

Orthopaedics for Primary Care Foot and Ankle

Bob Sharp

Outline

- Common diagnoses
- Advances
- Brief Medicolegal Pitfalls

Hallux rigidus

- Bump
- Stiff
- Pain
- Cant dorsiflex

- MBTs/shoes
- Inject MUA
- Cheilectomy/Kellers/Fuse
- Joint replacements=
disasters



“Metatarsalgia”

- Foot hurts
 - Morton's
 - Overload
 - Stress Fracture
- Nervey, hot, burning pebble= Morton's
- Stone overload
- Palpate, click test
- **DIABETES**

Metatarsalgia



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rheumatoid

- Gout
- Psoriatic arthropathy
- rheumatoid



High arched feet



- Spectrum
- Unilateral=tumour
- Often no neurology to demonstrate
- Refer neurology
- CMT genetic counsel

Flat foot

- Acquired adult flat foot
- 3% females >40
- Tibialis Posterior Rupture
 - Middle age
 - Pain med malleolus or lateral
 - Foot flat/shoes don't fit, usually chronic
- Single leg tiptoe
- Is it mobile?



Flat foot



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Management



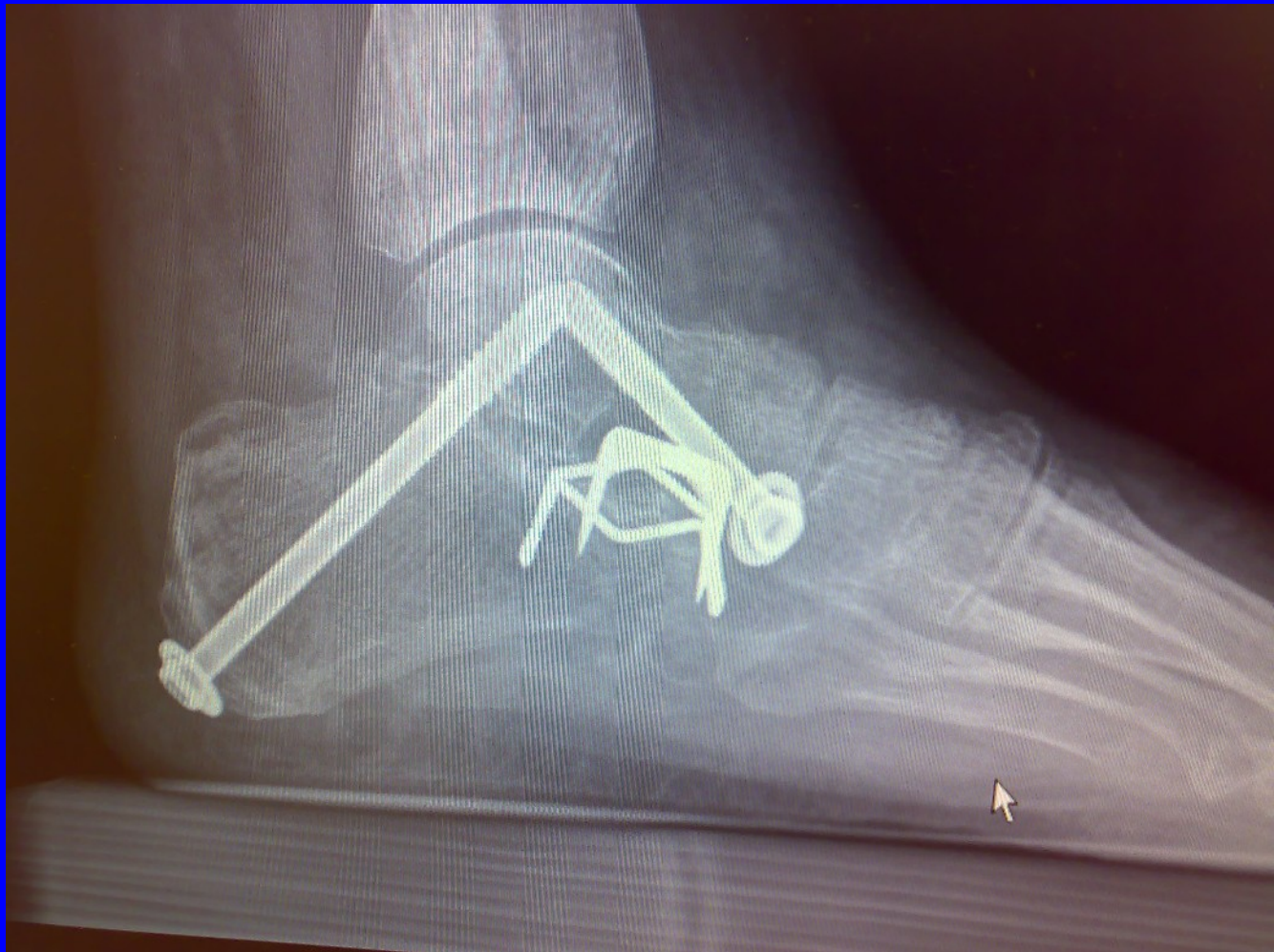
- Orthotics
- Surgery
 - Reconstruction
 - Fusion
- Beware of rigid flat feet in young = coalition

