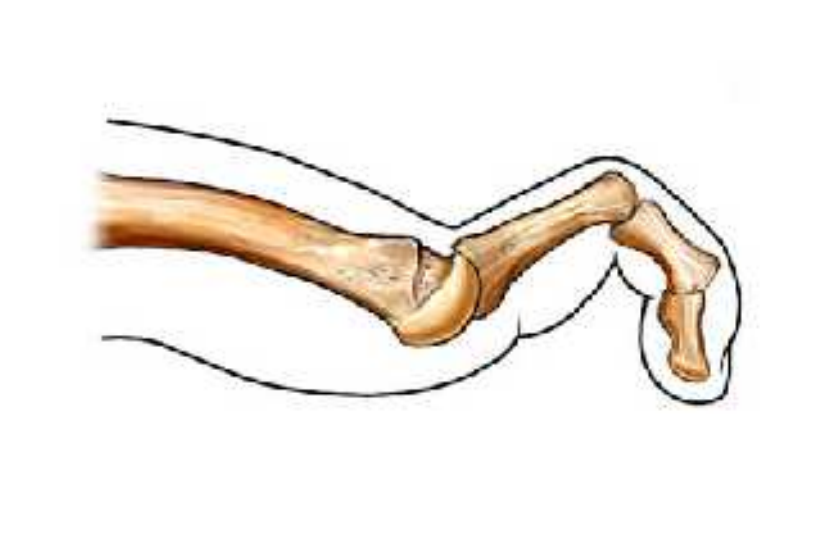
- Limited DF and EXT of 1st toe
- Due to:
- Pain during push-off
- Recognizing this:
  - Shoes may have an oblique crease

Hammer Toes



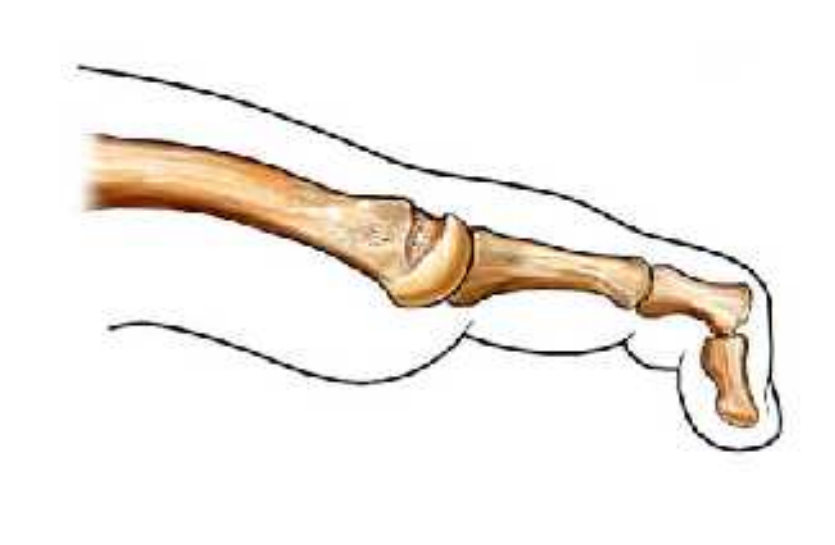
- Hyperextension of MTP joint
- Flexion contracture PIP joint
- Most common = 2nd toe
- Etiology

Claw Toes



- Hyperextension of MTP joint
- Flexion of PIP and DIP joint

Mallet Toe



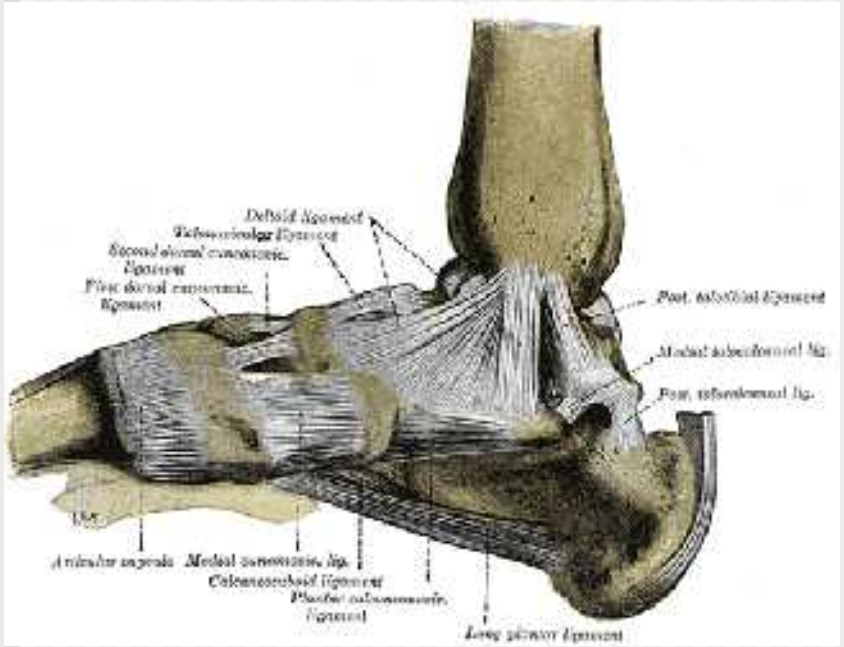
- Flexion of DIP joint
- Corn and Callus development
- Etiology

