Notes to accompany Vodcast - Mr Jitendra Mangwani, Consultant Orthopaedic Foot and Ankle Surgeon

How to diagnose and treat Foot and Ankle conditions in General Practice and when to refer.

1	Patient History

	• In addition to the presence of Pain, swelling and deformity the following history is important:
	  • Smoking - there is a significant impact of smoking on the outcome of foot and ankle fusion and reconstructive surgery. Smoking cessation should be encouraged in patients presenting with foot and ankle conditions before referral, particularly if you think they are going to need fusion/reconstruction surgery.
	  • Peripheral Vascular disease
	  • Diabetes in particular patients who have associated Peripheral Neuropathy
	  • Occupational requirements /Sporting activities

2	Examination
	• A good, targeted Clinical examination is important • Please see the video link which highlight the examination specific to the conditions
3	Investigations
	• X-ray - referrals / requests need to state “weight bearing” • USS is useful for inflammatory / tendonopathy conditions • Some conditions do not require imaging investigations only a clinical diagnosis.

Notes to accompany Vodcast - Mr Jitendra Mangwani, Consultant Orthopaedic Foot and Ankle Surgeon

4	Top Tips
	• A good history including smoking, Diabetes, peripheral vascular disease • Weight bearing x-ray requests • Further imaging such as ultrasound, CT and MRI rarely indicated in the primary care
5	Common Conditions

	• Bunions - 3 types of presenting patients:
	  • Severe pain and discomfort - 90%+ success rate with surgical intervention. Recovery period 3-6 months (6 weeks in a heel weight bearing shoe)
	  • Cosmetic - not generally offered surgical intervention
	  • Young adolescent - often presenting with anxiety. Referral is possible but can be managed in Primary Care especially if cosmetic only. Bunions develop slowly therefore future issues can be dealt with when patient has reached adulthood. Footwear advice such as wide toe box shoes, off the shelf splints can be given in Primary Care and monitoring as the patient grows.
	
	• Morton's Neuroma - inject or not?
	  • Injection in Primary Care can be considered if there is absolute certainty about diagnosis
	  • Caution regarding Morton's Neuroma symptoms mimicked by other conditions such as lesser toe MTPJ instability
	  • Diagnosis - Good history; Palpate identifying localised tenderness; USS +/- injection

	• Flat Feet
	  • Good history to include age group; symmetry / asymmetry; symptoms
	  • Asymmetry requires early referral
	  • Children - where there is joint laxity and symmetry there is usually no need for further intervention
	  • Adolescents - Asymmetry and the inability to play a whole game of football (for example) - routine referral
	  • 30 - 50 year old - Posterior tibial tendon dysfunction - Physiotherapy to strengthen tendon with arch supports. If symptomatic after 3-6 months - routine referral
	
	• Achilles Tendon
	  • Acute rupture - refer immediately to the on call team
	  • Chronic rupture - urgent referral
	
	• Plantar Fasciitis - inject or not?
	  • Injection in Primary Care is can be considered if there is absolute certainty about diagnosis
	  • Initial conservative treatment - injection should be reserved in the event conservative treatment is unsuccessful
	  • Good physiotherapy should be given prior to injection
	  • Injection under USS is preferred

6	Red Flags
	• Patient not settling with regular painkillers, experiencing night pain or sweats and not responding to routine interventions • Primary Tumours are uncommon as is Tuberculosis of the Foot, but they are possible conditions and have a potential to be missed.