Hindfoot arthritis

- Ankle vs subtalar vs talonavicular/other
- XR and inject/ scan
- Difficult



Fusions

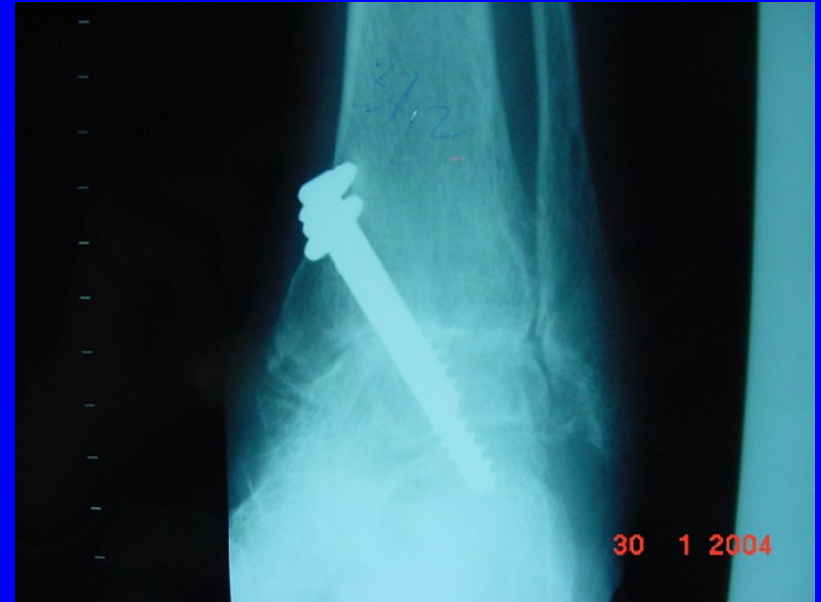


Ankle

- Non op Rx
 - Glucosamine/NSAIDs/Brace/MBTs
- Inject
- Scope
- Fuse vs Replacements

Options

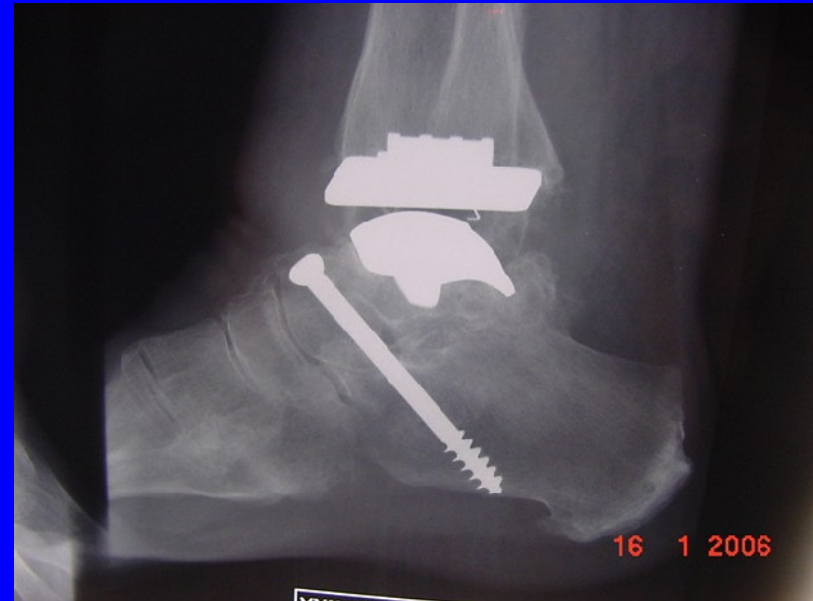
- Fuse
 - Keyhole
 - Cures majority
 - But other OA worse
 - 24 hr stay
 - Min problems
 - 5% non union
 - 45% if smoke/diabetes