Morton's Toe (Foot)

- Abnormally short 1st MT
- 2nd appears longer
- Compenssations
- Related pathologies

Medial Longitudinal Arch Sprain

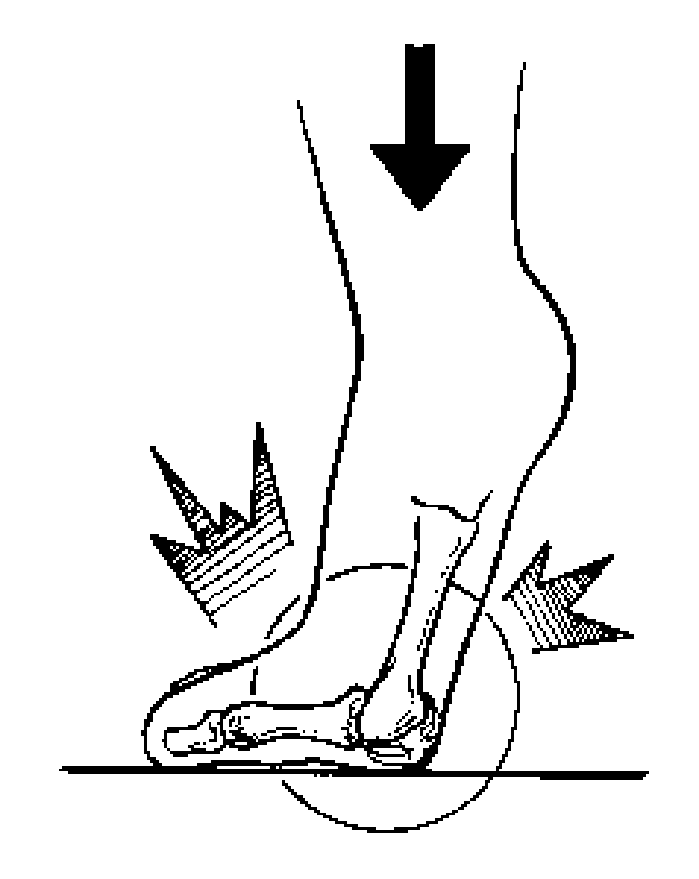
- Mechanism
  - Repetitive stress
- S/S



Transverse Arch Sprain

- Mechanism
  - Intermetatarsal ligaments
  - Predispositions to this injury
- S/S

1st Toe Sprain (Turf Toe)



