Sussex MSK Partnership East

Forefoot Pain

NHS

History, Examination, Assessment

Suspected sinister pathology to be investigated in primary care
Refer via 2WW cancer pathway where appropriate
Inflammatory Arthritis needs urgent Rheumatology referral
Septic Arthritis or suspected fracture needs referral to emergency acute orthopaedics via A&E

Clinical Presentation

Primary Care Management

Thresholds for referral to SMSKPE

Hallux Valgus / Bunions

Diagnostics:

- None

Management:

- Pain relief in line with agreed formularies / guidance
- Patient education
- Consider blood test if Rheumatoid element / inflammatory disease / seronegative arthritis / gout
- Accommodative footwear
- Over the counter supportive insoles if low arch or gel insole if metatarsalgia
- Exercises
- Consider direct referral to podiatry - esh-tr.PodiatryServices@nhs.net
- Consider CEC policy

Refer to Advanced Practitioner if:

- Persistent pain unable to manage footwear
- Increasing deformity
- Pain elsewhere in the foot due to altered mechanics
- Affecting ability to work
- Affecting activities of daily living
- 6 months of conservative management

Refer to Orthopaedic Consultant if:

- There is a higher risk of ulceration or other complications e.g. neuropathy
- Examination/X-ray show degenerative changes in the 1st MTPJ with increased intermetatarsal angle and/or valgus deformity >15 degrees.
- Meets all CEC criteria

1st MTPJ Pain

Diagnostics:

- Weight bearing x-ray
- Bloods to exclude raised serum urate levels - *follow rheumatology pathway for gout (raised urate does not always = gout)*

Management:

- Pain relief in line with agreed formularies / guidance
- Patient education and information
- Recommend stiffer soled shoes rigidus
- Over the counter orthotics (foot orthoses / arch support) if flat feet
- Consider direct referral to podiatry - esh-tr.PodiatryServices@nhs.net

Refer into MSK service if:

- Persistent pain unable to manage through footwear
- Increasing deformity, +/- stiffness
- Pain elsewhere in the foot (to transfer metarsalgia)
- Affecting ability to work
- Affecting ADLs

Morton's Neuroma

Diagnostics:

- None

Management:

- Patient education and information
- Assessment and advice regarding footwear (width & heel height)
- Over the counter orthotics (foot orthoses incorporating met dome)
- Consider direct referral to podiatry esh-tr.PodiatryServices@nhs.net

Refer into MSK service if:

- Symptoms progressing
- Poor foot posture i.e. very flat feet
- Numbness paraesthesia or swelling

Metatarsalgia

Diagnostics:

- X-ray if fracture / joint pathology is suspected

Management:

- Patient education
- Assessment and advice regarding footwear - avoiding total flat, high or tight shoes. Encourage supportive / cushioning footwear (trainers)
- Protect, rest, ice, compress elevate (PRICE)
- Avoid heat, alcohol, running, massage (HARM)
- NSAIDs and simple analgesics in line with agreed formularies / guidance
- Reduce overuse of component, activity restriction
- Consider direct referral to podiatry - esh-tr.PodiatryServices@nhs.net

Refer to Advanced Practitioner if:

- Pain is preventing day to day activity
- Frank joint pathology suspected
- Tendon pathology
- Failure to create sustained improvement
- Symptoms persist > 6 weeks
- Forefoot deformity & continued pain

Lesser Toe Deformities

Deformed lesser 2-5 digits

Diagnostics:

- X-ray weight bearing AP/Lateral if non-healing wounds present with signs of osteomyelitis
- Blood tests for inflammatory screen or neuropathic disease

Management:

- Reassure if asymptomatic
- Footwear
- OTC toe protectors (silipos gel) or digital splints
- Non-NHS podiatry for painful nail deformity/ callosities without co -morbidities (low NHS criteria scoring)
- Assess toes for passive correction
- Refer to NHS podiatry if toe deformity & lesions present with co existent PAD / neuropathy / auto immune disease or if metatarsalgia presents
- Consider direct referral to podiatry esh-tr.PodiatryServices@nhs.net

Refer to Advanced Practitioner if:

- Persistant deformity and toe pain or metatarsalgia despite self care advice or podiatry
- Progressive deformity and impact on ADLs
- Bespoke footwear

Ingrown Toe Nail

Diagnostics:

- X-ray is not typically indicated unless features of infection present in blood tests, along with clinical signs e.g., Recurrent tissue breakdown, non-healing wound, progressive change in appearance of toe to exclude tissue abnormality or osteomyelitis.
- Blood tests for inflammatory screen or neuropathic disease

Management:

Do not perscribe antibiotic cover if no signs of clinical infection; Wound lacking purulence or tissue inflammation.

Management for acute presentation;

- Advice, reassurance
- Maintaining a clean wound area, saline bathe and a dry dressing for <2/52
- Checking footwear
- Foot hygiene advice
- Moderating activity
- Clear signs of infection present, consider antibiotics (as per antibiotic guidelines)
- As per NICE guidelines.

Management for persistent presentation:

- Refer to podiatry

Refer all to Podiatry

Refer to Orthopaedics (acute trust) if:

- Severe learning difficulties
- Severe cardiovascular disease with non-palpable pedal pulses
- Longstanding uncontrolled diabetes
- Needle phobia (that requires sedation)