TAR

- TAR
 - Experimental
 - Rule of thirds
 - Good other jts
 - Rheumatoids

- Fail 3%/year



Achilles

- Insertional/non Insertional
- Exclude sero negatives
- Difficult
 - Physio/stretch/heel raise/nsaids/glucosamine
- Orthotics/pop/splints brace
- DON'T INJECT
- Dry needle/Shockwave/autologous blood
- surgery

Heel spur/plantar fasciitis

- Loads
- First step morning
- Stretch/cool/NSAIDs/inserts/orthotics
- XR to exclude tumour/stress fracture
- US inject 95% cure/lithotripsy

Acute Sprain and pain

- acute ottawa rules
 - malleoli
 - talar neck
 - 5th mt
 - Achilles
 - Syndesmosis
 - high fibula
 - ant process
- = xray



Sprain -chronic pain

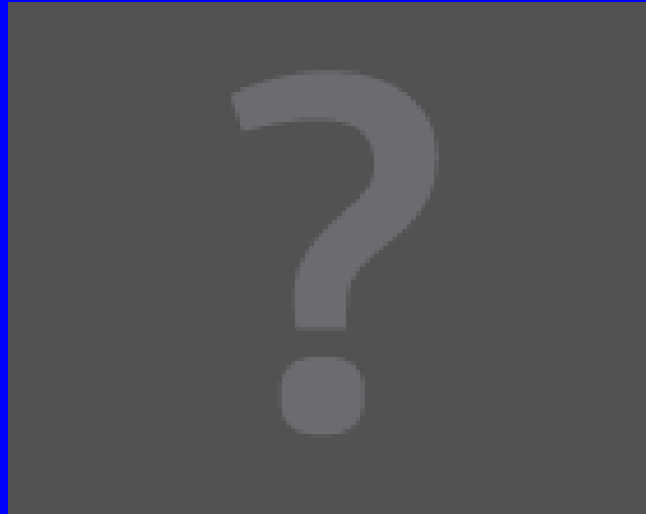
- Fracture
- Osteochondral
- Synovitis
- Loose body
- Oa
- Soft tissue



Instability



Ant Drawer



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Sprains recurrent

- Probably ligament damage or loose body
BUT
- Think hindfoot stiffness
- Adolescent= coalition
- Adult= fractures or hindfoot deformity



Advances

- Arthroscopic
 - Ankle
 - Subtalar
 - 1st MTP
 - Os trigonum
 - Tendonoscopy
 - haemophiliac
 - achilles



Ankle Replacement



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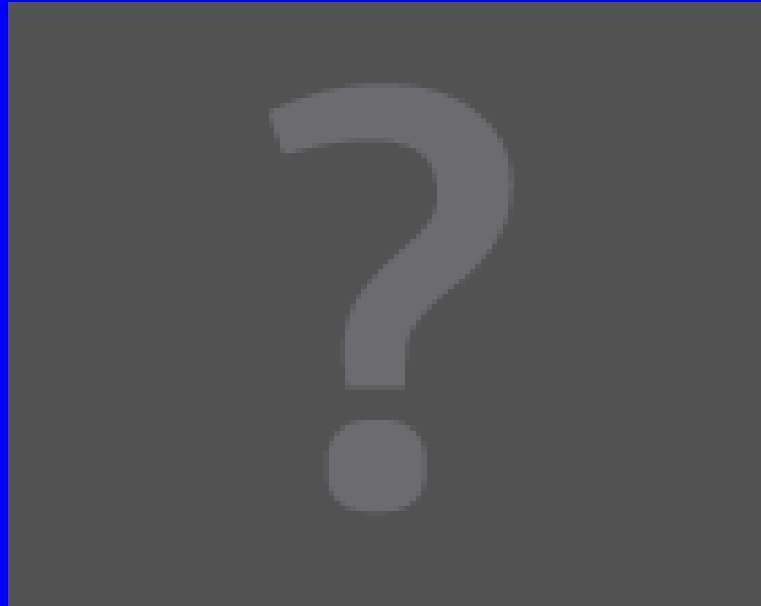
Pitfalls

- Missed Achilles Ruptures
- Missed Achilles Ruptures
- Missed Achilles Ruptures
- Missed hindfoot fractures
- Lisfranc fractures
- Diabetic ulcers/Charcot

Achilles

- Not classic history
- Sprains/twists/chronic tendonitis/anterior pain/loss power
- Always do and document Simmonds test
- Negative is normal

achilles



Lisfranc



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Charcot



- Red hot swollen
- May be painful
- Diabetes?????????
- Other neurology
- Cellulitis/insect bite
- Break in skin=infection

Charcot



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Thank you

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