- Mechanism
  - MTP joint
  - Hyperextension force
- S/S

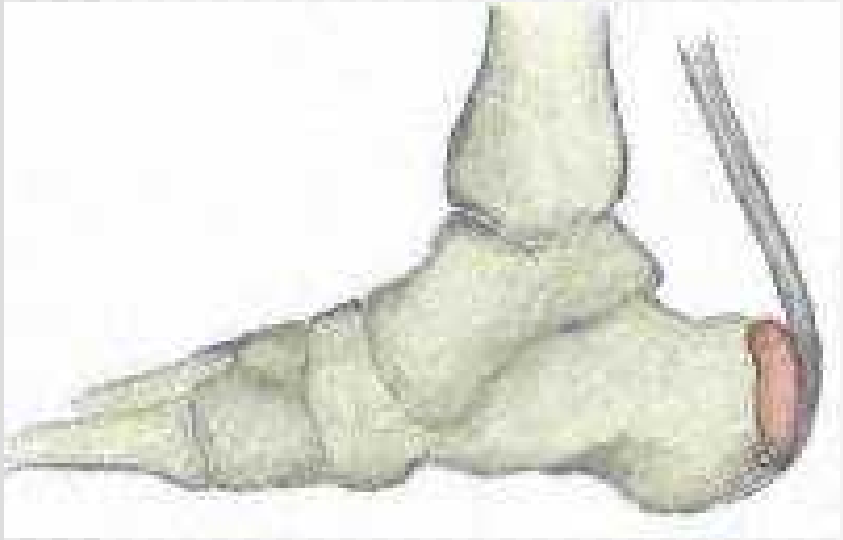
Midfoot and Forefoot Sprains

- Mechanism
- Must be aware of anatomy

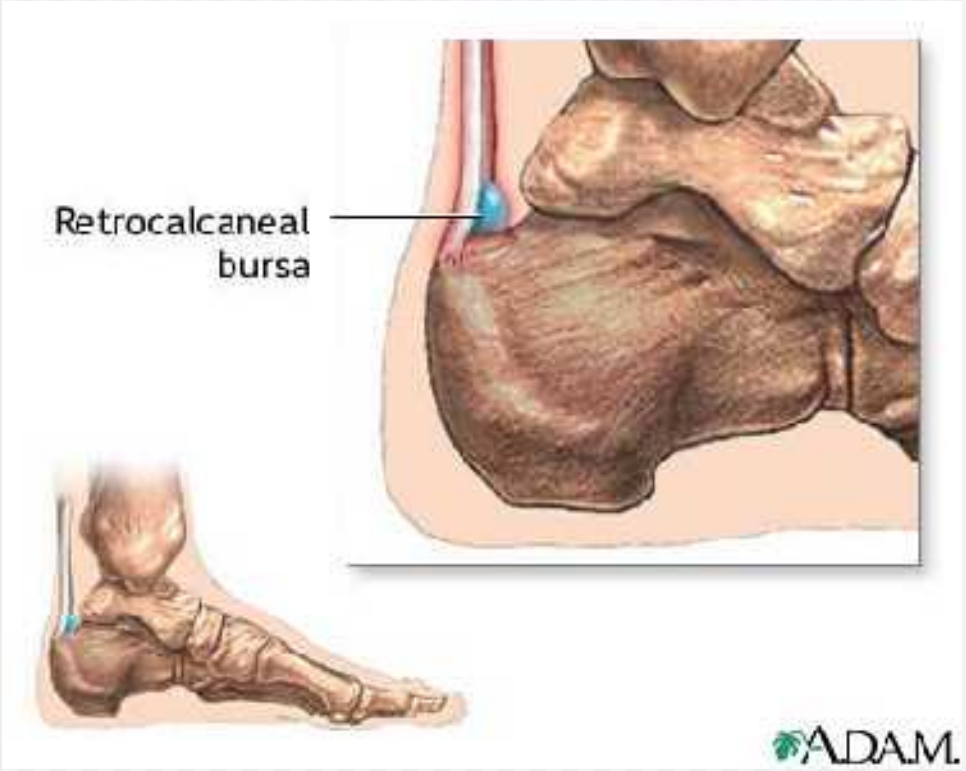
Calcaneal Apophysitis (Sever's Disease)

