Sussex MSK Partnership East

Midfoot 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

Midfoot pain

Primary Care Management

Diagnostics:

- X-ray if bony / joint pathology suspected

Management:

- As with any sprain, protect, rest, ice, compress elevate (PRICE)
- Avoid heat, alcohol, running, massage (HARM)
- NSAIDs and simple analgesics in line with agreed formularies / guidance
- Activity restriction
- Footwear changes - lacing

Thresholds for referral to SMSKPE

Refer to Advanced Practitioner if:

- Joint pathology suspected
- Tendon pathology suspected
- Failure to create sustained improvement
- Symptoms more than 6 weeks

Note: If neuropathic arthropathy (Charcot) suspected, X-ray and refer urgently to diabetic team.

Ganglion Foot

Primary Care Management

Diagnostics:

- None

Management:

- If patient free and not affecting range of movement and ADLs:

- Advise that these are left without any intervention
- Patient to self-monitor

Thresholds for referral to SMSKPE

Refer to Advanced Practitioner if:

- Early presentation and patient concerned
- Affecting ambulation and range of movement but not severe pain
- Diagnosis doubt

Refer to Orthopaedic Consultant if:

- If there is severe pain or significant size or interference with ambulation
- Patient wants surgery

Posterior Tibialis Tendon Dysfunction (Adult acquired flat foot AQFF)
New onset of pain postero-medial ankle region, with new onset of flat foot/feet

Primary Care Management

Diagnostics:

- **X-ray if indicated**

Management:

- Referral to MSK service within 7 days

Thresholds for referral to SMSKPE

Refer to Advanced Practitioner if:

- Pain affecting day to day activity
- If bony pathology suspected
- Progressive deformity

Suspected Charcot Foot / Arthropathy

Primary Care Management

Diagnostics:

- Blood tests - inflammatory screen, ESR, WBC and CRP.
- X-ray (weight-bearing, AP and lateral foot and ankle). Followed by MRI if Charcot is still suspected but XR first (NICE)

Management:

- Refer within 1 day to multidisciplinary foot team (see below)

  - Immediate offloading either casted or walker air cast boot.
  - Advice to rest, complete non-weightbearing
  - Sign off work
  - For advice call EDGH = 01323 438209

Thresholds for referral to SMSKPE

Refer within 1 day to MDT Foot Team

Primary care Diabetes Foot Referral Form.

Eastbourne DGH (MDFT)
Hastings Conquest (MDFT)
01323 438209
Esht.diabetes.mdft@nhs.net

Foot Protection Service
(Avenue House Eastbourne)
01323 413899
Esh-tr.podiatryservices@nhs.net

In the absence of diabetes, if Charcot is suspected please refer to orthopaedic consultant team.