

SUMMARY OF ANKLE AND FOOT DIAGNOSTIC CRITERIA AND PT MANAGEMENT STRATEGIES

DISORDER	HISTORY	PHYSICAL EXAM	PT MANAGEMENT
Ankle & Foot Mobility Deficits “Midtarsal Joint Capsulitis”	Arch area pain Recent strain or repetitive wt. bearing Sx’s worse w/ SLS or prolonged wt. bearing	SR w/: End range accessory motion Test of one or more of the midtarsal articulations	Joint Mob (to specific hypomobility) Ther Ex’s (Stretch/strengthen related muscles) Taping/footgear/orthotics
Ankle & Foot Mobility Deficits Hallux Rigidus	Stiffness Pain at “toe-off” phase of gait	ROM deficit: 1 st MTP extension Pain at end range of 1 st MTP ext. Limited MTP accessory movements	Joint Mob Ther Ex’s Patient Ed: Proper footgear
Ankle Muscle Power Deficits Achilles Tendinitis	Gradual onset of Achilles area aching Sx’s worse with activity	Swelling 1-2 inches above Achilles insertion SR w/palpation of tendon in same area	Activity modification Proper footgear and/or heel lift Calf stretching Strengthening – esp. eccentric
Ankle Muscle Power Deficits “Posterior Calcaneal Bursitis”	Posterior heel pain Swelling Irritated by pressure, i.e., from a shoe	Swelling near Achilles insertion SR w/provocation of insertion on posterior aspect of calcaneus	Physical agents (Ice, US, Phono, Ionto) Activity and Shoe Modifications
Ankle Movement Coordination Deficit “Lateral Ankle Sprain”	Inversion stress Swelling Pain If chronic – instability	Antalgic gait Lateral ankle effusion SR w/: Palpation of lateral ligaments Inversion stress May have laxity w/anterior drawer	P.R.I.C.E. Instructions Physical agents (Ice, E. Stim,) Friction massage Inferior Tib-Fib Mobs Proprioceptive Training Calf stretching Functional Strengthening
Ankle & Foot Radiating Pain Tarsal Tunnel Syndrome	Medial foot pain Paresthesias Numbness	SR w/: Tibial Nerve bias LLTT Provocation of Tibial Nerve in Tarsal Tunnel	Rx entrapment (STM/JM to Med. Ankle and Foot) Tibial Nerve Mob (PROM and AROM Ex’s)
Foot Pain “Pronatory Disorder”	Aching in arch of foot Sx’s worse after prolonged weight bearing	Excessive pronation at LR, MSt, or TSt Deficient Midtarsal supination or Forefoot eversion at TSt Inability to form arch w/tibial external rotation and calcaneal inversion	Joint mob/manip (to hypermobile of subluxed tarsal articulations) Ther Ex’s (stretch shortened and strengthen weak myofascia of LE) Taping Proper footgear or orthotics