- Mechanism
  - overuse
- S/S

Retrocalcaneal And Calcaneal Bursitis



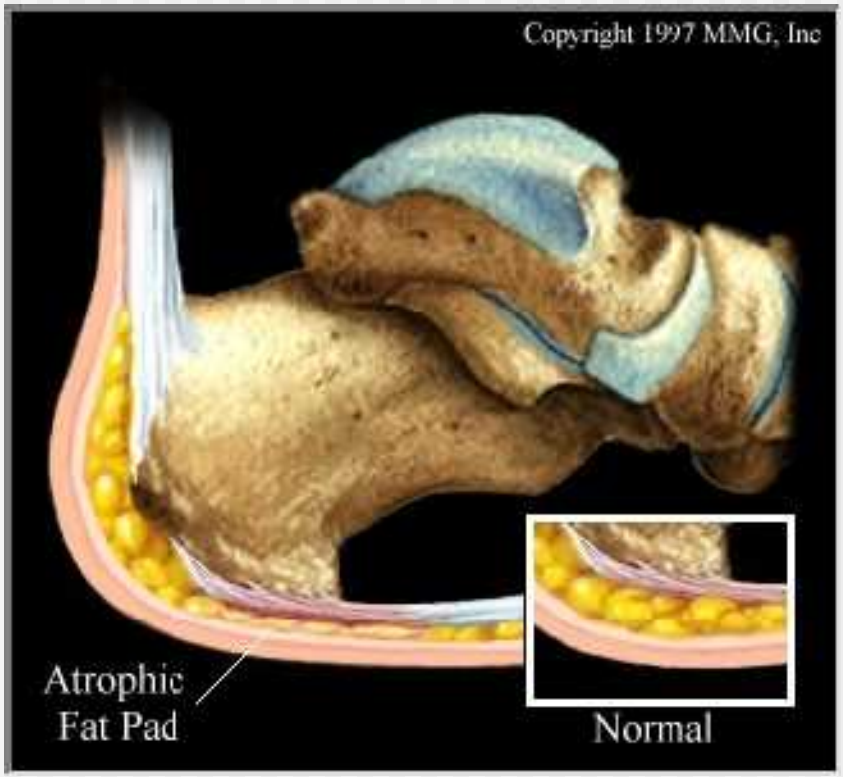
- Mechanism
- S/S



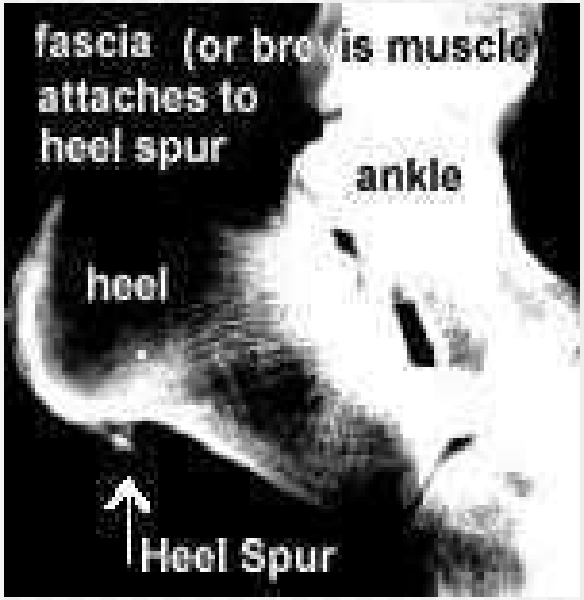
Plantar Fasciitis

- Mechanism
- S/S

Heel Spur



- Mechanism
- S/S



Jones Fracture

- Mechanism
  - metaphyseal-diaphyseal junction
  - Don’t confuse with avulsion fracture
- S/S
- Management

Other Foot Fx's

- Calcaneal Fracture
- Talus Fracture
- Phalange Fractures
- Stress Fractures

Blisters

- Mechanism
- S/S
- Management
  - Intact
  - Open

Callus

- Mechanism
- Prevention
- S/S

Corns

- Mechansim
- S/S
  - Hard
  - Soft

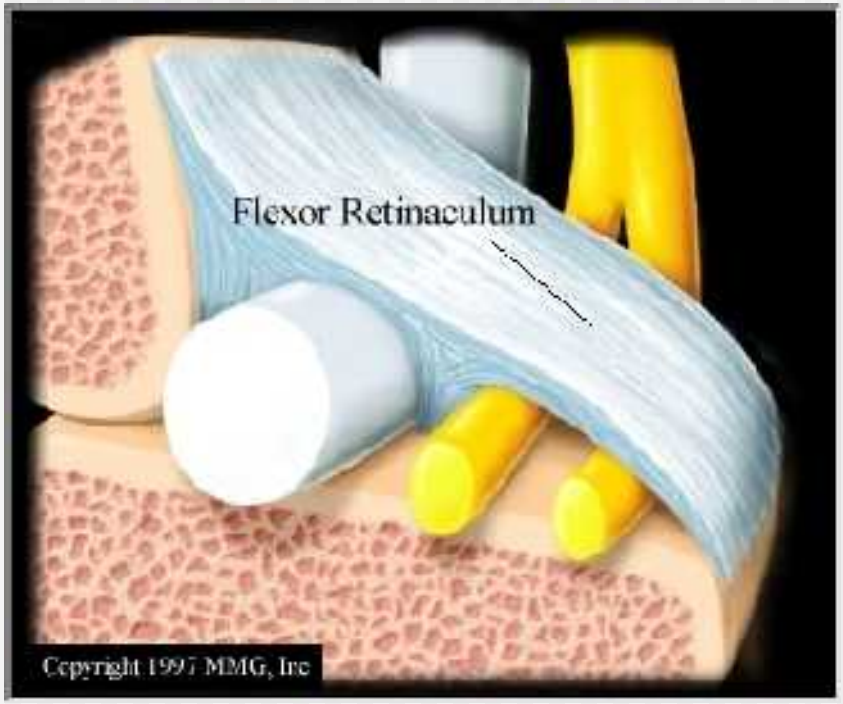
Ingrown Toe Nail

- Mechanism
- S/S
- Prevention

Plantar Warts

- Mechanism
- S/S

Tarsal Tunnel Syndrome



- Mechanism
  - Acute
  - Chronic
  - Biomechanical
- S/S

Intermetatarsal Neuroma (Morton's Neuroma)

- Mechanism
  - 2 MT
  - Between 3rd and 4th MT