

FAST FACTS: Foot Pain

The foot is an extremely complex anatomical structure made up of twenty-six bones, thirty-three joints, nineteen muscles, one-hundred seven ligaments, plus nerves, blood vessels, and connective tissue. The American Diabetes Association reports that about 50% of people with diabetes have some form of nerve damage that may cause numbness and burning sensation in the feet known as peripheral neuropathy.

Common Foot Disorders

- Hallux valgus (bunion)
- Hammertoes (digital flexus)
- Calluses and corns (hyperkeratosis)
- Equinus (tight Achilles tendon)
- Peripheral neuropathy caused by Diabetes and/or peripheral vascular disease
- Plantar warts caused by bacteria, viruses, fungi plantar (athlete's foot)
- Ulcers (open sores)
- Inflammation such as gout, calcaneal heel spurs, plantar fasciitis, arthritis
- Ingrown toenails

Assessment

- Ask the older adult to remove their shoes (or assist as needed); inspect footwear.
- Visual inspection of foot (open wounds, fungus, color, nails, pedal pulse).
- Palpation of foot and toes to assess pain.
- Observation of movement (range of motion and/or ambulation/gait/balance).
- Test for sensation/numbness (monofilament or pinprick test).
- The types, causes, exact location and severity (e.g. sharp pain versus a dull ache) are good discriminators of the type of foot problem.

Interventions

- Will depend on the cause of the pain and may involve medication, strengthening, stretching and possibly the use of and physical therapy.
- Minor foot pain can usually be treated with rest, ice, compression, and elevation medications such as acetaminophen and ibuprofen.
- Severe pain should be treated by a medical professional.
- Encourage mobility, routine podiatry care with nail trimming, good hygiene and weight loss may be indicated.
- Educate on appropriate supportive shoes to decrease pain and prevent falls.
- Maintain normal glucose levels if diabetic.

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References

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